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FINIS.

THE LANCET.

OL. I.]

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[1835-36.]

PREFACE

TO THE VOLUMES OF THE LANCET FOR 1835-36.

THE act of writing a PREFACE to a book, so often resembles the ceremonial of a first introduction to a new company, that it is generally executed with some degree of awkwardness, and, very frequently, under the pressure of embarrassed feelings. In our own case the plea of novelty, or of a first appearance, cannot be urged in extenuation of an imperfect discharge of our duty. But prefatory introductions to new works are generally compounded of the reasons which have induced the author to publish, and of promises relative to the materials which he will furnish for the amusement or the gratification of his readers. After twelve years of anxious and successful labour in the field of medical reform, it is unnecessary to reintroduce the reasons which first prompted the writer to publish THE LANCET; and, from circumstances and motives equally obvious and conclusive, we will not derogate from the character and influence of this journal, by inviting, through the instrumentality of pledges and promises, a more general attention to the subjects which are usually introduced into its columns. The occurrences of by-gone years must be taken, in both instances, as the best and surest guarantees of what the events of future years will produce. If, after the obstacles which we have successfully encountered and overcome; if, after the monopolies which we have demolished, and the monopolists whom we have made quail; it could be necessary to offer one word in proof of our sincerity and devotedness to the cause which we have so long advocated, why then, indeed, the prospect before us would exhibit a dreary void, unenlivened, uncheered, by a single feeling of inspiring hope. The pioneer in works of reform, labours but with a sorrowing mind when he is not urged onwards by the stimulating confidence of those persons who observe, and who are capable of understanding, the tendency of his actions. When, therefore, the success of THE LANCET, and the wide diffusion of the principles which that journal has advocated in promoting the cause of medical reform, are taken into consideration, it must be recollected that neither of those results would be observable at the present period, had not the great majority of the members of the medical profession contributed, by their powerful support, towards making that journal the great instrument of their liberation from the bondage of the universities, hospitals, and other chartered medical corporations. Here, then, all medical reformers stand on an inviting, an enviable, a commanding position. Although they were perplexed, trammelled, and obstructed

at every step in the commencement of their career, the onward movement of events in twelve brief years has terrified the conceited and titled drones attached to our colleges and hospitals into an acknowledgment of their guilt and impotence, and has converted many of them from being the most insolent of tyrants into the most submissive of hypocrites. It is not in one or two medical establishments only that the changes which have been effected are perceptible. The entire body is convulsed, and in several of the extremities of the hideous monster, MONOPOLY, the agonizing throes which precede dissolution, are at once both seen and felt. We are not advancing towards the goal of improvement by tardy lingering steps, but by a salient movement; and the strength which is daily acquired as the labour advances, gives an assurance, which cannot be shaken by any temporary disaster or check, of an unqualified and permanent success.

What, then, is the ultimate object of the national work in which medical reformers are engaged? Nothing less than the conservation of the public health. To this great end it is sought to bring the whole power and force of the principles of the science of medicine into active operation. Hence it is in the contemplation of what medicine *might* achieve, that we witness, at every step, in our charitable and public institutions, the barriers and drawbacks which have hitherto defrauded the public out of those manifold advantages which it is in the power of the learned and experienced members of the profession to confer. At present the whole system of medical government is sustained on the odious principles of self-election and monopoly. It is a compound of nepotism, knavery, and extortion. The highest posts of honour are occupied for the most part by imbeciles; and men endowed with the highest attainments which can ornament the human mind,—who may have endeavoured to obtain rank in our public institutions through the instrumentality of merit,—unaided by the influence of wealth and family connexions, would engage in a toil which could have no other result than that of bitter disappointment.

As illustrative of the exclusive character of the proceedings in our hospital and other public medical institutions, we cannot call to mind, at this moment, a single instance in which a medical student in this metropolis,—out of all the hundreds and thousands who have attended our schools since this journal was first published,—on whom has been conferred a post of honour and emolument as a just reward for his industry and attainments. This is a frightful fact. It is puerility itself to employ argument in denouncing such a system. In what other quarter do we find its parallel? In what other profession? Certainly not in the Church. Obviously not in the Law, for, in both, men of industry and great mental powers are sure of obtaining preferment. In medicine the highest collegiate title is that of the *doctorate*: yet it has been, and is now, obtainable by a display of *talent*—it is almost a profanation to use the term in this place—which would excite even the derision of the drug-dealers in Rhubarb Hall. Still this distinction may be obtained by *residence*, by *lounging*, and by *money*. The M.D. is then turned adrift upon society—let loose like a newly-weaned, wild, and cast-off monster, to feed and fatten on the vitals of the community.

Why, in every county town with its four and five thousand inhabitants throughout the kingdom, there lived, not ten years back, your puny boy-doctor, a “graduate,” an “university man,” it is true, but who, of hospitals knew only that they existed, and the peculiarities of disease knew nothing. Henceforth these ambitious aspirants, at Jericho till their beards be grown.” The surgeon in general practice, with ten, fifteen, and twenty years experience, is not to be thrust aside by such aspirants for fame. Our medical colleges have been so many medical nuisances, and have tended

every possible way, the advancement of that science which they were instituted to promote and protect. Arouse your energies, then, English surgeons. Continue your exertions in the cause of medical reform, and suffer them not for one instant to relax or abate. It is in consequence of your advocacy and sustenance of the principles which have from time to time been promulgated in the pages of this journal, that so much has been achieved. We can feel no reluctance in taking to ourselves that portion of reward and praise which is our due, for having projected and instituted a free medical press,—for having insisted on and obtained the right to publish lectures which are delivered on public medical foundations,—for having proclaimed and enforced the right to publish the cases which are presented to the view in the wards of our hospitals; but had we not found a spirit of sympathy among the mass of our professional brethren, all our exertions would have proved fruitless, all our anxieties and labours must have been utterly and wholly unproductive. Diffused as are the members of our profession over the entire surface of the country; moving as they are in the first circles of society, what legitimate object is there connected with the science of medicine, which it is not in their power to accomplish? Left free and unshackled by the odious trammels of parliamentary statutes, the science of medicine would have flourished, would have asserted and established its supremacy, amongst a people so thoughtful and reflective as the English. But it is only now fettered by chains which have been rusting and decaying for upwards of three hundred years. The operations of time, however, have at length so weakened these galling and perplexing restraints, that a few more efforts on the part of the oppressed will break them into atoms and cast them aside for ever.

What, then, is wanting in medicine in order to give the best security to the public health, and to clear away all the rubbish, toll bars, and checks, which are still to be found on the road of medical preferment? Of no consequence is it under what names they exist, whether under those of universities, colleges, hospitals, or schools. They must not be allowed to obstruct genius in the pursuit of knowledge and of fame. If these institutions cannot, by a wise and prudent system of legislation be rendered subservient to the exalted objects of medical science, the interests of society demand that they should be diverted to some other purposes, or that they should cease to exist. No point now remains to be elucidated on this subject; it is adequately understood by every tyro in the profession. In the evidence which was taken before the Parliamentary Medical Committee, and a considerable portion of which has lately been published in this journal, it has been shown that the surgeons of England who are engaged in the duties of a general medical practice, were spoken of by some of the self-elected heads of their own College, as a subordinate class of medical society—nay, as men who were aliens to the medical profession. The very by-laws of the College sink them into an inferior position, and attainments superior to those of mere handicraft degrade them beyond the pale of medical advancement. Manual dexterity is placed in the ascendant, while a knowledge of the principles of medical science brings upon its possessor an infliction which approaches in character to the severity of a penal punishment. If the members of the British Colleges of Surgeons could submit tamely and silently to injustice and insult of such a nature as this, they would deserve only the scorn of every enlightened member of the community, instead of that sympathy which is now their reward for the exertions which they have progressively and successfully made against their oppressors. Never was there a time more favourable than the present for making those exertions. Never was the legislature more sincerely disposed to listen to and concede the just claims of the professors of medicine. But it would be folly to rely on a friendly disposition when positive acts are required for our

benefit. Those surgeons, therefore, of the United Empire, who are solicitous that genius should have a clear field for exertion,—that merit should receive its due reward,—that monopolies in medical practice should be destroyed,—that the system of teaching in our medical schools should be placed on a new footing,—that the offices in our hospitals should no longer be obtained by family interest or intrigue,—that secret remedies should no longer be tolerated under the sanction of a government stamp,—that uniformity of title in the ranks of the profession should be made to depend on uniformity of attainments in medicine,—such advocates of reform will continue to bestir themselves, and devote their faculties to promote the success of the cause which they have so long supported. The application of excited energies, however, can be of little avail, if the power so exercised be not properly directed. Hitherto there certainly has been no misapplication of that moral and intellectual influence which the members of the medical profession are able to direct against their enemies and persecutors. All our grievances are traceable to the defective state of the law. Towards the Legislature, therefore, every movement tending to promote an improvement of that law should be employed; and, as there is a perfect concordance of opinion amongst British medical practitioners relative to the extent and character of the abuses which are connected with the science and practice of medicine, there will be little difficulty in establishing a complete unity of action towards effecting their removal. If it were not for the obstacles which exist in the form of Charters and Acts of Parliament, medical practitioners might, by a judicious combination of their abilities and numbers, carry out their views into a well organized system of government. But the strong arm of the law now interposes its power, and forbids any final adjustment of the question, without the intervention of the Legislature. As this is a fact which remains undisputed and is indisputable, there is no surgeon in the empire who has devoted the smallest portion of his time to a consideration of the subject of medical grievances, who will not freely and candidly admit that it is to the Legislature, and to the Legislature alone, that application must be made for an instrument which will be adequate to the demolition of our incorporated monopolies.

In acknowledging, also, the supremacy of the Parliament in this respect, it is exalting to observe the kindly sympathy which the complaints of the profession have already excited in both Houses of the Legislature. If a reference be made to the debates in the Houses of Commons and Lords on the passing of the Apothecaries Act in 1815, and to the discussion in the House of Commons on the introduction and rejection of the Surgeons Bill in 1816, it will be perceived that a most extraordinary revolution has occurred amongst our senators, regarding the claims which medical practitioners have set forth for the purpose of showing that they are entitled to protection from Parliament. But in 1815 the question of MEDICAL REFORM was not understood either in or out of Parliament. It had been, then, only partially discussed. A few petty grievances had been considered, and some imperfect remedies had been suggested, but no comprehensive system of medical government had—so far as we have been enabled to ascertain, from a careful examination of the writings of that period—engaged the attention, or occupied the minds, of our medical regenerators. During the last twelve years, however, the subject has been unceasingly discussed in all its elementary branches; and we verily believe that the surgeon's apprentice of two years' standing, in 1835, understands more of the question, and could argue it more effectually in writing and in conversation, than could any six members who belonged to the House of Commons in 1815. It is not possible to feel the feeling of encouragement which this rapid advancement has afforded, without energy and exertion!

In admitting, therefore, the supremacy of the Legislature, let us not

of what is our duty towards that depository of the will of the nation. If any individual feel disposed to condemn the Parliament for its conduct in 1815, he is bound, on every principle of justice and sound policy, to use his own individual efforts towards rendering the members of the present Legislature amenable to public opinion for any misconduct in framing and passing crude and incompetent laws for medical government. It is our duty, as well as our interest, to afford to them full and adequate instruction relative to the extent and enormity of medical abuses.

But it may be said that a Committee of the House of Commons, headed by an able and indefatigable chairman, has been appointed to inquire into the state of medical law and practice, that witnesses have been examined, and that evidence has been taken, and much of it printed. Hence it may be inferred, that with such materials at their command, the whole subject of medical government must be well understood by the members of the House of Commons; whereas it is very probable that not more than six members of the medical Committee understand any one portion of the question thoroughly; and that the Chairman is the only member of that Committee whose judgment on the subject of medical policy has been matured and confirmed by a patient, unprejudiced, and philosophic investigation of the abuses connected with the existing system, and who is fully sensible of the principles on which a strictly new system should be established. If the members of the House of Commons could find time to peruse, with the requisite attention, evidence taken before Committees, nothing more would be required to enable them to understand the various questions brought before them. But the reports of the House are so numerous and voluminous, and embrace such a multiplicity of national affairs, that it is not possible for any man, whatever may be his industry, the strength and accuracy of his memory, or the vigour and capacity of his mind, to analyse a twentieth part of the sessional reports which are placed on the table of his study. This deficiency extends, in some measure, to documents connected with every department of the state. There are, possibly, a few men in each House of Parliament who are capable of discussing with accuracy several prominent important features of every great question; but it seldom happens that more than two, or three members, especially if the subject be new to the House, who take a view of the whole question, and understand it thoroughly. In law reforms, in church reforms, in municipal reforms, in matters of international commerce, the accuracy of this statement is sustained by a vast mass of facts. Whenever, therefore, it is sought, in either House of Parliament, to institute a new law, the parties interested in the success of the measure invariably furnish the members of the senate with a "digest" of their "reasons" for urging institution, and an abstract of the principles on which the new enactment is to be founded. Various means are adopted for this purpose. Petitions are placed in the hands of the members. Printed explanations of the arguments which can be adduced in favour of a particular bill are industriously insinuated into the hands of the members in the lobby and passages of both Houses. The agents for new bills, and the friends and supporters of those measures, visit many of the members personally, and explain orally the objects which they have in view; and, when the claims of the parties are well founded,—are sustained by the principles of justice and of reason, their efforts, in nineteen cases out of twenty, are ultimately rewarded with success.

In calling on British surgeons who are engaged in the practice of medicine to adopt a new course of procedure, we are only, in fact, entreating them to conform to a course which they have already employed so energetically, and with such manifest advantage, in furtherance of the cause of medical reform. Of all the modes of attack which can be levelled with the best prospect of success against ignorance and pre-

PREFACE.—MEDICAL REFORM.

judice, there is none equal to the enforcement of truth in personal conversation. Doubts are dissipated as they arise; questions are instantly answered; objections are suddenly removed. The organs of speech are instruments of infinite power when their movements are directed by a judicious and well-fortified mind. Already have the members of the profession proceeded in the work of senatorial instruction most industriously and impressively. We implore of them not to relax in their exertions. The fruit of their labours is already apparent in the desire which the House of Commons has recently manifested to render justice to the members of the medical profession. The science of medicine itself is spoken of with admiration in that assembly, and the claims of medical practitioners are treated with marked attention. The tone of the Commons in the instance is not more striking than it is extraordinary, considering the temper and ignorance of that body on medical subjects, so lately as in 1815. The alteration can neither be explained nor understood, except by making an unqualified acknowledgment of the value of the individual exertions of the members of the profession amongst members of the Legislature residing in their respective localities. In earnestly entreating that those exertions may be unremittingly continued until the next session of Parliament,—in imploring our professional brethren to embrace every opportunity which may be made instrumental in acquainting members of both Houses of the Legislature not only with the extent and character of medical abuses, but also with the principles on which a new law should be instituted for establishing ONE UNIFORM SYSTEM OF MEDICAL GOVERNMENT, executed TRIPARTITELY, in the three great divisions of the empire, we are, in reality (and we write under a conviction which is founded on personal observation), beseeching them to take that course which will lead to the speediest and happiest termination of their labours; and while the value of the disinterested and patriotic efforts made by British surgeons in the cause of humanity and justice, will be gratefully acknowledged by an intelligent community, the splendid results of those efforts will be solemnly proclaimed to the world, in an ACT of the Imperial Parliament.

LIST OF THE SCHOOLS OF MEDICINE

IN LONDON,

OPEN TO STUDENTS IN THE SESSION 1835-36.

the districts of the metropolis in which medical schools are situated, may be rated, according to the situation of the schools, into the following divisions :—
1. containing the *London Hospital*, situated at the eastern extremity of London, in Whitechapel-road.

2. containing *Guy's* and *St. Thomas's Hospitals*, situated in Southwark, near the end of London Bridge.

3. containing *St. Bartholomew's Hospital*, situated in Smithfield.

4. containing the *North London Hospital* and the *Middlesex Hospital*, near Tottenham Court Road.

5. containing the *Westminster Hospital*, situated at the back of Westminster Abbey—
which division, if not in the previous list, the *Charing-Cross Hospital* may be added, when it is "recognised" by the local boards; an event which circumstances will, most probably before the expiration of another year, render unnecessary to establish as an office for the sale of tickets to students; and, finally,
6. containing *St. George's Hospital*, situated at Hyde Park Corner.

In each of these institutions there is now held an association of gentlemen who deliver courses of lectures on those subjects here named in the "Regulations" of the Apothecaries' Company and the College of Physicians, and in their neighbourhood there are several other similar courses attended, if the student prefers expending his money at the latter instead of at the former.

Institute any comparison between these various establishments, for the difficulty of selection amongst them, on the score of superiority of advantages and instruction, becomes every year more difficult, (with one or two exceptions, which have already been indicated in the pages of this journal,) we proceed at once to lay before our readers a digest of the advertisements issued from them, in the order enumerated in the preceding list of the hospitals. We may first premise, however, that on comparing the present arrangements of the schools with those of last year, the change of lecturers, and the rising and sinking of schools, are not less numerous than they were observed to be at the commencement of the last session, as compared with the arrangements of the session before that. How, in fact, the lecturers can, with any approach to gravity of countenance, in the face of these incessant variations, allow themselves to offer to students the option of "perpetual" attendance to their courses of lectures, we know not. The word "perpetual," however, is to be found in almost every prospectus, and we may here observe that in the lists of fees in the subjoined tables, the second sum is the fee required for entrance under that head. The first sum is the fee named for single courses, either of three or six months duration. Reserving, then, such observations as we may be disposed to offer to students on this occasion until the list of schools is concluded, we begin at the east end of the metropolis, and insert first an account of the

LONDON HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
Medicine.	Dr. Billing and Dr. Davies.	Tues. Thurs. & Fri. at 3½ p.m.	£ 4	8 7 7
Materia Medica.	Dr. Cobb.	Wed. and Fri. at 9 a.m.	3 3	& 4 4
Midwifery.	Dr. F. Ramsbotham.	Tues. Thurs. & Sat. at 10.	3 3	& 7 7
Chemistry.	Mr. Pereira.	Mon. Wed. and Fri. at 10 a.m.	4 4	& 8 8
Medical Jurisprudence.	Dr. Cobb, Dr. F. H. Ramsbotham, and Mr. Pereira.	Saturday, at 3½ p.m.	3 3	& 4 4
Anatomy, Phys. & Operations of Surgery.	Messrs. Luke, Hamilton, & Adams.	Daily, at 2½ p.m.	5 5	& 10 10
Anatomy, with Dissect. &c.	Messrs. Hamilton & Adams.	Daily, from 11 till 4.	3 3	& 10 10
Surgery.	Mr. John Scott.	Mon. Wed. Fri. at 7 p.m.	3 3	& 5 5
Botany.	Messrs. Pereira and Quekett.	No days named.	3 3	& 1 4
Compar. Anat.	Mr. W. J. Little.	In the Spring.		
Morbid Anat.	Mr. T. B. Curling.			

The *Physicians* of the hospital are, Dr. Frampton, Dr. Billing, and Dr. Gordon. 20 guineas; for six months as dressing pupil, 20 guineas; library fee, 1 guinea.

The *Surgeons* are, Mr. Andrews, Mr. John Scott, and Mr. Luke.

The fee for admittance to the *Physicians' practice* is, for twelve months, 16 guineas; for perpetual attendance, 20 guineas; the apothecaries' fee, 1 guinea.

The fee for attendance on the *Surgeons' practice* is, for twelve months, 20 guineas; for twelve months as dressing pupil, 30

Lectures commence October 1st,* at hall-part 2. General fee for attendance upon all the above Lectures, qualifying for Royal College of Surgeons and Apothecaries' Hall, 50l.

Promises.—1. Clinical Lectures by the Physicians and Surgeons. Dr. Billing is one of those gentlemen who strictly abides by his share in the promise here given. 2. A Spring course of Comparative Anatomy, by Mr. W. J. Little.

ST. THOMAS'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
Medicine.	Dr. Williams.	Mon. Wed. and Fri. at 10 a.m.	£ 3	8 6 6
Mat. Medica.	Dr. Burton.	Mon. Wed. & Fri. at 1 p.m.	0 0	— 1 4
Midwifery.	Dr. Rigby.	Tues. Thurs. and Sat. at 4 p.m.	3 3	& 6 6
Chemistry.	Mr. R. Phillips.	Tues. Thurs. and Sat. at 10 a.m.	4 4	& 6 6
Med. Juris.	Dr. Lister and Mr. R. Phillips.	Tues. and Fri. at 12.	3 3	& 4 4
Anatomy, &c. and Demonstrations.	Messrs. Tyrrell, Mackenrodo, & Solly, & Messrs. B. Travers, jun., & Mr. Clarke.	Daily at 2½ p.m., & 11 a.m.	8 8	& 15 15
Surgery.	Messrs. Travers and Tyrrell.	Mon. and Fri. at 8 a.m., and Wed. at 7 a.m.		
Botany.	Mr. J. Hayes.	Not till April.		

* In every school the lecturing commences on this day.

The fees for attendance on the medical practice of the hospital are, physicians' pupil, two years, 24*l.* 3*s.*; one year, 15*l.* 15*s.*

The physicians make their visits daily, at one o'clock; Dr. Williams on Mondays and Thursdays; Dr. Roots on Tuesdays and Fridays; Dr. Barton on Wednesdays and Saturdays; Dr. Lister sees the out-patients on Thursdays and Saturdays at eleven.

The fees for attendance on the *Surgical* practice are, Dresser, one year, 51*l.* 2*s.*; six months, 32*l.* 12*s.*; Surgeons' pupil, one year, 26*l.* 6*s.*; six months, 20*l.*; a second entry, if within two months, 6*l.* 12*s.*

The Surgeons make their visits daily, viz., Mr. Travers on Mondays and Thursdays at one o'clock; Mr. Green on Tuesdays and Fridays at one o'clock; Mr. Tyrrell on Wednesdays and Saturdays at half-past one o'clock; Mr. South sees the out-patients on Mondays and Wednesdays at eleven o'clock; on Fridays operations are performed.

Promises.—1. Anatomical Examinations, by the Lecturers and Demonstrators, twice a week.—2. Attendance in the Dissecting-room by the Lecturers from twelve o'clock, and by the Demonstrators from ten o'clock, until half-past two, daily.—3. Lectures on Morbid Anatomy, by Dr. Barker.—4. Clinical Lectures will be delivered to the Physicians' pupils, by Dr. Williams, Dr. Roots, and Dr. Burton, and to the Dressers and Surgeons' pupils, by Mr. Travers, Mr. Green, and Mr. Tyrrell.—5. Pupils entering to the Surgical practice of St. Thomas's Hospital, are allowed to attend that of Guy's.—6. Post-mortem Examinations at one o'clock, by Dr. Barker.—7. A Distribution of Prizes will take place in May.—8. The use of the Library and Reading Room allowed, so long as gentlemen continue attending the practice or lectures.

GUY'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
			£ s.	£ s.
Medicine.	Drs. Bright and Addison.	Mon. Wed. and Fri. at 3½ p.m.	4 4	& 8 8
Mat. Medica.	Dr. Addison.	Tues. Thurs. and Sat. at 3½ p.m.	3 3	& 4 4
Midwifery.	Dr. Ashwell.	Daily at 8½ a.m.	3 3	& 10 10
Chemistry.	Messrs. Aikin and Taylor.	Tues. Thurs. and Sat. at 10 a.m.	4 4	& 8 8
Med. Juris.	Mr. A. Taylor.	Mon. and Fri. at 10 a.m.	3 3	& 4 4
Anatomy, &c.	Messrs. Cooper and Cook.	Daily at 2 p.m. & 10 a.m.	8 8	& 21 0
Surgery.	Messrs. Key and Morgan.	Tues. Thurs. and Fri. at 8 p.m.	3 3	& 5 5
Botany.	Mr. C. Johnson.	Mon. Tues. Thurs. Fri. at 4½ p.m.	2 2	
Morbid Anat.	Dr. Hodgkin.	Tues. Thurs. Fri. at 6½ p.m.	2 2	
Compar. Anat.	Mr. T. Bell.	Mon. and Wed. 47 p.m.	2 2	

The physicians of the Hospital are, Drs. Cholmeley, Bright, and Back. The surgeons are Messrs. Key, Morgan, and B. Cooper.

Hospital Practice.—Physicians' pupils, perpetual, 24*l.* 4*s.*; one year, 15*l.* 15*s.*

Surgeons' dresser, one year, 51*l.* 2*s.*; six months, 32*l.* 12*s.*

Surgeons' pupil, one year, 26*l.* 6*s.*; six months, 20*l.*; a second entry within two months, 6*l.* 12*s.*

Promises.—1. Clinical lectures, by the

physicians and by Dr. Ashwell, whose pupils are allowed to attend the Hospital Lying-in Charity (?)—2. Lectures on the teeth, by Mr. T. Bell.—3. Clinical lectures and instructions by the surgeons.—4. Sir Astley Cooper (will attend as) consulting surgeon.—5. The surgical pupils of Guy's may attend that of St. Thomas's.—6. The use of the library, reading-room, and botanic garden.—7. The time of the lectures not to interfere with that of the practice.

THEATRE OF ANATOMY AND MEDICINE

WEEB STREET, MAZE POND, BOROUGH.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.			
Medicine.	Dr. Whiting.	Mon. Wed. and Fri. at 4 p.m.	£	s.	£	s.
Mat. Medica.	Dr. Whiting and Mr. Everitt.	Tues. Thurs. and Sat. at 10 a.m.	4	4	&	6 6
Midwifery.	Dr. F. H. Ramsbotham.	Tues. Thurs. and Sat. at 7 p.m.	3	3	&	4 4
Chemistry.	Mr. Cooper.	Mon. Wed. and Fri. at 10 a.m.	3	3	&	6 6
Med. Juris.	Dr. S. Smith & Mr. Cooper.	Tues. and Thurs. at 4 p.m.	4	4	&	6 6
Anatomy, Physiology, and Demonstrations.	Messrs. Grainger, Pilcher, Millard, and E. Barron.	Daily, at 2½ p.m. & at 11½ a.m.	3	3	&	5 5
Surgery.	Messrs. Grainger and Pilcher.	Mon. Wed. and Fri. at 6 p.m.	8	8	&	15 15
Botany.	Dr. R. Dickson.	Daily 49 a.m.	3	3	&	5 5
			3	3	&	4 4

Mr. Grainger will deliver the introductory lecture at 11½ a.m., on Thursday, Oct. 1.

Promises.—1. Official superintendence in the dissecting-room.—2. The museum open to students.—3. Gentlemen entering to the

course on medical jurisprudence will have the privilege of attending gratuitously the practice of the London Fever Hospital. Periodical examinations of the students.

ST. BARTHOLOMEW'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.			
Medicine.	Dr. Hue.	Tues. Thurs. and Sat. at 10 a.m.	£	s.	£	s.
Mat. Medica.	Dr. Roupell.	Mon. Wed. and Fri. at 3½ p.m.	1	4	&	6 6
Midwifery.	Dr. Hugh Ley.	Tues. Thurs. and Sat. at 7 a.m.	3	3	&	4 4
Chemistry.	Dr. Hue.	Mon. Wed. and Fri. at 10 a.m.	3	3	&	7 7
Med. Juris.	Dr. Burrows.	Wed. and Fri. at 4 p.m.	4	4	&	8 8
Anatomy, Phys., and Demons.	Messrs. Stanley, Wornald, & McWhinnie.	Daily, at 9 a.m. and 2½ p.m.	3	3	&	4 4
Surgery.	Mr. Lawrence.	Mon. Wed. and Fri. at 7 p.m.	8	8	&	21 0
Botany.	Dr. F. J. Farre.	Mon. Tues. Thurs. Fri. and Sat. at 11½ a.m.	5	5	&	8 8
Compar. Anat.	Dr. A. Farre.	Tues. Fri. at 2½ p.m.	3	3	&	4 4
			1	1	&	2 2

The hospital officers are, Drs. Hue, Latham, and Roupell, physicians; and Messrs. Vincent, Lawrence, and Earle, surgeons.

Dr. Hue attends at 11½ a.m. on Mondays and Saturdays, at 11 to see out-patients, and 12½ to see in-patients on Thursdays. Dr.

Latham on Mondays and Tuesdays at 1 and at 8 a.m. on Fridays. Dr. Roupell

Mr. Vincent attend at 11½ a.m. on Thursdays, and Saturdays at 12½ on Mondays, Wednesdays, and Fridays. Mr. Earle at 12½ on Tuesdays.

lays and Saturdays. Dr. G. Burrows at 11 in the out-patients' room, except on Thursdays.

The fees for attendance are,—on the Medical Practice for an unlimited period, thirty guineas; for eighteen months, fifteen guineas; for nine months, twelve guineas.

On the Surgical Practice, for twelve months (or perpetual), twenty-five guineas; for six months, eighteen guineas.

As dresser, for twelve months, fifty guineas; for six months, thirty-six guineas.

Promises.—These are so numerous that we should advise students who enter here to provide themselves with, and take care of, a *pamphlet* to be had at the hospital, in which the whole routine of the lectures and practice is advertised.

ALDERSGATE SCHOOL OF MEDICINE,

(Near St. Bartholomew's Hospital.)

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
Medicine.	Dr. Marshall Hall.	Mon. Wed. and Fri. at 8½ p.m.	£ s.	£ s.
Mat. Medica.	Mr. Pereira.	Tues. Thur. and Sat. at 6 p.m.	4 4	& 6 6
Midwifery.	Mr. Welford.	Mon. Wed. and Fri. at 11½ a.m.	3 3	& 4 4
Chemistry.	Mr. Pereira.	Tues. Thur. and Sat. at 10 a.m.	3 3	& 6 6
Med. Juris.	Dr. W. Cunliffe.	Mon. Wed. and Fri. at 11 a.m.	2 2	& 3 3
Anat. Phys. and Demons.	Messrs. Skey & Furley.	Daily at 9 and 2½ p.m.	6 6	& 14 14
Botany.	Messrs. Pereira and Quekett.	(No time named.)	3 3	& 4 4
Comp. Anat.	Dr. R. E. Grant.	Tues. and Thurs. at 6 p.m.	12 lect.	1 1

Promises.—1. Extra lectures on Medical by Dr. Birkbeck.—2. Attendance on labours and Morbid Anatomy by Dr. Hall.—3. Gratuities to qualified midwifery pupils.—4. Botanical excursions in the summer.

UNIVERSITY OF LONDON, AND NORTH LONDON HOSPITAL.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
Medicine.	Dr. Elliottson.	Daily at 8.	5 0	& 8 0
Mat. Medica.	Dr. A. T. Thomson.	Daily except Sat. at 3 p.m.	6 0	& 9 0
Midwifery.	Dr. D. D. Davis.	Mon. Wed. Fri. at 9 a.m.	5 0	& 7 0
Chemistry.	Dr. Turner.	Daily at 10 a.m.	7 0	& 10 0
Med. Juris.	Dr. A. T. Thomson.	Tues. and Sat. at 4½ p.m.	3 0	
Anatomy, &c.	Dr. Quain and Mr. R. Quain.	Daily except Sat. at 2 p.m. and daily dissections.	12 0	& 18 0
Surgery.	Mr. S. Cooper.	Mon. Wed. and Fri. at 7.	4 10	& 6 0
Botany.	Dr. Lindley.	Tues. Thurs. and Sat. at 9 a.m.	3 0	& 6 0
	Dr. Carswell.	Mon. Wed. and Fri. at 10.	3 0	
	Dr. Grant.	Daily, except Thurs. Sat., at 3.	3 0	
Veterinary Med.	Mr. Youatt.	To begin Nov. 1st.	5 0	& 7 0

The Physicians of the Hospital are, Drs. Elliotson, Thomson, and Carswell; the Surgeons are, Messrs. S. Cooper, R. Liston, and R. Quain. Dr. Davis holds the office of Obstetrical Physician.

Students are admitted to attend the Practice and Clinical Lectures on the following terms:—

For perpetual admission to the Medical and Surgical Practice, 26*l.* 5*s.*

For attendance during one year upon the Physicians' and Surgeons' Practice, 21*l.*

For attendance during one year upon the Physicians' or Surgeons' Practice separately, 15*l.* 15*s.*

For attendance during six months upon the Physicians' and Surgeons' Practice, 15*l.* 15*s.*

For attendance during six months upon the Physicians' or Surgeons' Practice separately, 10*l.* 10*s.*

(Note.) Their proportion of these fees has been relinquished by the Physicians and Surgeons of the Hospital, and is devoted to the maintenance of the establishment.

Every student pays, in addition to these fees, 10*s.* to the Apothecary, and 5*s.* to the Secretary.

House Surgeons, Physicians' Clerks, and Surgeons' Dressers, are selected from the Students without additional payments, preference being given to those who, with equal moral character, have obtained the highest honours in the medical classes of the University.

The Surgeons' visits are made daily from 12 to 1, the Physicians' daily from 1 to 2 o'clock.

Medical and Surgical Clinical Lectures are given several times a week.

Dr. Davis, Dr. Carswell, and Mr. Quain, see out-patients daily in the morning.

This Hospital is rendered by its arrangements and constitution by far the most advantageous in the metropolis for the attendance of students, and we advise all those students with whom circumstances render the choice of a locality subservient to their desire for professional advantages, to examine attentively its claims as a place of instruction. As small pamphlets on the arrangements of the Hospital and the University may be readily obtained at either institution, we shall not further occupy space with regard to them here.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.			
Medicine.	Dr. Copland.	Mon. Tues. Thurs. Fri. at 3 p.m.	£	s.	£	s.
Mat. Medica.	Dr. Macreight.	Tues. Thurs. Sat. at 9 a.m.	3	3	8	6
Midwifery.	Mr. Sweatman.	Tues. Thurs. Sat. at 10 p.m.	3	3	8	5
Chemistry.	Mr. Everitt.	Mon. Wed. Fri. at 10 a.m.	3	3	8	6
Med. Jurisprud.	Dr. Leighton.	Wed. Sat. at 3 p.m.	3	3	8	4
Anatomy, Phys., with Demon- strations.	Sir C. Bell, Mr. Tu- son, and Mr. Shaw.	Daily at 11 a.m. and 2 p.m.	6	6	8	16
Surgery.	Mr. Arnott.	Mon. Wed. Fri. at 9 a.m.	3	3	8	5
Botany.		(During the summer.)	2	2	8	3

The Physicians of the Hospital are, Drs. Hawkins, Watson, and Wilson. The Surgeons are, Sir C. Bell, Mr. Mayo, and Mr. Arnott.

The terms of attendance on the medical practice are, during three months, six guineas; six months, ten guineas; nine months, twelve guineas; twelve months, fifteen guineas; unlimited attendance, twenty-one guineas. Apothecary's fee, one guinea.

The terms of admission of surgeons' dressers and pupils are, dresser for twelve months, 31*l.* 10*s.*; for six months, 21*l.* Pupil, for twelve months, 21*l.*; for six months, 15*l.* 15*s.*; for three months, 10*l.* 10*s.*

From the dressers the house-surgeon is elected, agreeably to his date of entrance. A pupil may be allowed three months' dressing during the time of his pupillage, by paying 10*l.* 10*s.* extra.

Promises.—Clinical lectures from all the medical and surgical officers of the hospital.

HUNTERIAN THEATRE OF ANATOMY.

GREAT WINDMILL STREET, LONDON.

Lectures on *Anatomy, Physiology, Pathology, and Surgery*, by Mr. John Smith, and Mr. Richard Buxie.

mening on the 1st of October. A Lecture daily, at half past two o'clock. Dissections and Demonstrations from the 8th of October daily. Terms of the Lectures:—One course of both, 6*l.* 6*s.*; perpetual to both 12*l.* 12*s.* The Lectures and Dissecting-rooms will be open free of expense, to the perpetual pupils of the former school at this Theatre, and to the perpetual pupils of the late Joshua Brookes.

MEDICAL SCHOOL, WESTMINSTER DISPENSARY.

9, Gerrard Street, Soho.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.
Medicine.	Dr. Ryan.	Mon. Wed. Fri. at 11 a.m.	One course on Medicine, 5 <i>l.</i> 5 <i>s.</i> ; one on Midwifery, 5 <i>l.</i> 5 <i>s.</i> ; Med. Juris. (Summer), perpetual to all these, 10 <i>l.</i> 10 <i>s.</i>
Mat. Medica.	Dr. Epps.	Mon. Wed. and Fri. at 9 a.m.	
Midwifery.	Dr. Ryan.	Tues. Thurs. and Sat. at 11 a.m.	One course on Mat. Med., 3 <i>l.</i> 3 <i>s.</i> ; one on Chemistry, 5 <i>l.</i> 5 <i>s.</i> ; one on Botany, 5 <i>l.</i> 5 <i>s.</i> ; one on Botany, 2 <i>l.</i> 2 <i>s.</i> ; perpetual to all three, 10 <i>l.</i> 10 <i>s.</i>
Chemistry.	Dr. Epps.	Tues. Thurs. and Sat. at 9 a.m.	
Med. Jurisprud.	Dr. Ryan.	Fri. at 11 a.m.	
Anat. Phys. Demons. & Surg.	Mr. Dermott.	Daily at 10 a.m., and 3 p.m.	Anat. Phy. Demons. and Surg.—Single course, 5 <i>l.</i> 5 <i>s.</i> ; perpetual to all, 7 <i>l.</i> 7 <i>s.</i>
Surgery.	Mr. Dermott.	Daily at 3½ p.m.	
Botany.	Dr. Epps.	In the Summer.	

BLENDHEIM-STREET SCHOOL OF MEDICINE.

Founded by the late Joshua Brookes.

As we have received no prospectus of this school, we are compelled to insert the only account we possess of it, as it is contained in an advertisement inserted on the cover of the journal.

The Winter Courses commence October 1st.

Anatomy, Physiology, and Morbid Anatomy, by Mr. King, assisted by Mr. Savage.

Demonstrations and Dissections, by Mr. King, Mr. Thurnam, and Mr. Evans.

Medicine, by Dr. Litchfield (whose Pupils may attend his Practice at the Westminster Dispensary).

Surgery and Surgical Operations, by Mr. King.

Chemistry and Pharmacy, by Dr. R. D. Thompson.

Materia Medica and Botany, by Dr. Steggall.

Midwifery, and the Diseases of Women and Children, by Dr. Richmond.

Medical Jurisprudence, by Dr. Litchfield and W. Theobald, Esq., Barrister-at-Law.

KING'S COLLEGE MEDICAL SCHOOL.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
Medicine.	Dr. F. Hawkins.	Mon. Wed. and Fri. at 9 a.m.	£ s.	£ s.
Mat. Medica.	Dr. B. Hawkins.	Mon. Wed. and Fri. at 11 a.m.	3 3	& 6 6
Midwifery.	Dr. R. Ferguson.	Tues. Thurs. and Sat. at 11 a.m.	3 3	& 6 6
Chemistry.	Mr. J. F. Daniell.	Mon. Wed. and Fri. at 3 p.m.	4 4	& 10 10
Med. Juris.	Dr. Watson.	Tues. and Thurs. at 3 p.m.	3 3	& 4 4
	Messrs. Mayo and Partridge.	Daily, except Wed., at 2 p.m., and daily at 10½ a.m.	8 8	& 18 18
Surgery.	Mr. J. R. Green.	Mon. Wed. Fri. at 8 a.m.	4 4	& 6 6
Botany.	Mr.	Tues. Thurs. Sat. at 9 a.m.	4 4	& 6 6

8 CHARING-CROSS, WESTMINSTER, AND ST. GEORGE'S HOSPITALS.

Near King's College is the Charing-Cross Hospital, in which there are four physicians:— Drs. Shearman, Golding, Sigmond, and Chowne; and two surgeons, Messrs. Pettigrew and Howship; and their attendance takes place daily at twelve. The charge to medical students for permission to walk through the wards daily at that hour, are, to the medical practice for nine months, 10*l*. 10*s*; for the full period required by the existing regulations, 15*l*. 13*s*. and 21*l*. Surgical, for six months, 12*l*. 12*s*. Clinical lectures are promised by the physicians and surgeons of the hospital. The question as to the "recognition" of the hospital at the College of Surgeons and Apothecaries' Hall must be answered at those institutions respectively. (See page 11.)

A pamphlet full of arrangements and promises may be obtained at the College.

WESTMINSTER SCHOOL OF MEDICINE.

Subjects.	Lecturers.	Days and Hours of Lectures.	Fees.			
Medicine.	Dr. Burne.	Mon. Wed. Fri. at 9 a.m.	5	5	&	6 6
Mat. Medica.	Dr. Weatherhead.	Mon. Wed. Fri. at 11 a.m.	5	5	&	6 6
Midwifery.	Messrs. North and Griffith.	Tues. Thurs. Sat. at 11 a.m.	5	5	&	6 6
Chemistry.	Mr. Crump.	Tues. Thurs. Sat. at 9 a.m.	5	5	&	6 6
Medic. Jurisprud.	Dr. Graham.	Mon. Thurs. at 10 a.m.	3	3	&	4 4
Anat. and Demon.	Dr. Todd and Messrs. Malyn & Hancock.	Daily lecture at 2½ p.m., and Demons. daily, except Mon., at 10 a.m.	12	12	&	16 16
Surgery.	Mr. Guthrie and Mr. Thompson.	Mon. Tues. and Wed. at 5 p.m.	5	5	&	6 6
Botany.	Mr. D. O. Edwards.	In the summer.	2	2		
Compar. Anat.	Messrs. Dobson and Rush.	Mon. Wed. Fri. at 7 p.m.	2	2		

There is a newly-built hospital near this school, but up to the hour of our writing the conductors were not prepared to state the terms of attendance on its practice. It is probable, therefore, that no students are expected to enter to the practice. Particulars, however, may, possibly, be ready for delivery by the 1st of October to inquiring students. The promises in the prospectus of the school are very similar to those of other medical schools *extra muros*.

SCHOOL OF ANATOMY AND MEDICINE ADJOINING ST. GEORGE'S HOSPITAL.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.			
Medicine.	Drs. Stevens & Wilson.	Mon. Wed. and Fri. at 6 p.m.	4	4		
Mat. Med.	Dr. Wood and Mr. Ansell.	Mon. Wed. and Fri. at 11½ a.m.	3	3	&	5 5
Midwifery.	Mr. Stone and Dr. Davies.	Mon. Wed. and Fri. at 9 a.m.	3	3	&	5 5
Chemistry.	(At the Royal Institution.)	Tues. Thurs. and Sat. at 9 a.m.	3	3	&	5 5
Med. Juris.	Messrs. Broughton and Wilcox.	Tues. and Thurs. at 6 p.m.	3	3	&	4 4
Anat. & Demonstrations.	Dr. Wilson & Messrs. Lane & Harrison.	Daily, 10½ a.m. & 2½ p.m.	6	6	&	16 16
Surgery.	Messrs. Liston and Walker.	Mon. Wed. and Fri. at 7 p.m.	3	3	&	5 5
Botany.	Mr. Hayes.	Tues. Thurs. and Sat. at 11½ a.m.	3	3	&	4 4

ST. GEORGE'S.—PRIVATE LECTURERS.

Two of the lecturers at this school (Dr. Wilson and Mr. Walker) are medical officers of St. George's Hospital, the terms of attendance at which are stated under the head below. The school has been newly arranged, and is now rendered complete in every department of "regulation" lecturing. Between entrance to the lectures at this school, and entrance to the lectures at the hospital, no student ought to hesitate for one moment. Let them enter to the school.

THEATRE OF ANATOMY, KINNERTON-STREET,

WILTON PLACE, ADJOINING ST. GEORGE'S
HOSPITAL.

A Course of Lectures on *Anatomy, Physiology, and Surgical Anatomy*, will be delivered at this School, by Mr. Tatum, and Mr. H. J. Johnson. A Lecture daily at 2½ p.m., commencing on the 1st of October, and a Course of *Demonstrations of Practical Anatomy* will be delivered by Mr. H. J. Johnson, and Mr. H. C. Johnson. A Demonstration daily, at 10½ a.m., commencing on the 10th of October. One course of both, 12*l.* 12*s.*; perpetual to both, 16*l.* 16*s.*

ST. GEORGE'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
Medicine.	Drs. Macleod and Seymour.	Mon. Wed. and Fri. at 11½ a.m.	£ 3 3	£ 6 6
Mat. Medica.	Drs. Seymour and Macleod.	Tues. Thurs. and Sat. at 11½ a.m.	£ 3 3	£ 6 6
Midwifery.	Dr. Robert Lee.	Mon. Wed. and Fri. at 9 a.m.	£ 3 3	£ 5 5
Chemistry.	None given.			
Med. Juris.	Dr. Hope.	Mon. Thurs. and Fri. at 4 p.m.	£ 3 3	£ 4 4
Anatomy.	None given.			
Surgery.	Mr. C. Hawkins and Mr. G. Babington.	Mon. Wed. Fri. at 8 p.m.	£ 3 3	£ 5 5
Botany.	Dr. Dickson.	Daily, except Saturday, at 14 p.m.	£ 3 3	£ 4 4

Medical and Surgical Practice of the Hospital.—Physicians.—Drs. Chambers, Seymour, Wilson, and Macleod.—Assistant Physician: Dr. Hope. Attendance on the practice of the physicians for nine months, twelve guineas; for one year, sixteen guineas; perpetual pupils, twenty-four guineas. Surgeons: Mr. Keate, Sir B. Brodie, Mr. Hawkins, and Mr. Babington. Assistant Surgeons: Mr. Walker and Mr. Cutler. Attendance on the Practice of Surgeons for

six months, fifteen guineas; for one year, twenty guineas; perpetual pupils, fifty guineas. Clinical Lectures &c. are promised by all the physicians and surgeons, except Dr. Chambers.

Reception of patients on Wednesdays.—Operations on Thursdays at one o'clock. The physicians and surgeons are stated to attend almost daily at half-past twelve o'clock.

Dr. JEWEL will commence his autumnal lectures on *Midwifery and the Diseases of Women and Children*, at the Hunterian Theatre of Anatomy, Great Windmill-street, at 7 p.m. October 3, 1835. One course, three guineas; perpetual, five guineas.

Dr. ROBERTS will commence a course of Lectures on *Medicine*, on Monday, the 5th of October, at 10 a.m., at the House of Mr. Lunn, Chemist, corner of Westmoreland-street and Aldersgate-street. The terms of attendance, for one course, three guineas; perpetual, five guineas.

A Course of Lectures on *Midwifery and Diseases of Women and Children*, will be

delivered at 93, Bartholomew Close, near St. Bartholomew's Hospital, by Dr. Charles Waller, commencing on Monday, the 5th of October, at 4 6 p.m., and continued every Monday, Wednesday, and Friday, at the same hour. Terms.—Single course, three guineas; two courses, four guineas; perpetual, six guineas.

LECTURES ON *Medicine* will be delivered at the "Free Hospital, Greville-street, Hatton-garden," by Dr. Uwins, Senior Physician to the Hospital, commencing Oct. 1, at four o'clock, and continued every succeeding Mon., Tues., Thurs., and Fri., at 4 10 a.m. And Lectures on *Anatomy and*

Physiology, Pathology, and Surgery, will be delivered at the same place, by Mr. Greville Jones, Surgeon to the Hospital, commencing October 2, and continued daily at 24 p.m.

DISEASES OF THE SKIN.—An Institution, entitled the London Infirmary for the Treatment of Diseases of the Skin, is advertised at 51, Great Ormond-street, Queen-square; Dr. J. P. Litchfield, Physician; Mr. Carpine, Consulting Surgeon, Mr. H. Styles, Resident Surgeon, and it is stated that it will afford opportunities to students in medicine, for observing the nature and treatment of cutaneous diseases.

GENERAL DISPENSARY, 36, Aldersgate-street.—Physicians: Dr. Whitsea, Dr. Holt Yates, Dr. Rowley, and Dr. J. R. Bennett. The following terms of attendance are advertised:—For the period required by the Apothecaries' Company, 7*l.* 7*s.*; for six months, 5*l.* 5*s.*; for three months, 3*l.* 3*s.* But of course no student who wishes to learn anything of the practice of medicine, or has the slightest regard for his character as a professional man, will think of expending his money at this notorious establishment.

THE EAR—A course of Lectures on the Ear is advertised to be given at the Dispensary, 10, Dean-street, Soho, commencing at 7 p.m., Oct. 1, by Mr. J. H. Curtis.

LECTURES FOR APOTHECARIES' HALL.—Mr. W. Meade, 32, King-street, Borough, advertises a course of Lectures which is to embrace, in advantageous union, all the facts, and their relative bearing and connexion, which constitute subjects of examination at Apothecaries' Hall. Such a conspectus of medical knowledge may prove very useful to pupils as an introduction to their general studies. Mr. Meade also continues to give private instruction for the College and Hall.

Mr. TOASE assists gentlemen in their studies previous to their presenting themselves for examination at Apothecaries' Hall, at 4, Robert-street, Hampstead-road.

Dr. COLLIER will commence courses of Lectures on *Medicine* and *Materia Medica*, on Monday, October 5th, at 11 a.m., to be continued daily at the same hour, Saturday excepted, at 32, Spring-gardens.

At the Saint Pancras Infirmary, Dr. L. R. Willan will, in October, commence a course of *Clinical Instruction* and of *General Pathology*.

LECTURES ON *Materia Medica* and *Medical Jurisprudence* will be delivered by 'Mr. Barnes, at 72, Euston-square.

Materia Medica at a quarter before six o'clock p.m., on Mon. Wed. and Fri., beginning October 5. Fee for each six months' course, 4*l.*

Medical Jurisprudence at the same hour, on Tues. and Thurs. Fee for the whole course, 4*l.*

. Under the head of "Medical School, Westminster Dispensary," the following paragraph was accidentally omitted:—

The Lectures commence on Thursday, the 1st of October, at 11 in the morning, with a lecture by Dr. Ryan. Instruction in Morbid Anatomy is given by Mr. Wade, Surgeon to the Westminster Dispensary, and the gentlemen entering to the above lectures are admitted by Mr. Wade to his lectures, free from charge. Perpetual entry to all the lectures, thirty pounds.

HYGIENE AND MEDICAL JURISPRUDENCE.—A course of lectures on "Hygiene," the first occasion on which the subjects included under that title have been made the topics of lectorial discourses—is announced to be given this winter by Mr. Farr, a gentleman of ability and acquirements competent to the task, in the following advertisement, the latter division of the course involving the various branches of medical jurisprudence:—

"An Elementary Course of Hygiene and of Medical Jurisprudence, by Mr. Farr. The lectures on Hygiene will commence on Monday, October 19th; the second part of the course, embracing medical jurisprudence, will begin in January 1836. The course will be delivered at the Lecture-room, 8, Grafton Street, Fitzroy Square."

A course on "Hygiene" presents strong claims to the attention of medical men, and will, probably, from its novelty, obtain many attendants. The application of meteorology to medical science, the state of our knowledge of the influences of soil and climate, the history of the public health and of epidemics, and the statistics of medicine generally, ought not to be uninteresting subjects of consideration either to practitioners or students. The application of physical science to therapeutic investigation is daily becoming more frequent among philosophers, and as much valuable information has recently been brought to light relative to the hygienic operation of external agents, there has accumulated a considerable mass of important truths which demand to be made generally known, and may now be most usefully combined.

CHARING-CROSS HOSPITAL SCHOOL AND PRACTICE.*

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.	
			£ s.	£ s.
Medicine.	Dr. Shearman.	Mon. Wed. Thur. Fri. at 11 a. m.	3 3	& 5 5
Mat. Medica.	Dr. Sigmond.	Mon. Wed. Thurs. Fri. at 4 p. m.	3 3	& 5 5
Midwifery.	Drs. Golding and Chowne.	Tues. Thurs. at 8 p. m.	3 3	& 5 5
Chemistry.	Mr. Maugham.	Mon. Wed. Fri. at 10 a. m.	4 4	& 7 7
Med. Jurisprud.	Drs. Sigmond and Chowne, and Mr. Maugham.	Sat. at 11 a. m.	2 2	& 3 3
Anatomy, Phys. and Demons.	Messrs. Pettigrew and Lucas.	Daily at 2 p. m., and 2½ p. m.	6 6	& 8 8
Surgery.	Messrs. Pettigrew and Howship.	Mon. Wed. Fri. at 5 p. m.	3 3	& 5 5
Morbid Anat.	Mr. Howship.	Thursday at 5 p. m.	2 2	& 4 4

* Accidentally omitted from page 8.

COLLEGE OF SURGEONS.

The Council of the College of Surgeons enquire Candidates to bring proof—

1. Of being twenty-two years of age.
2. Of having been engaged five years in the acquirement of professional knowledge.
3. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during two anatomical seasons. An anatomical season is understood to extend from October to April inclusive, and to comprise at least 140 Lectures on Anatomy and Physiology, occupying not less than one hour each, given on separate days; and at least 100 Demonstrations of the like duration, given in a similar manner; exclusive of Dissections, of which distinct Certificates are required.
4. Of having attended at least two courses of Lectures on Surgery, delivered in two distinct periods or seasons, each course to comprise not less than sixty Lectures.
5. Of having attended Lectures on the practice of Physic, on Chemistry, and on Midwifery, during six months; and on Botany and Materia Medica during three months.
6. Of having attended during twelve months the surgical practice of a recognised hospital in London Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial Hos-

APOTHECARIES' HALL.

The Board of Examiners at Apothecaries' Hall require candidates to attend the following Courses of Lectures:

Students whose attendance on Lectures shall commence on or after the 1st of October, 1835, will be required to produce proof of having attended Lectures during three Winter and two Summer Sessions, in the following order:—

The Winter Medical Session is to be understood as commencing on the first of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the Summer Session as commencing on the 1st of May, and ending on the 31st of July.

First Winter Session.—Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics.

Second Winter Session.—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Medical Practice of an hospital.

First Summer Session.—Botany, and such other branches of study as may improve the student's general education.

Second Summer Session.—Botany, if not attended during the first summer session; Midwifery and Diseases of Women and Children; Forensic Medicine; Medical Practice of an hospital.

Third Winter Session.—Dissections; Principles and Practice of Medicine; Midwifery, with attendance on cases; Medical Practice of an hospital or dispensary.

The Student is also required to attend the Medical Practice of a recognised hospital, from the commencement of the Second Winter to the termination of the Third Winter Session, on a recognised Hospital.

The following are the PERPLEXATIONS, or "Regulations," which have been ordained at Rhuarb-Hall to bewilder those candidates for the license of the Company, who are severally circumstanced as below stated, and not now commencing their payments under the ticket-system for the first time:—

Students whose attendance on Lectures commenced prior to the 1st of February, 1828, will be admitted to examination in conformity with the Regulations published in September 1826, viz., after an attendance on

One Course of Lectures on Chemistry.

One Course of Lectures on Materia Medica.

Two Courses of Lectures on Anatomy and Physiology.

Two Courses of Lectures on the Theory and Practice of Medicine.

And six Months' Physician's Practice at an Hospital, or nine Months at a Dispensary.

Students who began to attend Lectures subsequently to the 1st of February, 1828, and previously to the 1st of October, 1828 (in conformity with the Regulations of September, 1827), will be admitted to an examination after an attendance on

One Course of Lectures on Chemistry.

One Course of Lectures on Materia Medica and Botany.

Two Courses of Lectures on Anatomy and Physiology.

Two Courses of Lectures on the Theory and Practice of Medicine: these last having been attended subsequently to the Lectures on Chemistry and Materia Medica, and to one Course at least of Anatomy.

And six Months, at least, Physician's Practice at an Hospital, or nine Months at a Dispensary; such attendance having commenced subsequently to the termination of the first Course of Lectures on the Principles and Practice of Medicine.

Students whose attendance on Lectures commenced in October, 1828, must have complied with the Regulations of September, 1828, viz., by having attended

Two Courses of Lectures on Chemistry.

Two Courses of Lectures on Materia Medica and Botany.

Two Courses of Lectures on Anatomy and Physiology.

Two Courses of Anatomical Demonstrations.

Two Courses of Lectures on the Theory and Practice of Medicine: these last having been attended subsequently to one Course of Lectures on Chemistry, Materia Medica, and Anatomy.

And Six Months, at least, the Physician's Practice at an Hospital (containing not less than sixty beds), or nine Months at a Dispensary: such attendance to have commenced subsequently to the termination of the first Course of Lectures on the Principles and Practice of Medicine.

Students who began to attend Lectures in January, 1829, are required to have attended the Physician's Practice at an Hospital for nine months, or at a Dispensary for twelve months, and also to have attended

Two Courses of Lectures on Midwifery, and the Diseases of Women and Children.

Students whose attendance on Lectures commenced on or after January, 1831, must adduce proof of having devoted at least two years to an attendance on Lectures and Hospital Practice; and of having attended the following Courses of Lectures:—

Chemistry.—Two Courses—Each Course consisting of not less than Forty-five Lectures.

Materia Medica and Therapeutics.—Two Courses—Each Course consisting of not less than Forty-five Lectures.

Anatomy and Physiology.—Two Courses—Of the same extent as required by the Royal College of Surgeons of London.

Anatomical Demonstrations.—Two Courses—Of the same extent as required by the Royal College of Surgeons of London.

Principles and Practice of Medicine.—Two Courses—Each Course consisting of not less than Forty-five Lectures,—to be attended subsequently to the termination of the first Course of Lectures on Chemistry, Materia Medica, and Anatomy and Physiology.

Botany.—One Course—Consisting of not less than Thirty Lectures,—to be attended between the 1st of April and 31st of October.

Midwifery and the Diseases of Women and Children.—Two Courses.

Forensic Medicine.—One Course—to be attended during the second year.

Students are likewise earnestly recommended to avail themselves of instruction in Morbid Anatomy.

The Candidate must also have attended, for Twelve Months, at least, the Physician's Practice at an Hospital containing not less than sixty Beds, and where a Course of Clinical Lectures is given; or for Fifteen Months at an Hospital wherein Clinical Lectures are not given; or for Fifteen Months at a Dispensary connected with some Medical School recognised by the Court. No part of this attendance can be entered upon until the termination of one entire year from the commencement of attendance on Lectures, nor until one course of Lectures, at least, on Chemistry, Materia Medica, Anatomy, and the Practice of Medicine, has been attended in the order prescribed by the Regulations.

Registration.—A book is kept at Apothecaries' Hall for the registration, at stated times, of the names of students, and of the lectures, hospitals, and dispensaries, to which they attend.

All students, in London, are required by the old Statute to appear personally, and to register the several classes

for which they have taken tickets; and those only will be considered to have complied with the regulations of the Court, whose names and classes in the register correspond with the testimonials of the teachers.

The book will be open for the registration of tickets authorizing the attendance of students on lectures and medical practice during the first twenty-one days of October, and first fourteen days of May, from nine o'clock until two; and for the registration of certificates of having duly attended such lectures or medical practice, during the last fourteen days of April and the first fourteen days of August.

Examination.—Every person offering himself for examination must give notice in writing to the clerk of the Society, on or before the Monday previously to the day of examination, and must also at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from nine until two o'clock.

The examination of the candidate for a certificate of qualification to practise as an apothecary will be as follows:—

In translating parts of Celsus de Medicina, and Gregory's *Conspectus Medicinæ Theoreticæ*.*

In Physicians' Prescriptions, and the Pharmacopœia Londinensis:

In Chemistry:

In Materia Medica and Therapeutics:

In Botany:

In Anatomy and Physiology:

In the Principles and Practice of Medicine.

The examination of a candidate for a certificate of qualification to act as an assistant to an apothecary, in compounding and dispensing medicines, will be as follows:—

In translating Physicians' Prescriptions, and parts of the Pharmacopœia Londinensis:

In Pharmacy and Materia Medica.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary, can be re-examined until the expiration of six months from his former examination, and no rejected candidate as an assistant until the expiration of three months.

* Students may undergo their Latin examination in these works at the commencement of their studies in London, by giving notice to the beadle, at their first registration, of their wish to do so. And students who are already registered will be admitted to the examination on making an application to the beadle.

This branch of the examination embraces an intimate knowledge of the diseases of pregnant and puerperal women, and also into the diseases of children.

The Court meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock.

For information relative to these regulations, students are referred to Mr. Watson, who may be seen at his residence, 43, Berners Street, between the hours of nine and ten o'clock every morning (Sunday excepted).

It is expressly ordered by the Court of Examiners, that no gratuity be received by any officer of the Court.

THE LANCET.

London, Saturday, September 26, 1833.

IN some of the preceding pages of the present Number of THE LANCET will be found the announcements of the Medical Schools for the Session 1835-36. The statements which we have printed are taken from the prospectuses which have been issued by the conductors of the various establishments. We are not answerable, therefore, for what we have inserted, further than concerns the accuracy of our extracts. Heaven forbid that we should be answerable for the promises and pretensions of the lecturers! The bills of fare for the present year are, for the most part, screwed up to the last turn of extortion, in perfect consonance and keeping with the regulations which have been recently issued by the Apothecaries' Company. Oh those drug-dealers of Rhubarb Hall! They will receive a dose of physic soon from another establishment, the effects of which will be permanent, both upon their constitutions and their coffers. Never was there endured, in a civilized country, a more abominable system than that which affects to lecture a student into a knowledge of the practice of medicine and surgery. In the absence of statutory enactments no such abomination could have existed even for five years. It would have been broken down under the pressure of its own guiltiness. It is made up of falsehood, fraud, and avarice. Still, the students must bend to the existing re-

gulations,—must submit to be duped and plundered,—or they cannot, according to the decisions of some of our judges, become legally-qualified practitioners of medicine in any part of England or Wales. The moment, however, that they obtain their qualifications, they have it in their power, by the positions which they are enabled to occupy, to contribute towards the overthrow of the system which, for a time, they are compelled to support by their unwillingly-paid funds. We call upon them, therefore, to conform strictly to the “regulations” of the Boards of Examiners. And this demand upon their patience and good temper is made in the hope of seeing them turn, as hundreds of their predecessors have turned, with vigour and boldness, upon the monopolists and the extortioners, for the purpose of effectuating that general smashing of the medical *lecturing* concerns, which have not only sprung up in the metropolis, but are now springing up, like so many foul fungi, in every part of the British empire. Is it not the boast of all our writers on medicine and surgery, that, from the seventeenth to the eighteenth century, the science of medicine had advanced with the most rapid steps of improvement? And yet,—hear it, ye lecturers and pretenders!—there neither existed then, nor in 1714, any such preceptory system established by law as exists now. Let those surgeons who are engaged in the practice of their profession in our country towns, and who have faithfully discharged the obligations imposed on them by the indentures of their apprentices,—let those surgeons, we say, refer to the bills of fare exhibited in the preceding pages,—to the charges for the stale and stolen hashes of words which the students are compelled to purchase in this metropolis, or be excluded from the pale of the profession. Let them observe, also, that no distinction whatever is made by the colleges, hospitals, and schools, between the instructed and uninstructed applicant. The young man whose mind is well stored with a knowledge of the principles and practice of his profession, is compelled to expend as

much time and money in this metropolis upon lecturing and ward-walking, as the individual who has never devoted an hour of his life to the consideration of professional subjects.

Why, rather than that such a system as this should continue to flourish, it would be preferable for our hospitals and schools to be swept from the face of the earth. Why is the knowledge which the country surgeon communicates to his pupil, treated as nought by the extortioners of our colleges and companies? It is one of the grossest insults that was ever offered to a body of educated men. By the existing regulations, all the medical students in the kingdom, unless they have paid certain sums of money to other schools where the system of folly and of falsehood is carried partially into operation,—all the students, without exception, we repeat, are treated as so many dunces,—as mere beginners in the rudiments of medical education. What doctrine does this inculcate to the community? Why, that those surgeons who take apprentices are incapable of instructing them even in the very elements of professional knowledge. Thus, in the course of years, they are deprived of those fees which they are entitled to receive from their apprentices, because parents and guardians, naturally enough, contend, that if the knowledge which the student derives during his apprenticeship does not *lessen* the expense of a medical education in London, the money paid for the pupilage in the country is, virtually, thrown away. Thus a flagrant robbery is committed on the great body of surgeons and apothecaries who are engaged in private practice, and a most shameful injustice is inflicted on the student, who, during his apprenticeship, and under the able and generous guidance and instruction of his master, has succeeded in obtaining a practical and scientific knowledge of his profession. With what show of reason can it be contended that the *ill-treated* individual apprentice should be treated on precisely the same terms,—that no restraint should be

imposed on the one,—that no privilege should be awarded to the other?

"Oh, but there are prizes given in the schools! Look," some blockhead may exclaim, "at the splendid announcement of prizes which has just been made in the prospectus of the St. Bartholomew's school!" Bah! It is all humbug and quackery, *and the lecturers know it*. When are the prizes awarded? Certain enough, at the *end* of every session, when the last shilling has been extorted from the pockets of the student! And of what do the prizes consist? Why of "Books," written, we suppose, by the STANLEYS, the EARLES, the VINCENTS, and geniuses of that class. If anything could display effectually the monstrous character of this PRIZE FARCE, which has just been got up as the new catch-fee of the day, it might be seen in this fact,—that out of the class which attends *St. Bartholomew's Hospital*, not less than *thirty-seven* students,—*thirty-seven!*—obtained at one examination "prizes" and "certificates of honour;" and, to complete the picture of absurdity, the distinctions were distributed by that knowing man MATTHEW PRYME LUCAS, Esquire, Alderman of the City of London, —a somewhat better judge, we take it, of *turtle*, than of the quality of medical attainments. If the lecturers had introduced the practice of awarding prizes on the ground of rewarding *merit*, alone, by instituting a free and open competition amongst all classes of medical students, they would have established fellowships, or scholarships, in their schools, and would render the successful competitors free to the hospital and classrooms during their sojourn in the metropolis. In a mental point of view, we admit, this may be no reward; but it might relieve, at any rate, some of the students from a payment of fifty or sixty pounds for tickets which are of no other value than that of being instrumental in the procurement of so many "recognitions" and "participations."

But we contend that every surgeon in the land has an undoubted right not only to

qualify his pupil for the practice of the profession, but to insist, at the expiration of the apprenticeship of the pupil, that he shall be admitted to an examination for the diploma of the College, or the license of the Hall. After what has occurred we know that the right would be disputed by many of our legal authorities. Hence it is that we would entreat the whole of our medical students to comply with the terms which are laid down in the "regulations" of the examining bodies. The triumph of *principle* is about to be acknowledged. This, therefore, is not the time for making stumbling-blocks out of collegiate forms, or for hesitating relative to the payment of a sum of money which is unjustly demanded, when it is quite certain that a non-acquiescence with regard to that demand may be converted into an instrument for one's own ruin. A judicious course of policy, therefore, requires that the students should comply with the conditions of the bonds which have been framed for their "*benefit*" by the heads of our Colleges and Schools. At the same time they are bound to see that the other contracting powers do not escape from the conditions which are obligatory on *them*. Punctuality of attendance should in all cases be enforced, and where promises which have been made in the prospectuses are not redeemed in practice, the delinquents should be at once unhesitatingly exposed.

It should be observed, that we do not direct our strictures against individuals, but against the odious ticket-system generally. We complain not so much of the lecturers as a body, as of the incorporated monopolists who have originated and sustained the LECTURING ABOMINATION for their benefit. That some of the teachers, and several of the hospital surgeons, are men of capacity and skill, we freely and cheerfully admit; but they do not command our respect, because they resistlessly allow themselves to be dragged through the mire by authorities which they have it in their power to con-

trol. We do contend, however, that the principles and practice of medicine cannot be taught by means of oral addresses. We care not what may be the lecturer's capabilities of speech,—what may be the extent of his information and his experience. It is not possible to convey correct impressions of disease to the mind through the ear, which should be imparted through the medium of another sense. The eye must be employed. The deviations from normal structure and function must be seen, before they can be adequately understood. Until, therefore, the rights of all medical men are placed on an equal footing with respect to the privilege of educating youths for the practice of medicine, we shall continue to exercise, fearlessly and unremittingly, whatever influence we may possess, in the hope of demolishing the ticket and certificate system of our incorporated hospitals and recognised schools.

(From a Correspondent.)—On Wednesday last an apothecary was elected by ballot (not by concurs) at *Westminster Hospital*.

The numbers were as follows:—

Mr. Thurnam	102
Mr. Alfred Hall	68

Majority for Mr. Thurnam 34

Mr. Thurnam, a member of the society of Friends, was the protégé of the Artillery party, of whom Dr. Hallam is the great gun, and Dr. Wood the chief bombardier. As the mode of election had nothing to do with the merit and competence of the party to fill the office, we have no one to congratulate on the result of the competition.

A GREAT meeting of the medical men residing in the Eastern part of England was appointed to be held at Bury St. Edmunds yesterday, Friday, the 25th inst., for the purpose of forming an Eastern Provincial Medical Association. The names of 150 medical gentlemen were attached to the requisition by which the meeting was called. The system of Poor-law contracts has been the originating cause of the requisition.

UNIVERSITY OF LONDON AND COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Your comments on my letter of last week induce me again to address you. "You much doubt," you say, "if two things more unlike than the admission to

an examination for a surgical diploma and the admission to compete for a chair in a medical school were ever before compared." Things may be unlike, while the principles whence they result admit and require comparison. Your remarks necessarily lead me to inquire on what principles the London University, and on what principles the College of Surgeons, were founded, and ought therefore to have been conducted. It will then be seen in which of the two bodies the conductors have most deviated, and in what direction, from those principles. The London University was established, and the sum of 100,000*l.* was subscribed, for the advancement and promotion of literature and science, and for the purpose of affording opportunities of attaining such branches of knowledge as were not previously taught in London; and it was declared that candidates for professorships should be treated with such strict regard to justice, that a difference in competency, even so slender as the hair that turns the balance, should determine the choice. Have these principles really been acted upon? The facts will speak for themselves. A large portion of the funds was expended upon a building, of which the dome alone cost about 20,000*l.* That building has since been mortgaged partly to erect an hospital, the officers to which were appointed without even the form of an election. Those branches of science, such as moral philosophy and jurisprudence, which required endowment and support, and which it was one of the first objects of the proprietors to cause to be cultivated, have been left unprotected. The professors, who should have been elected with such nice regard to justice, were chosen in a manner the least conducive to justice and impartiality. If these things have resulted from the management of the London University, its conductors must have deviated from the principles on which it was founded, and surely the deviation has been in the wrong direction. After this turn to the College of Surgeons.

That corporation was embodied by charter, and if its conduct has been in accordance with the principles of the charter, the Council must stand acquitted of the serious charges of misgovernment which the directors of the London University have incurred. More than this: it cannot be denied that the changes made of late years by the College of Surgeons, have been marked by increasing justice and liberality; and, to revert to the case in question, the Council there acted upon principles more liberal than the charter itself seems to have prescribed, while the Council of the London University acted in a manner diametrically opposite to those principles of justice and liberality on which the institution was founded. The former might not be bound by the charter to admit me to examination and to receive

CLINICAL LECTURE

ON CASES OF

INJURIES OF THE ABDOMINAL

AND

PELVIC VISCERA.

BY

ANDREW ELLIS, Esq., M.R.C.S.I.,

Surgeon to the Jervis Street Hospital, and Lecturer on Surgery in the School of Anat., Med., and Surg., Peter Street, Dublin.

GENTLEMEN,—I beg your attention whilst I read an abstract report of a few cases which bear on the subject of the symptoms, pathology, and treatment, of injuries of the abdomen, and which have been selected from the case-book of the hospital for the purpose of illustrating those points.

CASE 1.—*Stabbing Wound of the Stomach.*—John Lawless, aged 26 years, was admitted into the hospital at nine o'clock p.m., on the 28th of December, in consequence of his having been stabbed with a knife by his brother, with whom he had been quarrelling. On admission he appeared to labour under the combined effects of the wound and drunkenness: he was weak, with pale smoken countenance, and quick pulse; he vomited repeatedly a considerable quantity of blood mixed with food. The wound was situated near the umbilicus; it was about an inch and a half in length, and through it a piece of intestine of a pinkish colour protruded. The patient was now put to bed, and an attempt made to reduce the intestine, but this it was found impossible to accomplish in a perfect or satisfactory manner: it could be returned with moderate facility through the wound in the integuments, but instead of passing through the opening in the peritoneum and thence into the cavity of the abdomen, it went into a pouch or recess formed between the membrane and the abdominal muscles. During the efforts made to restore the intestine, he was very restless and unmanageable, holding his breath, and otherwise resisting the efforts made to relieve him. It was now deemed advisable to have an enema administered, and a vein opened in the arm: when about twenty ounces of blood were drawn, the bowels were affected, and he became quite exhausted and pulseless, the skin being covered over with cold perspiration. Whilst in this state of syncope, the protruded intestine was returned into the cavity of the abdomen without any difficulty; and the lips of the wound were kept together by two points of suture, supported by a compress and a

bandage, which was applied with a moderate degree of tightness. This being done, the patient was placed in a posture calculated to relax the abdominal muscles.

29. He has slept but little during the night, vomited three or four times, and complains of exquisite pain in the abdomen, which obliges him to scream whenever he makes a full inspiration: he cannot bear to be moved or touched in the slightest degree; the countenance is sharp and anxious, tongue brown; excessive thirst; pulse 140, and no secretion of urine. He was bled again to the amount of thirty ounces, and ordered three grains of calomel and half a grain of opium every hour.

2 o'clock p.m. The bleeding produced fainting; he has been exceedingly restless since the last visit, and suffered much from thirst and vomiting; the bowels have been moved, but no secretion of urine has taken place; at present he lies in rather a torpid state, with much heaving of the chest; the respirations are forty in a minute; the pulse is exceedingly quick and almost imperceptibly small.

30. He died at six o'clock yesterday evening.

Autopsy.—On examining the body sixteen hours after death, it presented the following appearance. There was a small quantity of blood, but no food, effused into the cavity of the abdomen; and a wound about half an inch in length was found in the stomach, situated two inches from the pyloric orifice, and, consequently, much above the level of the external wound. There was no other viscus wounded, and the usual effects of peritoneal inflammation were but imperfectly marked.

Remarks.—There are a few points connected with this interesting case to which I beg to call attention. In the first place, it may appear to you somewhat strange, that the stomach should be the only organ wounded when the knife had entered the abdomen so low down as the umbilicus; however, when you call to mind that the situation occupied by the stomach must in a great measure be determined by the various degrees of plenitude or vacuity to which it is liable, that which, at first blush, appeared abstruse and unaccountable, becomes at once simple and intelligible. Now, be it remembered, that this unfortunate man had been drinking before the accident occurred, and that he subsequently vomited up food as well as blood. Under these circumstances, it is obvious that the stomach was distended, and consequently encroached on the umbilical region, at the moment the wound was inflicted, but when discharging its contents it contracted, and thereby withdrew itself from the external wound.

The fact of none of the contents having escaped into the cavity of the peritoneum,

is a strong proof of the accuracy of the explanation I gave you (*LANCET*, No. 629, page 753, when speaking on the subject of abdominal extravasations, and the steps taken by nature to prevent their occurrence in cases of wounds of the hollow viscera. The influence of the enema and blood-letting in facilitating the return of the protruded intestine, reminds us of what we frequently see take place in cases of strangulated hernia.

The state of syncope to which the patient was reduced by loss of blood, had the effect of producing general relaxation, and, consequently, of overcoming the muscular action which originally forced out the bowel, and subsequently resisted its return; whilst the enema, by exciting the inverted action, or antiperistaltic motion of the intestines, contributed to its replacement. It has been very properly noted down that the usual effects of peritoneal inflammation were but imperfectly marked; I am disposed to attribute this circumstance to the early depletion the patient underwent, and the short time he survived after the accident. You may recollect that the wound itself gave rise to a very considerable hemorrhage, and that, in addition, forty or fifty ounces of blood were taken by the lancet in the course of a few hours afterwards. On the whole, I should be inclined to account for his death by saying that the constitution sympathetically sunk, both in consequence of the loss of blood, and the serious injury done to a very important organ, rather than state that peritoneal inflammation was the immediate cause of dissolution.

CASE 2.—Crushing of the Abdomen.—Rupture of the Cecum.—The next case to which I wish to call your attention is that of J. Donohoe, a drayman, who on the 6th of July, whilst leading his horse through the street, was caught, and severely crushed, between the wheel of his own and that of another dray, which were passing in opposite directions. Soon after the accident he walked to the hospital, where he arrived at two o'clock p.m. Having got some instructions and medicine, he walked home and went to bed. In the course of the evening he was seized with violent pain in the abdomen and vomiting, which continued during the night. On the morning of the 7th he was carried to the hospital, being now totally unable to walk; his countenance was pale, anxious, and indicative of great suffering; the skin was cold and clammy, and the pulse could not be felt at the wrist; the abdomen was tense, and would not bear the slightest pressure; the vomiting had ceased, and he was incessantly tormented with an insatiable desire for cold drink. The usual treatment for such distressing symptoms was employed, but in vain; the poor fellow died at eight o'clock the next morning,

being twenty-four hours after admission, and forty-two after the receipt of the injury.

Autopsy.—On opening the body, four hours after death, the following appearances were discovered in the cavity of the abdomen:—The intestines were distended with flatus, and the peritoneal coat was of a bright rose colour, except where covered with lymph, which was shed in great quantity. The cecum was dark-coloured and thickened in its coats; it presented at its lower extremity an aperture, with irregular ragged edges, merely of sufficient size to admit the extremity of the little-finger. There was no extravasation of feculent matter.

Remarks.—It may appear remarkable that in this case the patient was able to walk to and from the hospital soon after the accident occurred; and that it was not until some hours afterwards that he was attacked with bad symptoms; whereas, in the case of Lawless, violent symptoms were established at the moment the wound was inflicted, and continued without intermission until he died. In reference to this point I beg to observe that it is a fact, very generally admitted, that the degree of shock imparted to the constitution in consequence of injuries of the abdomen, is in the direct ratio of their relation to the solar plexus; that is to say, the nearer the injury is to that important and vital part, the more deeply will the constitution sympathize at the moment of the accident, and the greater the danger to be apprehended, as to the ultimate termination of the case. If you acquiesce in the correctness of this doctrine, you can readily comprehend why Lawless, who was wounded in the stomach, got no quarter from the moment of the accident; whilst Donohoe, whose cecum was ruptured, did not suffer from bad symptoms for some hours after the infliction of the injury, when peritoneal inflammation set in, and finally became the more immediate cause of death. Allow me again to remind you of the fact, that Lawless lived but sixteen hours after he received the wound, and on examination of the body it was ascertained that the usual effects of peritonitis had been but imperfectly established; we must, therefore, infer that in this instance the patient sunk partly from loss of blood, but more especially from the direct effects of the injury on the system at large; or, in other words, from what Mr. Travers would call "constitutional irritation." I will now read a case which tends to support the validity of the opinion already expressed as regards the influence which the relation of the solar plexus to the local mischief may have in a case of abdominal injury.

CASE 3.—Crushing of the Abdomen.—Rupture of the Duodenum.—On the 14th of July, Eliza Healy, aged four years

thrown down in the street by a dray, the wheel of which passed over her body; she was carried to the hospital in about an hour afterwards; on admission she was exceedingly weak and exhausted; the countenance pale and the eyes sunk; the pulse quick and almost imperceptibly small; she seemed unwilling to answer questions; was extremely restless, constantly tossing her limbs about in the bed; she drank with avidity, had frequent retching, but nothing came up from the stomach; there was no tenderness of the abdomen. She gradually became more and more exhausted, and expired in four hours after her admission into the hospital.

Autopsy.—On examination twelve hours after death, the peritoneum presented a healthy appearance, but a few cherry-stones, mixed with alimentary matter, were found in its cavity. When these substances were removed, a small rent was discovered in the descending portion of the duodenum, through which they had escaped. The lower extremity of the spleen was likewise ruptured, there was however very little blood extravasated; all the other viscera were perfectly natural.

Remarks.—You will observe that this was a case in which the injury was situated quite in the neighbourhood of the solar plexus, and that the patient never recovered from the first shock of the accident; the immediate cause of death cannot, therefore, be fairly attributed either to loss of blood or peritoneal inflammation.

The next cases for our consideration are those of ruptured bladder, but before we discuss them individually, I feel that a few observations on the subject of urinary extravasations in general would not be misplaced, and that they might be instructive to the junior part of my hearers.

Urinary extravasations may be suddenly produced either by blows or falls on the perineum; or on the abdomen, if the bladder should happen to be distended at the time of the accident. For example, let us suppose a case in which a sportsman, whilst in the act of riding his horse over a fence, loses his stirrup, and is, accordingly, thrown forward on his perineum with all his weight against the pommel of the saddle. Now, in a case of this description, there is much reason to suspect that the urethra has been ruptured; should blood pass from the external orifice soon after the accident, the patient in attempting to pass water feels as if he were emptying the bladder, yet none escapes externally; and if the attempt were attended with a swelling of the scrotum, there can be no doubt but extravasation has already taken place. If this case be not promptly and properly attended to, very bad consequences will most certainly ensue; the scrotum, and perhaps the penis and prostate, will become enormously tumefied, and assume a dark-red colour; gan-

grenous spots will appear on the integuments, through which, should the patient survive, sloughs of the cellular membrane, saturated with a mixture of urine and ill-conditioned matter, will escape. Whilst these changes are taking place locally, the patient's constitution suffers severely; symptomatic fever becomes quickly established, he feels hot and restless; complains of headache and thirst; the tongue is covered with a brownish tenacious matter; the secretions generally are diminished; and the pulse is very frequent. As the case advances, all these symptoms become worse; delirium and coma set in; the tongue is now dry, black, and contracted; the skin is often at this stage of the complaint covered over with a urinous sweat; the pulse becomes exceedingly small and intermittent; and, finally, death closes the scene.

If the description I have now given of the usual effects of urinary extravasations caused by rupture of the urethra be correct, you must at once perceive the necessity of attention and decision on the part of the surgeon, and the fatal consequences which are likely to ensue, either from diffidence, hesitation, or ignorance, on his part. You should keep constantly in mind the pernicious effects produced by urine when brought in contact with any of the living animal textures, save the skin and mucous membranes. In accordance with this view of the subject, you should consider such a case as I have supposed to occur to be of local origin, but of a most dangerous tendency; you should, therefore, when called on, in the first instance, apply yourselves to the source of the evil.

Taking this view of the subject, the practitioner, when satisfied that extravasation has actually taken place into the cellular membrane of the perineum and scrotum, should introduce a silver catheter as far as he can, without using much force, into the urethra; in all probability that will be down to the laceration; he should now with a knife or scalpel make a free incision through the tumefied parts, until he has exposed the catheter at the rupture in the urethra. By this means the urine already effused will be drained out of the cellular membrane, and in the event of any more escaping from the aperture in the urethra, it will have a ready exit, and therefore will not become diffused through the neighbouring parts. This being done, the metallic instrument should be withdrawn, and a gum elastic catheter should be introduced into the bladder, and retained there by a suitable apparatus; a poultice is next to be applied to the wound. Suppuration, and probably sloughing, will take place to a certain extent. The catheter should not be removed, except for the purpose of clearing away the calcareous incrustations which usually form on

its vesical extremity, until the breach in the urethra shall be completely closed up. The constitutional treatment of a case of this description must vary in different instances, and be determined, in a great measure, by the sort of person affected, the character of the symptoms, and the stage of the complaint. For example; if the accident happened to a plethoric young man, and was succeeded by the ordinary symptoms of inflammatory fever, there can be no doubt as to the propriety of employing antiphlogistic remedies in the first instance; but let us now suppose the case to be far advanced, the scrotum in a decidedly sloughy state. The constitutional symptoms here change their character, and resemble those of a bad typhus fever. Here the constitutional plan of treatment should consist chiefly of stimulants and tonics: such as camphor, carbonate of ammonia, with small doses of opium. Mild nutritious wine, such as claret; or if the patient were in the habit of indulging largely in malt drink, porter or ale may be administered with advantage. I have never found bark in any form useful, nor do I believe that it does much good in any case where the tongue is covered with a dark dry crust, and the stomach disposed to nausea or irritability. The best local applications for this stage of the case, are warm dressings, and the fermenting poultice.

I have just now placed before you, in a familiar manner, the ordinary symptoms and treatment of a case of extravasation of urine, having supposed it to arise in a healthy young man, in consequence of a rupture of the urethra. Let us now take another view of the subject, and assume that the accident had happened to an old fox-hunter of dissipated habits and broken-down constitution, and inquire if the symptoms and treatment would, or ought to be, precisely the same in both cases. There certainly will be no remarkable difference in the local symptoms, and they should be treated by the catheter, incision, and poultice, as in the former case; but the antiphlogistic plan of treatment will not be applicable in this instance at all; on the contrary, the patient should be watched closely from the commencement, and as soon as symptoms of debility shall appear, the treatment I have recommended for the second stage of the former case should be at once adopted in the latter.

You will occasionally meet in practice, cases of extravasation of urine in children, and inasmuch as they differ in some respects from those I have described as taking place both in young and old men, I feel it my duty to make a few observations on this subject.

The usual cause of extravasation in children, is the giving way of the urethra, in consequence of a small calculus having become firmly impacted in it when on its way from the bladder. The breach in the canal is sometimes effected by rupture, in conse-

quence of the great straining produced by the irritation of the foreign body, and the urgent desire to pass water, which is now mechanically resisted, and at other times it is, I believe, the result of ulcerative absorption, which has not been preceded by the adhesive inflammation. However, be that as it may, my present object is merely to apprise you of this fact, that the urine of children, being chiefly composed of water does not, when extravasated so speedily, produce the same destructive consequences to the cellular membrane through which it may be diffused, as in the cases of adults, or old persons, which I have already described. When apprising you of this pathological fact, I do not wish to convey the idea that you should be less vigilant or attentive in your treatment on that account; on the contrary, the cause of extravasation (the calculus) should be removed as quickly as possible, and a free incision made into the distended parts, in order to allow the effused urine an opportunity to ooze out of the cellular tissue with which it has commingled. I pronounce the word "ooze" emphatically; for you must not expect, that a sudden gush of urine will take place when an incision is made into the affected part; this never happens unless the extravasated fluid is confined in a circumscribed cavity, which does not often occur. After the incision a poultice should be applied, but I never found it necessary to introduce a catheter in the case of a child; and, indeed, I think it a very fortunate circumstance that such a procedure can be dispensed with; for, if it were absolutely necessary, it would be extremely difficult, if not impossible, to retain it quietly in the bladder. The observations which I have now made refer merely to such urinary extravasations as occasionally take place external to the abdomen and pelvis. I trust I have said sufficient to prepare you for the fatal consequences which are to be expected when similar effusions occur within those important cavities. With a view to illustrate this part of our subject, I beg to call your attention to a few cases of ruptured bladder.

CASE 1.—Rupture of the Bladder from a blow.—William Corry, aged 26 years, a carrier by trade, was admitted into the hospital on the 19th of March, at 11 o'clock p.m., under the following circumstances. When brought to the hospital he was stupidly drunk; his friends stated, "that he had been drinking all the day, and that towards evening he had suffered much from a desire and incompetency to pass water; that he subsequently got into a row, and that they believed he had been struck on the belly with a watchman's pole." It was quite impossible to obtain any information from himself; but Mr. Cullen, who admitted him, mentioned "that Corry was subject to an

tacks of retention of urine, from spasmodic stricture, when he was guilty of any debauch, and that he had frequently relieved him by drawing off the urine." On examining the abdomen, it did not appear to be particularly full or tense; however, it was deemed expedient to introduce a catheter, but no urine came away. The stomach pump was next employed and brought up a large quantity of liquid, which appeared to be a compound of whiskey and porter. He was now placed in bed, and immediately fell into a heavy sleep.

20. He slept soundly during the night, but is at present very feverish; complains of pain in the lower part of the abdomen; is affected with headache, foul tongue, thirst, heat of skin, quick pulse, and inability to pass water. The catheter was introduced, and drew off about a pint of healthy urine; he was bled, purged, stuped, &c. &c., yet his sufferings were mitigated only in a trifling degree. The fever continued for two or three days, without undergoing any important change; at the end of this time the retching, which had been moderate and occasional, now became distressing, and almost constant; the abdomen was very unid, tympanitic, and tender to the touch; his breathing was hurried and oppressed; he was exceedingly restless, and occasionally suffered from hiccup, and had a constant desire to pass water. These symptoms were met as the circumstances of the case seemed to indicate; blood-letting was frequently had recourse to, both by the lancet and leeches; blisters were applied, and the mouth was slightly affected with calomel; the catheter was introduced three or four times every day, but never brought away more than an ounce of urine at any one time, excepting on the second day after his admission into the hospital. All the symptoms gradually grew worse; the countenance became exceedingly sharp, and expressive of internal distress; the pulse very small, and the abdomen enormously tumid; there was much general emaciation and debility; and on the fifteenth day after the accident, death put a period to his protracted and exquisite sufferings.

Autopsy.—On opening the abdomen six hours after death, the following appearances were discovered. The intestines were very much distended with flatus; the peritoneum was but slightly vascular, with a few small patches of lymph on its surface; however, the cavity contained between two and three gallons of pale urinous fluid. On examining the bladder, a vent, capable of admitting the extremity of the little-finger was found in its superior and posterior part, where, covered by peritoneum, the margins of the opening did not present anything remarkable, being rather thickened nor everted. The abdominal viscera were otherwise

CASE 5.—Rupture of the Bladder from a Fall.—James Cod, aged 28 years, a servant; whilst riding a spirited horse on the evening of the 31st of August, the animal became restive, reared up, and fell backwards on the rider. He was much shocked at the time, felt weak, and sick, and was immediately conveyed home and bled by an apothecary; in about two hours after the accident he was brought to the hospital, and on admission he looked pale and anxious, his skin was cold and his pulse slow and weak; he expressed a desire to pass water, but was incapable of doing so. It was ascertained that he was tipsey at the time of the fall, and that he had not evacuated his bladder for a considerable time before it. He was placed in bed, and a catheter was introduced, but nothing came away but a small jet of blood.

Sept. 1, five o'clock a.m. He is very restless, complains of intense pain all over the abdomen, and is much tormented with hiccup. He was ordered twenty-four leeches to the abdomen, their application to be followed up by warm fomentations.

Twelve o'clock. The symptoms have increased in violence: the abdomen is very tense, and exquisitely painful; the pulse 120 and hard; the bowels confined, and the desire to pass water urgent. The catheter was again introduced, and brought away nothing but a small quantity of blood. He was ordered to be bled from the arm to the amount of ten ounces, and to have forty leeches applied to the abdomen, and an emollient injection.

Five o'clock. The leech-bites bled profusely; the bowels have been freed, and he passed a small quantity of urine without the catheter; the pain in the abdomen is less severe.

Sept. 2, nine o'clock a.m. Bowels free; passed some urine; pain in the abdomen inconsiderable; however, the prostration of strength is very great.

Five o'clock. He seems to be quite exhausted, with sunken countenance; cold perspiration; pulse scarcely perceptible, about 150 in a minute; respiration 60, and laborious; he still complains of some pain in the abdomen.

3. He died at six o'clock yesterday morning.

Autopsy.—The abdomen was examined three hours afterwards. It contained about a quart of reddish fluid, which emitted a urinous smell: the peritoneal coat of the intestines was vascular, but there was no effusion of lymph. On introducing a catheter into the bladder, it went through a small aperture in the superior fundus, into the cavity of the peritoneum; the margin of the opening was somewhat thickened, and the parts of the bladder immediately around it

bladder itself was perfectly empty, and contracted into a firm ball.

Remarks.—I have thus read to you two very interesting cases of ruptured bladder, together with a description of the appearances exhibited at the post-mortem examinations; and now, before we separate, I wish to make a few general observations regarding those cases. In the first place it must appear somewhat strange to you, that the bladder should have given way in both instances in that part which is covered by peritonæum. Now, this is not a mere accidental or coincidental circumstance, for, in every case that I am acquainted with in which the bladder gave way in consequence of falls or blows on the abdomen, the rupture took place in the peritoneal region of the organ. In support of this statement, I beg to refer you to two very important cases of this description, which have been published in the second volume of the "Dublin Hospital Reports," by Doctor Cusack. The only explanation I would venture to suggest, is the anatomical fact, that the superior and posterior regions are weaker than the other parts of the bladder; inasmuch as they do not receive any support from the reflections of the pelvic fascia; whilst the peritoneal covering, which is comparatively thin and delicate, and being, in common with all serous membranes, devoid of elasticity, it is, therefore, incapable of accommodating itself to violence suddenly applied; consequently it yields only by the laceration of its proper structure.

The next point to which I am anxious to call your attention, is the difference which exists between the local consequences that result from urinary extravasation into the cellular and serous tissues. I have already mentioned to you that inflammation and mortification are the usual effects when it takes place in the cellular membrane; now I beg to state that in no one instance with which I am acquainted did mortification ensue from urinary extravasation into the cavity of the peritonæum. Judging from the usual effects of injury or irritation on that very delicate and sensitive membrane, it appears to me very extraordinary that in cases of ruptured bladder, in which the peritonæum is wounded and brought in contact with a very acrimonious fluid, it should be rather slow in taking on inflammatory action, and capable of effectually resisting its gangrenous consequences. In the case of

Cod, which ended fatally on the third day after the accident, the usual effects of peritoneal inflammation were but imperfectly marked; and in the case of Corry the patient lived to the fifteenth day, and the post-mortem appearances would scarcely warrant us in saying, that the distressing symptoms under which he laboured during his illness were solely the result of peritonitis. Dr. Cusack's patients died on the eighth day after the accidents, and the appearances presented by dissection were, with the exception of the unnatural vesical openings, and the consequent urinary effusions, those usually resulting from peritoneal inflammation.

Gentlemen, here I wish to apprise you of what, in my judgment, is a very erroneous opinion, as regards the state of the peritonæum in fatal cases of inflammation of this membrane. It is generally stated by authors who treat of peritonitis, that the sudden cessation of pain, which usually precedes a fatal termination, is a sure sign that mortification has actually taken place. Now, I wish you to understand that my experience of this disease, and the dissections I have made of persons who have died of it, induce me to arrive at an opposite conclusion. With the exception of one or two instances, I have never been able to find gangrenous spots in the peritonæum, when examining the bodies of persons who have died of inflammation of that membrane; I am, therefore, disposed to think that it would be more in accordance with the principles of correct pathology, to consider this absence of pain as indicative of a fatal loss of sensibility, rather than a positive assurance of structural disorganization, and chemical decomposition. For my own part, although it may, perhaps, appear too figurative to say so, I look on the sudden subsidence of pain in those cases, as the incipient ebb of vitality; or, if you will, the first stage of death.

The reason why serous membrane is more capable of resisting the gangrenous effects of inflammation than cellular membrane, in cases of urinary extravasation, is in my mind easily explained by reference to the relative degrees of vitality, which they both possess. When you consider that the former is much more highly organized than the latter, you will not feel surprised to hear that the peritonæum may resist the disorganizing consequences of an inflammation which would prove destructive to the component parts of the scrotum. Gentlemen, you may probably consider that my observations to-day have been of a very desultory and heterogeneous character, but when you reflect upon the variety of topics, and the numerous cases, which I felt it my duty to discuss, I trust you will not deem them misplaced.

CASE OF CATALEPSY

COMPLICATED WITH

HYSTERICAL SYMPTOMS.

To the Editor of THE LANCET.

SIR,—Having read with considerable advantage the two cases of catalepsy recently reported in THE LANCET, I am induced to forward to you the following case of the same affection, which, if it be considered interesting enough, I beg you will insert in your truly independent periodical. I have the honour to remain, Sir, yours respectfully,

JOHN J. KELSO, M.D.

Lisburn, Sept. 11, 1835.

Miss B., at. 19, is of a delicate make of body, with light brown hair, fair complexion, and of a nervous temperament. Previous to the commencement of her present illness, she enjoyed, for the most part, tolerably good health. On the 21th of December, 1834, I saw her for the first time, and found her in the following condition: She was lying extended on her back, perfectly motionless, with complete deprivation both of consciousness and sensibility; the muscles of the extremities &c. were quite flexible; the respiration about four in the minute, the heaving of the chest being scarcely recognizable; occasionally, a short expiration, with a sigh or a moan, succeeded to a deep and sonorous inspiration. Pulse 60, fluttering and weak; skin rather cold and exsanguaneous. Intense cephalalgia, as evinced by the occasional involuntary application of her hands to the forehead, which she would violently press until they were removed by some of the attendants. Eyelids closed, and on being raised up, the eyeballs are found strongly turned upwards; pupils dilated and fixed. Peculiar placidity of countenance. Catamenia &c. regular. This cataleptic state persisted for about nine hours, terminating in a confused sleep. The prostration at one time was so great that it was thought she would sink, the pulse having become imperceptible, and the respiration for nearly two minutes wholly suspended. Dr. Thomson, who had previously seen the case, had ordered a fetid enema, and leeches to the temples.

27. The catalepsis, which is almost continual, is now announced by the loss of command over the voluntary muscles, the head falling back, the eyes closing, and the other muscles becoming at the same time relaxed. It invades suddenly and insensibly, and on recovering she recollects nothing that has passed during its continuance, nor can she be aroused out of it by the strongest stimuli;

headache relieved by the leeching, but sometimes excruciating; tongue clean; appetite good.

30. The fits to-day are hardly so frequent, or of such long continuance. During the attack she sighs or moans frequently, and, if mild, music will attract for a little her attention. The striking of the clock, too, will occasionally make an impression upon her, the strokes of which she will accurately count. On recovering from the seizure she instantaneously regains possession of all her faculties, and during the intervals between the paroxysms her spirits are good, and she employs herself in reading. Headache teasing, and there is globus hystericus. Restless nights. *Somat Tract. Humuli ʒij, hora somni.*

Jan. 5, 1835. The headache and globus hystericus are peculiarly distressing during their existence, and for an indefinite time after the passing off of the fit. Pain of a neuralgic nature is felt in the course of the infra-orbital nerve, and she frequently experiences tooth-ache, which always aggravates her state. No other alteration.

Feb. 15. On those days on which the fits are fewer they are invariably longer protracted, and *vice versa*. They have assumed a periodical character, invading at one o'clock and at seven p.m., persisting generally at each time for about three hours. During the rest of the day she is completely exempt from their attack. She has been taking the carb. of iron, which has been increased to ʒviij daily, without producing much benefit. It may be remarked that the morning which is ushered in with violent headache, invariably effects an irritability of temper, with a protraction of the fits, and an increased amount of suffering generally during the whole of that day. Appetite defective; bowels preserved relaxed by suitable aperients. Sleep still to be solicited by the anodyne.

27. The fit is announced by the fixing of her eyes on some imaginary object, either on the ceiling or the wall, which she will continue, as it were, attentively examining with a smile or a laugh, pointing to it at the same time with her finger. In this attitude she will remain until recovering from the seizure, when a convulsive tremor ensues, with the effusion of abundance of tears and frequent sighing. To-day the recovery from the fit is announced by a difficulty of obtaining breath, as it were, accompanied with a violent and frequent heaving of the chest, so that the respiration would appear to amount to 90, or more, in the minute. This state persists for three or four minutes, and then passes off in sighing. She has been taking sulphate of quinine, which has been increased to ʒi daily, with but little benefit.

March 27. For the last few days the fits had recurred less frequently, and her general health was improving with her appetite,

from the taking of exercise. To-day, however, she became suddenly and unexpectedly worse. The catalepsy was preceded by a general convulsion, which lasted for nearly an hour. If she happens to be in the erect posture when the convulsive paroxysm invades, she becomes so rigid as to render abortive any attempts to bend her: again, if she be reclining, the flexor muscles of the trunk, by an instantaneous and violent effort, will elevate her into the semi-erect state. There is tenderness in the spinal column generally, but especially acute over the sixth and seventh cervical, the tenth dorsal, which is evidently depressed, and all the lumbar vertebrae. Pressure, if practised on any of those tender parts, excites acute pain and a sense of constriction, as if the body was ligatured by a cord; it invariably excites a fit, or the convulsion terminating in it. It was mentioned to me now that about eight months previously, a tumour, of the size of a fowl's egg, was developed, at about the situation of the depressed vertebra, but disappeared after some time, spontaneously. Intense headache, with feverish excitement. *Hirudines x dolent, pithus dorsi.*

30. The convulsive paroxysm, which is not so furious, is sometimes alternated with jactitation. In some of the violent paroxysms she will commence crying immoderately; the crying being occasionally alternated with violent laughter. Nights disturbed by alarming dreams, rest not being procured, as was wont, by the anodyne. There is general soreness over the surface of the body. Bowels &c. natural.

April 5. The catalepsy very frequent, lasting for about ten minutes, and the convulsion or jactitation which always precedes it, about six minutes. The nights are not exempt now from the fits, which the least mental excitement will produce. The panting respiration frequently recurs, during which the chest and abdomen are alternately elevated, with a remarkable frequency and violence. Spine very tender. *Halent moschi grs. vi, ter die.* To keep the recumbent posture.

May 5. An uncontrollable propensity to straight-forward progressive motion during the existence of the catalepsy. Spine less tender, from repeated leeching, cupping, and blistering. Pulse not affected during the fits.

20. The tendency to straight-forward progressive motion has disappeared. To this has succeeded a rotatory, whirling, round-about motion, which is always executed from right to left. During the fit she will continue, to all appearance, reading, or following any employment she may have been engaged in prior to its occurrence. Much emaciation, with bad appetite.

September 1. The rotatory motion, with the convulsion and jactitation, entirely gave way in the beginning of July. The cata-

lepsy is yielding, and her general health is improving, from a residence, for these last two months, at the sea-shore. I may mention that about a month since she experienced an attack of toothache, which so much aggravated her state as to render the catalepsy almost continual for the then four consecutive days. The tenderness in the spinal column has nearly disappeared, and the displaced vertebra is fast returning to its natural position.

Remarks.—The case just detailed I consider not only interesting but instructive, from its intimate connexion with acute spinal irritation, and the palpable displacement of one of the dorsal vertebrae. Although we find hysterical symptoms frequently, if not invariably, associated with catalepsy,—affections, it may be observed, not very dissimilar in their nature and seat,

it can hardly be supposed for a moment that they originate from an analogous cause. It is pretty generally admitted, that irritation, in which ever a nerve excited, acting on the origin of the spinal nerves, in predisposed habits, is the primary and chief cause of the development of hysteria; but since that affection presents itself so frequently in the absence of every cataleptic symptom, the pathologist must search after some other cause, or series of causes, that operate in producing the affection in question. What has been here advanced, however, does not in the least militate against what must be acknowledged as a fact, in my patient's case, viz. that irritation in the medulla spinalis, or the origin of those nerves issuing from it, excited from whatsoever cause, was an essential link in the chain of causation, for the high degree of tenderness in particular parts of the spinal column, on making the least pressure, so suddenly set up on the 27th of March, from imprudent exercise, with the irritation resulting from the displaced vertebra, which was then detected for the first time, were accompanied by a marked aggravation of the convulsive paroxysm. The intensity of the affection, too, yielded on instituting the appropriate treatment for the removal of the local irritation, which being in great measure effected, the convulsive fits and jactitation, which was occasionally violent, entirely ceased. It is to be regretted that the spinal column was not subjected to an earlier and accurate examination respecting its real state. It must, however, be quite evident, that the irritation or inflammation which led to the slight angular curvature, must have existed for some time, and very probably from the period of the existence of the tumour on or near that place, which was, as reported, about eight months before. But although the displaced bone is fast returning to its appropriate place, and

acute tenderness experienced there and in other parts of the spine has nearly disappeared, the catalepsy still persists. This may arise, I think, as much from the morbid habit established in the system, as from the continuance of the cause which originally called it into existence.

The headache, all along a peculiarly prominent and harassing symptom, may be viewed as sympathetic on the spinal irritation, and the straight-forward and rotatory motions are referable, I conceive, to irritation influencing the origin of more or fewer of those nerves which are subservient to locomotion.

With regard to the treatment of the case, those means which were employed for combating the local irritation in the spinal region were the most beneficial. The internal remedies were not equally efficacious. These were chiefly carbonate of iron, quinine, camphor, ether, and musk; and although several other things were prescribed, she obstinately refused taking any of them.

CASE, FREQUENTLY SIMULATING HYDROPHOBIA.

To the Editor of THE LANCET.

SIR, In the number of THE LANCET published on the 29th of August last, I saw an article entitled "Remarks on Pseudo-Hydrophobia, by Dr. Hare." I must certainly agree with the Doctor in thinking that the case related by Mr. Tonkin in THE LANCET for August 15th, was "one of those mysterious neuralgic diseases which medical men sometimes meet with;" and a case fell under my observation last year which the remark of Dr. Hare brings to my recollection. I remain, Sir, your obedient servant,

J. L. MCCARTHY, M.D.

Macroon, Sept. 11th, 1835.

A young and fine-looking man, a soldier in the 70th Regiment, belonging to a detachment of that corps quartered at Millstreet, about fourteen miles from this place, was sent in here by the apothecary in charge of the troops at Millstreet, for the purpose of being transmitted to head quarters in Cork. Lieutenant Jameson, commanding the detachment of the 70th, which was quartered here, called on me and begged that I would go and see this young man, who he said was reported to him as having hydrophobia.

I accordingly went with Mr. Jameson to the barracks, and found the patient bound down to his bed with sheets twisted round his body, and arms. He was then in

a convulsive fit, struggling violently, howling and barking like a dog. He attempted to bite at everything placed near his mouth, and the slightest blast of cold air, or the sprinkling him with any kind of fluid, aggravated the fit. His respiration was extremely irregular and convulsed, and he frothed considerably at the mouth. At the same time he was, to a great degree, conscious of what was going on, and would, when the spasm permitted, answer questions that were put to him. He complained of great pain in the back of the head, along the spine, and in the epigastric region. The sergeant of the party told me that the fit had now lasted nearly an hour, and that the patient would soon fall asleep, as he was showing signs of faintness. I staid with him about half an hour, when the convulsions gradually abated, and he sank into a deep natural sleep. I then felt his pulse, and found it full, hard, and counting 97. The sergeant who had accompanied him from Millstreet told me that his bowels were most obstinately constipated.

I recommended Mr. White, an apothecary in this town, who had the medical charge of the troops here, to have him bled freely, and to give him a strong bolus of calomel, jalap, camphor, and ginger, to be followed by an emema containing castor oil and oil of turpentine. Mr. White, however, did not think proper to follow my advice, and did nothing for the patient, simply reporting the case to the chief military medical officer in Cork, in order to have the man removed to the General Hospital.

When the patient awoke from his sleep, which had continued for four hours, I again went to see him, and obtained a history of his case. He told me, that when a boy about ten years old, he was bitten in the hand by a dog which was supposed to be mad. The dog was killed immediately afterwards, but it was not properly ascertained whether the animal was really rabid or not. The wound became very sore, and festered. It was cauterized by a surgeon, and then tormented by the application of various ointments, and at last, being ultimately left to nature, healed, and cicatrized in about three weeks. The accident occurred in the month of January, and some time in the following May he was attacked with symptoms so like those of hydrophobia, that the medical man who attended him at once pronounced it to be that disease. He did not recollect any thing of the treatment he then underwent; but in about a week from the commencement of the attack he completely recovered. He had then two of the convulsive fits in the twenty-four hours, and they were, he said, precisely of the character of the one which I saw. He further stated, that the convulsive fit was always preceded by a sense of suffocation, tightness across the chest, a heavy weight at the epigastrium, extreme

difficulty of deglutition, and a feeling of horror at the sight of fluids; but that when the fit went off, he found himself quite well, but exceedingly weak, and able to swallow both fluids and solids, with the same facility as when in a state of health. He was at that time in his 19th year, and he said that he had, since his first illness, experienced an attack of this disease regularly every spring, and also sometimes in the autumn; during the intervals he always enjoyed robust health. His illness was always preceded, for some days, by constipation and irregular digestion, which also accompanied the attacks, and free purging gave him the greatest relief.

He remained here for nearly a week in this state, before he was transmitted to Cork, and the fits were daily getting worse, as no treatment was adopted. I afterwards learned, that being put into the Cork General Military Hospital, he was bled and purged, and perfectly recovered.

I asked this young man why he barked and howled while in the fits, and he told me that he always fancied there was a troop of mad dogs about him, but that in every other respect his mind was unaffected. He said that two medical gentlemen who had attended him in two different attacks, both stated that his case was one of hydrophobia, and was cured by them.

I consider this affection to be one analogous to the hysteria in the case related by Messrs. Tomkins and Varenne, and to have been originally caused by the bite, and the irritable treatment of the sore, afterwards recurring from habit and disorder of the digestive functions, the affection assuming a periodicity in its type.

could with safety pronounce whether a "sickly dog" was capable of producing hydrophobia by its bite or not. And herein consists the difficulty; for it has happened, as most people are aware, that, sometimes, at the period of inflicting a wound which has afterwards proved mortal, the animal has been actually unsuspected; and therefore we may conclude that in the woman whose case has been the subject of controversy, the symptoms having been plainly those which are considered to be normal by the generality of medical authors, the circumstance of the dog not being mad at the period of his death, is no certain proof that the system of the patient was not affected by his virus. Had she died, perhaps the case would not have been considered so doubtful.

When we consider that the slight scratches made by the dog's tooth, appeared inflamed on the 8th of August, after having been completely healed since the 24th of the previous July, it must be acknowledged that there was something more in the wound than is usually met with in simple abrasions of the skin, whether caused by a dog's tooth, a nail, or otherwise; and also when we pass in review the concurrent symptoms, there seems to be some, if not strong reason, in opposition to the opinion of Mr. Youatt, for the assertion that there were decidedly symptoms of hydrophobia in the person attended by Mr. Tomkins and myself. I have the honour to be your obedient servant,

E. G. VARENNE.

Kelvedon, September 17, 1835.

HYDROPHOBIA.

REMARKS BY MR. VARENNE ON THE
ARTICLE BY MR. YOUATT.

To the Editor of THE LANCET.

SIR,—I should feel obliged if you would insert in your valuable pages the following brief remarks, which bear reference to some observations on a case of supposed hydrophobia, contained in your 624th number.

A point of interest, with respect to hydrophobia, rather overlooked by the writer of those observations, remains yet to be examined; and that is, how long before decided symptoms of that disease make their appearance in an animal, is that animal capable of affecting the system of man or of other animals with the disease in question? It may not be impertinent to state, that the symptoms of what is called the latent disease are never so constant, in all cases, that even an experienced and skilful veterinarian

ON THE NATURE OF INFLAMMATION AND IRRITATION.

To the Editor of THE LANCET.

SIR,—In requesting the favour of your allowing the subjoined paper to occupy a space in your Journal, some apology is necessary for adding to the number of attempts to explain the nature of inflammation, the more so, since the present inquiry is far from being complete. It forms merely a link which could not with propriety be excluded from a series which will hereafter compose a work on the treatment of inflammatory and febrile diseases. I am, Sir, yours respectfully,

HENRY SEARLE.

Kennington, Sept. 19, 1835.

In the various descriptions which have been given of the nature of inflammation, so much importance has been ascribed to the changes which have been supposed to take place in the circulation of the blood, that the numerous hypotheses which have

appeared on the subjects have been raised upon the alleged changes. One condition in particular has attracted, and even riveted, the attention of physiologists:—viz. the turgescence of the vessels, occasioned by the augmented columns of blood. Turgescence of the bloodvessels has always been considered the *sine quâ non* of inflammation; the redness, swelling, pain, and even the increased heat, have been generally attributed to the increased quantity of blood in the inflamed part, and its cause has been supposed to be identical with the proximate cause of inflammation. It is therefore not surprising that the grand point of inquiry should have binged upon this turgescence.

The turgescence can arise only from an obstruction, or from an augmented flow, of blood through the vessels; and from the views taken of these two opposite states, have originated the two leading hypotheses with their respective modifications. The former, the doctrine of obstruction, was first broached by Boerhaave, who attributed the accumulation of blood, forming the turgescence, to an *error facti* of some of its particles, which, becoming imparted in vessels too small for their transmission, required an increased action of the heart and arteries to overcome the obstruction. Cullen modified this hypothesis by ascribing the obstruction to the vessels themselves, instead of to the blood, and attributed the proximate cause to "a spasm of the extreme arteries, supporting an increased action in the course of them."

Various modifications of this doctrine of obstructed circulation have since appeared; debility in various degrees, even to atony of the small arteries, has taken the place of spasm, an increased action, however, of the larger arteries being retained as an essential part of the hypothesis.

The other *leading* hypothesis—viz. that the turgescence arises from an augmented flow of blood through the inflamed part, was established by Hunter. There were several reasons for this doctrine obtaining almost universal assent; it was described by teachers as consisting of a simply increased action of the arteries, including those leading to the inflamed part, as well as those engaged in the inflammatory action; the simplicity of this view readily superseded the incompatible notions of an obstruction of an augmented flow of blood coexisting in different parts of the same chain of vessels; surgical facts daily confirmed the idea of an augmented flow of blood through the inflamed part, and the apparent increase of vascularity was an almost positive proof of this being the case. The authority of so careful an investigator of medical science as Hunter was not likely to be much doubted in his own day; various modifications of the hypothesis have how-

ever been since brashed. Hunter's explanation of the action of the arteries cannot be admitted by any one acquainted with physical science; he goes so far as to reverse the order of nature, describing the natural circulation to be accomplished by the active contractions of the arteries, but the circulation concerned in inflammation to be achieved by their active dilatations. This far-fetched explanation of the cause of the turgescence has been very little considered, otherwise it could not have been so well received. Since the microscope has been so much employed in the investigation of the circulation, the doctrine of obstruction has again become prevalent.

On reviewing the different hypotheses respecting the nature of inflammation, one common error presents itself, viz., that of endeavouring to trace all the phenomena of inflammation to a particular state of the circulation; but such a state does not exist. It is true, that on the turgescence of the vessels depends the chief, if not all the external, signs of inflammation, and on this very account it has been the stumbling-block of many distinguished men, who have vainly sought for the cause of the turgescence as the key to the true theory of inflammation.

It is supposed that inflammatory action occurs in the following manner:—That an adequate excitement of the nerves of the part causes certain changes in the circulation of the blood, evinced by the more usual signs—redness, tumefaction, pain, and increased heat, and that this particular state of the circulation is essential to the production of the various morbid effusions, indicating the existence of inflammation.

In order to prove that a preliminary stage of inflammatory action is not essential to these productions, many familiar examples may be given. In cases of scalding, the effusion takes place immediately on the application of the stimulus of heat, as the direct effect of the nervous excitement, and not the effect of an intermediate inflammatory process of the bloodvessels. In irritative fever, as it is called, collections of pus sometimes occur in distant parts of the body without being preceded by redness, throbbing pain, increased heat, or other sign of phlegmonous inflammation; but so soon as these collections produce a certain degree of distention, their existence is indicated to the patient by the uneasiness they create. In the same manner chronic abscesses are often formed without betraying any symptom of arterial irritation.

Although these examples form mere exceptions to the general rule, yet they sufficiently prove that the morbid productions of inflammation do not depend either on an increased action of the arteries, or on any other change in the circulation, but that they are the results of a morbid function of the secreting vessels. It is true that a local

excited action of the arteries mostly precludes the morbid effusions, but it would appear that these are distinctly different effects of the same cause: for, an increased action of the arteries alone, or a morbid function of the secreting vessels alone, or both these effects conjointly, may arise from one and the same cause. The following comparison between irritation and inflammation will tend to elucidate this view of inflammation.

Irritation consists in a simply excited action of the minute arteries, unaccompanied by derangement of their secreting extremities, while

Inflammation appears to consist essentially in functional derangement of the secreting vessels, which, in most instances, is accompanied by an increased action of the arteries.

Simple arterial irritation occurs under a great variety of circumstances. It may be momentary—the most transient and trivial deviation from healthy to higher vascular action is witnessed in the blush occasioned either by mental emotion or gentle friction;—or it may be durable—the erythematous patches or mucous membranes irritated by the contact of vitiated secretions, may exist for years without assuming a strictly inflammatory character.

This simple vascular irritation may be either local or general: it may present itself as a mere erythematous speck, or in the diffused exanthematous form of rubeola, or of scarlatina.

General vascular irritation may occur either in *paroxysms* or in *continuous forms*. The *paroxysms* may be produced by mental emotions, by taking certain stimulant and sudorific medicines, cordials, as wine, spirits &c.; they may be induced by a sudden check to the circulation, such as is occasioned in cold bathing; they are often periodical, as in intermittent and hectic fevers. The *continuous forms* are observed in pyrexia. Many other examples of increased action of the whole arterial system might be given, in which no particular functional derangement of the secreting vessels can be connected with it, so as to constitute inflammation.

Inflammation appears to consist essentially in functional derangement of the secreting vessels, combined, in most instances, with the arterial irritation already described.

According to this definition of inflammation, the morbid action of the secreting vessels is the essential part of the inflammatory process. So inessential, indeed, is arterial irritation to the existence of inflammation, that various changes of structure occasionally take place without any appreciable increased action of the arteries. Most unequivocal results of inflammation are sometimes discovered in the head, chest, and abdomen; such as enlargements of the

lymphatic glands, abscesses, adhesions, tubercles, interstitial depositions, accumulations of lymph, serum, or pus, opacities, indurations, softening, and other organic changes; any of which may take place without a sign being evinced, even to the patient himself, of the existence of the slightest arterial irritation. How incorrect then, and at the same time how delusive, a definition of inflammation is that which limits it to an increased action of the arteries, that arterial irritation often occurring without inflammation, and inflammation sometimes existing without any apparent arterial irritation! Consequently no fixed correspondence is preserved between the supposed cause and the effect, if such a relation can be established between them.

Inflammation distinguished from irritation.—Inflammation is in general more durable than irritation. Inflammation is almost always idiopathic. Irritation is very frequently sympathetic. Inflammation is always local; irritation may be either local or general. Irritation often exists without inflammation, but the latter is usually preceded and accompanied by the former. The same cause, in different degrees, may produce either simple irritation or inflammation. For example: if a portion of the skin be subjected to the influence of friction during a minute or two only, simple arterial irritation will be the result; but if it be subjected to the same agent during fifteen or twenty minutes, inflammation also will take place, and a blister be formed; anger may occasion merely a momentary irritation of the vessels of the brain, or it may produce a decided phrenitis. So any other cause, as heat, may occasion a temporary irritation of the arteries only, or its influence may extend to their secreting extremities, and disorder their function, constituting inflammation. Irritation may be in sympathetic connexion with inflammation. For instance; a suffused redness of the face and neck may coexist with cynanche tonsillaris; or an erythematous patch on the cheek may attend inflammation of a tooth or of the gum on the same side, and various cutaneous irritations may accompany gastro-enteritis, or other internal phlegmasia; but the most extensive and dangerous form of sympathetic irritation, is that which is connected with acute visceral inflammation, and presents itself under the character of inflammatory fever.

Acute inflammation in a part is always accompanied by irritation in the contiguous parts, and these diseased actions sometimes preserve a distinct coexistence in different structures, however intimately connected. For example; the submucous cellular tissue may be the exclusive seat of inflammation, while the mucous membrane itself remains in a state of irritation only, which cannot be explained on the principle that

increased vascular action constitutes inflammation. In this case the submucous tissue, the seat of inflammation, becomes changed in structure,—the mucous membrane, the seat of irritation, continuing in its natural condition. In the same manner the cellular tissue of the liver may become inflamed and thickened, or any kind of deposition may take place into it, the lobules at the same time being in a state of mere irritation or active congestion, and secreting bile natural in quality and quantity.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

WE intend to publish at intervals, in the numbers of the present and ensuing volumes of *THE LANCET*, a series of cases illustrative of the most important diseases of children, observed at the *Hôpital des Enfants Malades*, in Paris, the only hospital we believe, in Europe, in which children of from three to fifteen years of age are received. Our reports of these cases will, we expect, be very acceptable to British practitioners, to whom we present them as original communications, drawn up with great care, with a view to recording facts from which important practical rules in the treatment of the diseases of children may be drawn. In mentioning that these cases are expressly reported for publication in our own columns, we do so simply to prevent any erroneous impression which may chance to be created with regard to the authority of reports of foreign cases in an English journal, in consequence of a habit which has prevailed in some quarters, of extracting hospital cases from a Parisian contemporary (the *Lancette Française*) without acknowledgment, — a piracy which has excited much complaint from their author in the French journal.

In accordance with our arrangements we commence the series this week by giving the following case, to which we take the opportunity of attaching the name of its author, a gentleman of extensive acquirements and great research in medicine, and well competent to observe and apply the facts which anatomy and pathology can afford to the therapeutic art.

HOSPITAL OF SICK CHILDREN, PARIS.

INFLAMMATORY CROUP.—TRACHEOTOMY.—CURE OF THE CROUPAL SYMPTOMS.—DEATH FROM CAPILLARY BRONCHITIS ON THE NINTH DAY AFTER THE OPERATION.—AUTOPSY.

ALEXANDER GUYON, a boy four years of age, was received into the hospital under the care of M. GUERSENT on the 2nd of June, 1835. The parents of this child are both healthy, but he himself is in general subject to ill health: his chest is very narrow, and the sternum projects slightly forwards from lateral compression of the chest; the child however does not cough habitually. For the last six or seven days the child has been affected with the symptoms of common catarrh, to which latterly some feverish symptoms were added. He was seen in town, on the morning of the 2nd, by a physician, who did not say any thing about croup, or seem to suspect the existence of this disease: at five o'clock in the evening the interne assures me that his cough was moist, and did not at all present the croupy sound; the voice however was a little harsh and hoarse. The disease declared itself suddenly on the night of the 2nd, and at nine o'clock on the morning of the 3rd, the little patient presented us with the following symptoms:—

The face, which is habitually pale, is now somewhat injected, for the patient has just had a moderate access of suffocation. The access was soon repeated, and lasted for a few minutes, during which the child is very much agitated, tosses about from side to side in the bed, and suffers evidently from obstructed respiration. The latter, in the intervals of the fits, is laborious, abdominal, and accompanied with forced dilatation of the nostrils, forty-four in the minute: a sonorous râle passes in the back of the naris. The child coughs a little, every now and then, for a few seconds at a time, but the cough has not the crowing character remarked in croup; he does not speak, we cannot therefore note the character of the voice. The motion of the child when the access of suffocation comes on is very characteristic: he begins to writhe about in the bed, cries, and endeavours to obtain the upright position, but when taken up and held at the window, the fit very soon goes off. The crachoir (tin spitting-cup) contains a quantity of nearly clear-coloured serous fluid, in which we observed floating a portion of white false membrane about three quarters of an inch long by a quarter of an inch broad. On examining the back of the fauces we find a small patch of the same pseudo-membranous concretion covering the left amygdala. The chest sounds well upon percussion, we think however there is some little matity on the right side above and

posteriorly: at this point we have some soufflé bronchique, in other parts of the chest a râle sibilant. The skin is very moist and warm, pulse small, 140, respiration now 48.

On examining the patient M. GUERSENT pronounced the disease to be croup, and ordered the operation of tracheotomy to be performed without delay. The little patient was carried at once into a neighbouring room, and the operation performed by the interne. The child lost some blood from the division of the veins about the lower edge of the thyroid gland, which seemed to us also to have been divided for a few lines, and before the canula could be introduced into the trachea, a good deal of blood had made its way into this tube, and brought on such a fit of coughing and suffocation that we thought every instant the child would have died under the knife: this state, however, fortunately went off after one or two violent accessess; the canula was introduced, and the patient quickly restored from a condition of the greatest agitation and suffering to comparative calm: in a few minutes after the operation, the pulse, which, counted immediately before, gave more than 140 beats, fell to 116, the respiration descended from 48 to 32, and we left the child enjoying a quiet sleep.

4. When we first saw the patient this morning, he was lying asleep; the face was free from moisture, the skin not very warm: the respiration sufficiently calm, and accompanied with a gentle dilatation of the nostrils, 36; the pulse still small, 152. The child soon awoke, and M. GUERSENT coming in, we learned that the child had coughed a good deal during the night, and passed some large portions of false membrane through the canula. This latter tube now became stuffed with thick mucus, and the child was seized with a fit of suffocation very analogous to those we observed before the operation; the face does not become purplish as then, but the child makes violent efforts to respire; his whole body is bathed in sweat, and at each effort the air, mixed with mucus, hisses through the canula with amazing violence; in a few seconds the canula became pretty free; the respiration was then less difficult, though M. GUERSENT says the breathing is almost as oppressed now as it was before the operation. The canula was now cleaned with a morsel of sponge on a bit of whalebone; this caused some agitation, and the pulse rose to 156, respiration 44: a great quantity of greenish mucus, mixed with little or no air, is driven through the tube at each expiration; the child is not very weak, for he stands up in bed without support. Skin moist, not very hot. The crachoir contains several portions of false membrane expectorated during the night; one of which is at least two inches long. *Decoc. Malæ* for

drink; *Solution of Gum* with *Ox. Antimonii*; simple lavement; diet.

5. The second day after the operation was passed nearly in the same state as the former; the respiration, however, became somewhat less embarrassed; the patient discharged from time to time through the canula complete tubes of false membrane, as if derived from the second bronchial division. *Decoc. Malæ*; *Solution of Gum* with *Oxyd. Ant.* xv gr.; simple lavement.

6. The patient looks much more calm to-day than yesterday or the day before; his respiration is also much less laborious, is regular, 38, a few minutes after the canula was cleaned; the patient passed several hours last night in a state of perfect calm; at each expiration a small quantity of greenish mucus is driven as far as the orifice of the tube, but not forcibly beyond it; the appearance of the wound, which is about two inches and a half long, is good, but the skin is somewhat retracted from the edges, and leaves the subcutaneous tissue bare; the child had a fit of coughing during the visit, which brought away some false membrane; the fit was slight, continued only two or three seconds, and did not give rise to any coloration of the face or mouth; however, we may remark that to a non-medical person or parent &c., the child would have appeared to suffer excessively, from the circumstance of his making all the motions which accompany cough in the ordinary state without opening his mouth, or of course producing any sound whatever; the skin is moderately warm, moist, and in some parts covered with sweat; the skin of the forehead is much warmer than that of the face, but not more so than that of the hands or the rest of the body; pulse 144; two stools during the night; in respiration the lips do not move, but we observe a curious physiological phenomenon which we did not notice before, and which, as far as we know, has not been remarked in other histories of this operation. The nostrils move, evidently as if the patient respired through the mouth and nose, but on close examination we find this motion, though pretty regular, is not exactly that of respiration, nor corresponds exactly with each elevation of the chest; the dilatation, or, to give a better idea of the motion, the elevation of the nares, corresponds pretty nearly to each inspiration, but on the whole is slower, and every now and then the nares when drawn up make two or three short fluttering inspiratory movements and then subside; for the last two days the respiratory sound has been obscure at the summit of the right lung. *Decoc. Malæ*; *Sirup of Gum*; *Sol. Gom.*; *wie's Oxyd. Antim.* gr. xvi; milk and water.

7. To-day the child is evidently much relieved; he is now a little gay, and even played for some time in bed yesterday evening, when he was very calm; the pulse

early this morning was 120 to 124; is now 28; the respiration 32 to 36; the patient has had no fit of coughing this morning; and his respiration is now sufficiently free; he passed some small fragments of false membrane last night through the canula; this morning he ate half a biscuit with some appetite; the skin is moist and very slightly warm; there is still some dulness of sound and absence of vesicular respiration at the summit of the right lung. Same remedies; *Opid. Antimon.* xviii gr.

8. The fits of suffocation now no longer exist, but the child had a long and violent fit of coughing during the visit; the canula does not discharge much mucus, and no new false membranes have been passed; the patient is now very feverish; skin burning hot; pulse 144 (this morning at one o'clock it was only 120 to 128); great thirst; respiration not much oppressed, 48; the nostrils exhibit the same motions as yesterday, corresponding very nearly with expiration; no air whatever passed through the mouth or nose. M. GUYER observed that he feared the child was now evidently affected with another disease than that for which the operation was performed, and would die of his croup. *Decoct. Maltæ*; *Op. Antim.* xviii gr.; lavement; milk.

9. The child does not cough much,—only three or four times in the course of the day; the child looks much better than before, and lies quite quietly in his bed; little appetite; pulse now 140, was only 116 this morning (perhaps from irritation caused by pumping out the canula in the trachea); the child was not very thirsty during the night; the respiration not laborious, is irregular, 48; skin moist and very warm, as before; he has not expectorated any false membrane since; a greenish mucus is still discharged from the canula, but after it was cleared out with a sponge two or three times, we observed that the mucus expectorated became rosy; the patient has eaten some currant jelly with great relish. *Opide Antimon.* xviii gr.; currant jelly.

10. Seventh day after the operation. The child lies perfectly quiet in bed, and presents a strong contrast to the agitated state in which we found him on the first day of his disease; the respiration, though a little quick (38) and irregular, is not difficult. The canula was stopped this morning for an hour; he bore this very well, and the nurse says his respiration immediately became more slow and easy. The cough has much diminished, the patient now only begins to expectorate some mucus; is less febrile; skin still moist, but excessively hot; pulse sharp, pretty strong, 132; face has lost all appearance of agitation; not very pale; the child eats a little bread and has some appetite; two stools, one of which was passed in bed, but it appears that he did not dirty his bed

at home. The inspiratory motions of the nostril are now much less perceptible; the wound looks well, does not suppurate; the cervical and submaxillary glands are not tumefied. Wine and water; solution of gum; broth.

11. The patient has coughed very little during the night; skin not so warm as yesterday; pulse 120; respiration 48; on auscultation we hear some dry crepitating rale in the right lung posteriorly; the canula has been stopped several times since yesterday, and the interné again assures us that the respiration becomes more slow during that time; skin not very warm. Wine and water; *Op. Antim.* gr. xij; chicken broth.

12. The canula was removed yesterday, and has not been replaced since; the cough is not distressing or frequent; however, the respiration has been embarrassed from time to time, especially during last night. It is now a little difficult, 48; pulse small and very rapid, 136; skin rather cool. The child has had a good deal of diarrhœa; five liquid stools; tongue white, but moist and not foul. From this time the child began to sink rapidly; the respiration became more difficult, and he died without convulsions during the night.

Autopsy at ten o'clock on the 13th of June.

Cavity of the Chest.—The left lung looks healthy externally; the right lung is of a mottled red colour in front, and adheres to the parietes of the chest, anteriorly and laterally, by a pretty extensive false membrane. There is no effusion into the cavity of the chest. The trachea when opened does not exhibit any trace of false membrane; there is no inflammation immediately about the edges of the divided rings, but about two inches lower down than the inferior angle of the incision, there is some irregular capillary injection, with two or three points of ecchymosis in the lining membrane; there is also some ecchymosis above the wound, with some capillary injection round it. The whole of the bronchi, from origin to termination, are deeply injected, and when divided near the surface of the lung they discharge a mucous-purulent fluid, and seem somewhat dilated; no false membrane in any part of trachea or bronchi. On again examining the trachea we perceive on the right side of the incision that the mucous membrane is of a rosy colour, for about one inch in length by a half in breadth: the membrane then exhibits a yellow colour, as if it had been bathed in pus for some space down, and then the membrane again becomes injected about an inch above the division of the bronchi. The whole inner surface of the trachea is rough to the feel, and looks here and there as if the mucous membrane had been removed, but there is no trace whatever of ulceration. When the summit

of the right lung is divided, it presents a gray-yellow colour, from the infiltration of tubercular matter; the appearance is different from that of gray hepatization; the tissue is here soft, and yields under the finger with readiness; on the right lung also, about a quarter of an inch from the surface of the lung, and situate near the lower edge of the part adherent to the costal surface, we find a tubercle, in a crude state, about as large as a five-sous piece; and near the summit a number of smaller tubercles. Here some points of the lung have a solid feel, and are much engorged, but do not give way under the finger, or present the dark colour of an hepatized lung. Inferiorly in this same right lung the small bronchial tubes are excessively injected with a deep-red capillary injection, and the tubes, when the lung is squeezed, give out a quantity of bloody mucous fluid, mixed here and there with some pus from certain of the bronchi. Between the upper and middle lobes of the right lung behind, we find some false membrane, which partially unites them together, and also to the side of the chest. The whole of the base presents the same appearance as the upper part, except that it is somewhat more dark than the gray-yellow colour above, and the tubercles are more soft. At one point, about four inches in extent, the substance of the lung round the tubercles is very red, and excessively solid; it does not yield under the finger, but tears readily, and sinks rapidly in water. The left lung is in general healthy, i. e. free from appearance of pneumonia. At the summit, particularly, there is a great number of small crude tubercles, but no appearance of inflammation of the pulmonary tissue; the base of the left lung is much engorged when cut into, but not solid, or impervious to air.

Here and there some of the tubercles are softened, and discharged their pus into the bronchi when we pressed the mass of lung.

The amygdalæ are a little hard, but not discoloured, or covered with false membrane; nor do we find any in the pharynx; the œsophagus is pale internally, but the mucous membrane lining the back of the larynx externally, i. e. the crico-arytenoidal surface, is very much injected, purplish, and wrinkled like a piece of half-dried parchment. No injection or appearance of false membrane about the larynx or cordæ vocales.

The stomach is empty; near the grand cul-de-sac the membrane is pale and somewhat softened, but presents no trace of inflammation. There was nothing worthy of detailing in the viscera of the abdomen or head.

P. H. GREEN.

BOOKS RECEIVED.

A Treatise on the Functional and Structural Changes of the Liver, in the progress of disease; and on the agency of Hepatic derangement in producing other disorders. With numerous cases, exhibiting the invasion, symptoms, progress, and treatment, of Hepatic disease in India. By W. E. E. Cunnell, M.R.I.A., M.D., Surgeon of the Madras Establishment. 8vo. p. 531. Duncan.

A Series of Botanical Tables, and Tables of the Materia Medica, designed for the use of Students preparing for examination at Apothecaries' Hall. With Engravings and Maps. Longman.

Martinet's Manual of Pathology; translated by Dr. Quain, 4th Edit. Revised and Enlarged; pp. 413. Shupkin.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37' 44" North, Long. 31° 45" West.)

Days.	Thermometer.		Barometer.		Rain. Ins. Dels.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Sept. 14	66.50	46.50	29.65	29.54	—	S.W.	Fine throughout the day.
15	63.50	39.25	.62	.47	0.2	S.	Heavy rain in the evening.
16	61.25	39.25	.52	.47	—	S.	Fine throughout the day.
17	59.	36.25	.51	.45	—	S.	Fine.
18	51.	51.	.52	.33	0.98125	S.E.	Morning fine; rain afternoon.
19	63.75	52.25	.34	.23	0.10625	S.	Rain at intervals.
20	66.50	45.25	.42	.35	—	S.	Fine throughout the day.

Sept. 22, 1835.

THE LANCET.

VOL. I.]

LONDON, SATURDAY, OCTOBER 3, 1835.

[1835-36.]

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND
PATHOLOGY.

HOPITAL DES ENFANS MALADES,
PARIS.

CROUP.

IN France the name of "croup" is confined exclusively to inflammation of the larynx and trachea, accompanied by a pseudo-membranous exudation. During the last five years this affection had been extremely rare at the *Hopital des Enfants*, and not more than three or four cases were observed; but it presented itself much more frequently in the course of the year 1835, during which we have observed no less than ten cases, affecting children from two to six years of age. The treatment employed in the majority of these cases consisted in the use of emetics, purgatives, local blood-letting, and cutaneous revulsives (blisters to the pole or front of the neck, to the superior or inferior extremities, &c.) The operation of tracheotomy was performed four times, and always accompanied by a momentary improvement in the symptoms, but the cases have nevertheless been fatal; in two patients death took place about thirty-six hours after the operation, once in forty-eight hours, and in the fourth, whose history we have already published (see p. 29), the fatal termination did not arrive before a lapse of eight days. In some of the cases above enumerated the diagnosis was attended with considerable difficulty: thus, in one case, we have seen a physician attached to the hospital mistake a real croup for an *edematous angina* (*edema glottidis*); we

have also seen a case of simple inflammation of the larynx and trachea mistaken for croup; we shall report the latter case after having detailed one which did not present the slightest doubt, from the well-marked symptoms by which it was accompanied.

CASE.—Child five years old. Cough and hoarseness at the commencement; emetic; amelioration for two days; then alteration of the timbre of the voice; croupal cough; expectoration of false membrane; two applications of leeches to the neck; frequent emetics. Death on the seventh day; membranous concretion in the larynx and trachea; puriform mucosities in the bronchi.

Delorme Antoinette, a girl five years of age, of a good constitution, was seized on the 21st of August, together with one of her sisters aged two years, with cough and hoarseness, and dyspnoea. A physician being called in, prescribed an emetic for both the children; the accidents increased rapidly in the case of the younger child, who died with the symptoms of croup in three days. The elder sister felt some relief from the effects of the emetic, which persisted on the 26th and 27th, but on the following night she was seized with a frightful access of dyspnoea, which determined the parents to transport her to the hospital. On the patient's arrival she was immediately given an emetic, which produced copious vomiting, accompanied by efforts to cough; in the midst of the matter thrown up was found a morsel of false membrane, organized, and as large as the thumb nail.

29. At the visit in the morning we found the child lying on the right side; the head thrown back; the face pale; the neck tender; the cervical glands on the left side engorged; pseudo-membranous concretion on the amygdala of the same side; respiration siffilante, twenty-eight per minute; fit of a hoarse dry cough; alteration of the voice, which is weak and barking; pulse accelerated; skin hot; intelligence perfect.

Ten leeches along the centre of the neck under the chin.

R. *Tart. Antimon. Polass.* gr. j.; *Syrup. Ipecacuan.* ℥j. *Chymel Scyllæ* ℥ss. To be taken in three portions. *Tisan de Mauve*; *diète*.

The patient appeared to have been much weakened by the application of the leeches. The two first portions of the emetic draught were given, with an interval of a few hours; these produced some vomiting, and towards evening the child had several accesses of suffocation; the pulse rose to 160.

30. The child's state seems a little improved, she answers the questions addressed to her, asks for something to eat, and says she feels no pain anywhere. The timbre of the voice is still strong, and the respiration more sonorous than yesterday; cough croupy; pulse 120; respiration 30; tongue moist; the child has not been to stool for the last two days. Purgative lavement; four leeches to the neck; emetics; sinapisms to the lower extremities; milk. During the day the child was seized, from time to time, with fits of suffocation, which on the 31st were repeated almost without interruption, from five o'clock in the morning to nine o'clock, when the child died.

Body examined twenty-six hours after death.

General appearance of fat; skin pale; no cadaveric rigidity; injection of the vessels on the surface of the brain; gray substance natural; white substance somewhat injected; ventricles contain no fluid; the amygdalæ, the pharynx, and the epiglottis, do not present any appearance of a pseudo-membranous exudation, nor is the mucous membrane lining those parts of a colour remarkably red. The ventricles of the larynx are filled with a muco-purulent fluid, and below them we find the commencement of a membranous concretion, which extends as far down as the bifurcation of the bronchi; it is about half a line thick; the subjacent mucous membrane is red and thickened; the bronchi contain some purulent mucosities, but do not present any trace of false membrane. The mucous membrane of the stomach and intestinal canal is free from all injection or membranous concretion. However, several of the glandulæ solitariae are developed in a very remarkable degree, without being injected. Nothing particular in the other viscera.

The symptoms by which this case was characterized were very clearly marked and evident—viz. alteration of the voice, croupal cough, respiration sibilant, false membranes on the amygdalæ, and also an expectoration of organized membranes from the trachea. The greater part of these symptoms were absent in the following case, which was mistaken for croup:—

CASE 2.—*Simple Laryngo-Tracheitis mistaken for Pseudo-membranous Laryngitis.*—Child three years old; pain in the throat after exposure to cold; then cough; hoarseness; dyspnoea; sonorous respiration; access of suffocation. Death; redness of the lower part of the larynx, trachea, and bronchi; no false membrane.

Garope Adele, three years of age, a child remarkably fat and well-looking; never had any previous illness, except a mild small-pox in her infancy; had been three days ill when she was brought to the hospital on the 10th of August last. According to the account given by the mother, it would appear that this young child, after having amused herself all day on the 8th on the banks of the river, was seized with hoarseness and cough in the evening on returning home. These symptoms persisted the following day; the appetite seemed then diminished, but on the night of the 9th the infant was seized with fits of suffocation, which made the parent believe she would suffocate every moment. The fits did not continue the next morning, but as the cough, hoarseness of voice, and dyspnoea, increased, the patient was brought to M. TROUSSEAU, who declared that she was affected with croup, and immediately sent her to the Hôpital des Enfants Malades, with a written invitation to the person on duty to practise as soon as possible the operation of tracheotomy; he also obligingly sent a box of instruments, lest the interne might not be furnished with everything necessary for the operation.

Immediately after the child's arrival at the hospital, the back of the mouth and throat were examined, and nothing was observed except some redness and tumefaction of the amygdalæ. The hoarseness of the voice and cough showed clearly enough that the inflammation had extended to the air-passages; but there was, at the same time, every reason to believe that the inflammation of the larynx and trachea was of the same nature as that observed in the throat; ten leeches were accordingly applied on the sides of the larynx. A simple lavement given, and mustard poultices applied to the lower extremities. The child slept very profoundly during a great part of this night.

August 11. We saw the child to-day for the first time; the face was moderately coloured; the position of the child in bed varied; the intelligence was perfect; she spoke to her parents who visited her, and intreated to be taken home. The voice and cough were hoarse; the inspiration sonorous, but not sibilant, ~~thirsting in a minute~~; deglutition easy; the redness and tumefaction of the amygdalæ are somewhat diminished; skin warm; pulse accelerated.

not count it, from the restlessness of the child.

R. *Tartar. Antim. et Potass.* gr. i; *Ipecacuan.* ʒss in four parts; mustard poultices to legs. *Diete.*

Momentary calm after the vomiting. In the evening a few fits of dry hoarse coughing, and dyspnoea.

12. Face is more coloured; the child affects the upright posture; the inspiration continues sonorous, and is heard at a good distance from the child; the voice is hoarse, but does not resemble the voice of croup; the cough at times resembles the barking of a small dog; when asked where she suffers, the patient sometimes says in the neck, sometimes in the belly; there is no appearance of false membrane in the back of the throat; the redness of the palate and amygdalæ are much diminished.

Sulphur, sublimed and washed, ʒj; *Sugar* ʒi; in six doses. Same emetic as yesterday, to inspire the vapour of sulphuric ether.

This day was passed quietly, but towards evening agitation and dyspnoea.

13. The cough, voice, and respiration, present the same characters as during the former days; the anxiety of the patient is somewhat increased; the sulphur and emetic powder were continued, and a large blister was applied to the anterior and superior surface of the thorax; the neck was rubbed with an ammoniacal lotion; during the day abundant diarrhoea.

14. At the moment of the visit the patient was in a profound sleep; on awaking she made some efforts at coughing; the cough is more moist than yesterday, and is followed by some expectoration of a matter produced in the œsophagus. We observe some little anxiety, some grinding of the teeth, but nothing announces an approaching termination of the disease. The stools are extremely frequent, and the matter passed is clear, like water. The abdomen is painful to pressure; nothing remarkable took place in the course of the day or night, but at seven o'clock in the morning the child was suddenly seized with a fit of suffocation, which carried her off before anything could be done for her relief.

Body examined twenty-four hours after death.

Exterior Habit.—Considerable embonpoint; purplish tint of posterior part of trunk, and of the upper part of chest and neck. The dissection was commenced by dividing the lower jaw; the cavity of the mouth was then examined with care, and no alteration discovered. The amygdalæ were as large as a small filbert; they do not exhibit any inflammatory injection either

externally or internally; the velum palati healthy; pharynx of a violet colour; the mucous membrane of the epiglottis and superior part of the larynx are pale and not thickened. We do not observe any trace of false membrane or ulceration. The inferior moiety of the larynx and the trachea are red; their lining membrane thickened; the same lesion is found in the bronchial tubes of large caliber, which, moreover, contain some purulent mucosities. The left lung adheres at the summit to the pleura costalis for the extent of about a twenty-sous piece, and at the level of this adhesion the pulmonary tissue contains a cretaceous tubercle of the size of a pea; the remainder of the superior lobe is soft and crepitant; the inferior lobe is slightly engorged; right lung healthy; heart and pericardium free from alteration.

Abdomen.—The mucous membrane of the stomach, of a white rosy tint, presents everywhere a good consistence; the small intestines show here and there some patches of injection, and contain a single lumbricus; in the colon, deep red injection, disposed in striae very closely applied to each other, with ramolissement of the mucous membrane. Nothing worthy of notice in the other viscera.

From this latter fact, to which we might add several other analogous ones, we think ourselves justified in concluding,—

1st. That the diagnosis of croup occasionally presents many difficulties at the bedside of the patient.

2nd. That we ought not to decide on performing the operation of tracheotomy without a full and careful examination of all the symptoms; for this operation is, to say the least, useless in cases where no false membrane exists.

3rd. That simple inflammation of the trachea and larynx may give rise to fits of suffocation, which resemble closely enough those observed in the pseudo-membranous laryngitis or true croup.

We may observe, in conclusion, that in the case just reported, the error of diagnosis was not without prejudice to the patient; for if the physician, instead of giving repeated emetics, which perhaps gave rise to the inflammatory condition of the colon observed after death, had repeated the sanguineous emissions, under whose influence the inflammation of the throat was dissipated, he might also have been fortunate enough to subdue the analogous inflammation of the air-tubes.

MENINGITIS.

Inflammation of the membranes of the brain is a disease much more common at the Children's Hospital than at any of those consecrated to the reception of adults. This affection, considered under the double relation of its march and anatomical character, presents itself in infancy under two forms that are sufficiently distinct. In the first, the inflammation of the cerebral membranes is, in most cases, *primitive and acute*; is developed under the influence of *appreciable causes* (such as blows on the head &c.); passes rapidly through its different stages; and, when death supervenes, leaves, as pathological characters, serous, sero-purulent, or sero-albuminous effusions in the pia-mater, ventricles, or (*much more rarely*) in the grand cavity of the arachnoid.

In the second, which is so much more frequent at the French Hospital for Children, that it may be regarded as the type of the disease, the affection commences under a *chronic* form, and does not become *acute* until a period more or less near the fatal termination; but when the *acute* stage commences, both forms exhibit symptoms so analogous as not to be distinguished by any means that we as yet possess. This form attacks principally scrofulous patients, and presents for anatomical characters, the existence of whitish or yellow-white, tubercular granulations, varying in size from a millet-seed to that of a rape-seed. These granulations are always found in the pia-mater, where they are sometimes disseminated, sometimes conglomerated, so as to form spots of more or less magnitude, which compress the cerebral substance, and are frequently united with it in a very close manner.

We would denominate the first form, *simple acute meningitis*, and would consecrate to the latter a new term (which sufficiently designates its most essential character), *tubercular meningitis*, or, in popular language, *scrofulous hydrocephalus*.

The two following cases offer examples of the first of these forms. In a succeeding Number we shall give examples of the second, or tubercular disease:—

CASE 1. — ACUTE MENINGITIS OF THE CONVEXITY. — Patient aged six years; headache; general malaise; delirium; afterwards convulsions; loss of speech; stupor; coma; local blood-letting; blister to the

neck. Death on the 16th day of the disease; opacity and thickening of the arachnoid on the convexity of the brain; serous infiltration of the pia-mater, sufficiently abundant to distend the convulsions.

Adelaide Baldy, six years of age, of a feeble constitution, after having passed the whole of the 7th of June exposed to the rays of a burning sun, returned home K. the evening with headache, and pains in the limbs, which persisted on the 8th and 9th. During the night she was unable to sleep, was agitated, and had some delirium. On the 10th some convulsive movements appeared, with trismus, strabismus, and grinding of the teeth. The convulsive symptoms ceased after the expiration of a few hours, and returned again two days afterwards. From this time up to the 17th, the day of her reception into the hospital, loss of speech, stupor, constipation; no bilious vomiting; the patient merely threw up some spoonfuls of tisan. On the 9th, some leeches were applied to the epigastrium; and on the 12th, a blister between the shoulders: the child had also some refrigerating draughts, and simple enemata, and sinapisms had been placed daily on the lower extremities.

June 17th (10th day of the disease). The child presented the following symptoms:—Decubitus dorsal; no renversement of the head backwards; face full; eyelids half open, pupils moderately dilated and moveable; no strabismus; sight preserved. The patient is in a state of stupor, and does not answer any question put to her; shows her tongue when bid, and then falls again into a state of stupor; sensibility of the skin is dulled, but equal on both sides of the body; automatic movements of the left arm, which the patient carries constantly to the nose; the other members are numb; grinding of the teeth from time to time; the tongue is moist, and covered with a grayish coat; deglutition easy; no vomiting; abdomen indolent; no stool for the last twenty-four hours; pulse 108; respiration 30.

Emulcent decoct.; eight leeches, two to each temple, and two behind each ear; sinapisms to the feet; frictions with acetic ether on the limbs.

During the day constant stupor; the patient does not speak a single word; passes her urine involuntarily.

18. The stupor is less marked; the child answers in monosyllables to some of the questions put to her; makes an effort to show her tongue, but is unable; no convulsive movement; no paralysis; pulse 120; inspiration 36; dry cough from time to time.

Continue remedies, without the leeches.

19. No remarkable change in the symptoms.

20. No answer to questions addressed. low groans from time to time; patient

out her tongue, which is dry, and presents some aphthæ on the surface; some diarrhœa has set in, and the abdomen is painful to pressure; pulse still 120; face very dull. To day the appearance of the patient, and the symptoms which she presents, are very much those of a child labouring under typhus fever.

- *Frictions with Camphor Oil on abdomen—on the limbs with Acetic Ether; teaspoonful of Sulphuric Ether internally.*

22. The diarrhœa has ceased, and the stupor has become more deep. Some convulsive movements of the face; no acute cries (called *hydrocephalic* in France); no delirium; the child sighs from time to time; pulse 116. *Blisters to the lower extremities.*

23. At eight o'clock, general convulsions; at nine o'clock, permanent contraction of the right arm, which is demiflexed; carpology in the left wrist; inferior extremities in a state of relaxation; mouth deviated to the left side; pupils dilated and oscillant; strabismus; trismus; two involuntary deflections since the visit; pulse 130; respiration 30.

Three Leeches behind each ear; Blister to the neck.

After the application of the leeches, general convulsions set in; the trismus was so complete, that a single spoonful of liquid could not be introduced into the mouth. Death at six o'clock p.m.

Body examined thirty-six hours after death.

Skull well formed; dura-mater healthy; opacity and milky colour of the arachnoid which lines the convex surface of the hemispheres; under this membrane we find a quantity of troubled serum, sufficiently abundant to form a layer, some lines in thickness, between the membranes and cerebral substance; the quantity of this serosity was so great as to distend the anfractuosités, and even separate the convolutions from one another. The arachnoid, which is thickened, may be detached in layers from one to two inches long, and the pia-mater is not adherent to the cerebral substance; in the parts in contact with the liquid the substance is pale, and seems to have undergone a kind of maceration. The cortical substance is pale and not firm; the fluid effused under the membranes is more abundant on the left side than on the right, and posteriorly more than anteriorly. The membranes lining the base of the skull do not present any alteration. The ventricles contain only a spoonful of clear serum; the central portions of the brain preserve their normal colour and consistence. The rest of the brain and cerebellum is healthy.

• *Brain.*—Old adhesions between the right

lung and the pleura costalis; the lung is a rosy colour externally, soft and crepitant; does not contain a single tubercle. Bronchial glands, heart, and pericardium, healthy.

Abdomen.—The stomach presents some small red bands parallel to its great curve; the rest of the mucous membrane is pale. The portion which lines the great curvature is in contact with a fluid resembling wine- lees in colour, of an acid smell, and is softened; intestinal mucous membrane is pale, and of the natural consistence. The glandule agminate and solitarie are scarcely apparent. The mesenteric ganglia are healthy.

CASE 2.—ACUTE MENINGITIS OF THE BASE OF THE BRAIN, WITH EFFUSION INTO THE VENTRICLES, AND SOFTENING OF THE CENTRAL PARTS.

(The "*Acute Hydrocephalus*" of Abercrombie.)

Male, three years. After some days of malaise, intense headache, with bilious vomiting for four days; convulsive movements of the muscles of the face; somnolence; sighing respiration; coma; reversionment of the head backwards. Death the fifteenth day; sero-purulent infiltration of the pia-mater at the base of the brain. Effusion into the ventricles; softening of the central parts.

Auguste Colson, three years of age, having the skull and thorax malformed, exhibited for a few days malaise, dulness, and a disinclination for movement; when on the 29th of August last, without any known cause, he was seized with very severe headache and bilious vomitings. These symptoms persisted for four days. On the 31st, some convulsive motion of the muscles of the face and limbs; obstinate constipation for the first three days. No active treatment pursued.

On being carried to the hospital, the 1st of September 1835, we observed the following symptoms at the visit of the 2nd.

Child is in a demi-somnolent state, interrupted by low cries now and then; face alternately red and pale; eyelids closed; eyeballs prominent, sensible to the light; pupils seem moderately dilated; senses of seeing and hearing intact; does not answer when spoken to; sensibility of the skin is greatly exaggerated; the least touch makes the child cry out; equally so at both sides of the body; no stiffness or paralysis of the limbs; the left eyelid contracts strongly when we endeavour to examine the eyeball; the other opens with the greatest ease, as if it were paralysed; pulse slow and intermittent, 64; respiration unequal, mixed with sighs, 36; skin moderately warm; tongue natural; one copious vomiting this morning; constipation persists; abdomen supple, is very sensitive to the touch; emission of urine involuntary.

M. GUERRET diagnosed a meningitis.

gits of the base of the brain, and prescribed a large blister to the head, a laxative enema, and an emulcent drink.

3. The blister has acted with sufficient energy; the pulse continues slow and intermittent, 56; the respiration is somewhat more accelerated than yesterday, 40; the cerebral symptoms noted yesterday persist, and we now notice that the left side of the face is much less developed than the right, as if from retraction of its muscles; same condition of muscles of eyelids as yesterday; no strabismus; constipation persists in spite of the enema. The child appears less cross than yesterday.

Oxymel; Mustard Foot-bath; Purgative Enema; keep open the Blister.

4. The face colours brightly whenever the child is excited; the drowsy state persists; machonnement now visible; no convulsion or paralysis of the limbs; same state of eyelids as before; and we now find that the right cheek is less sensible than the left, and that the right pupil is a little more dilated than the left; no acute cries; pulse is less irregular than yesterday, 72; respiration unequal, 51; the abdomen still very sensible to pressure; the right arm is less sensible than the left; legs equally so. Three stools produced by the enema; the skin is now very warm, almost burning hot. In the evening an exacerbation; pulse 116; skin much more warm than in the morning of the 3rd.

5. The child is not much assoupi, as during the former days; does not evince the same sensibility when touched; abdomen not so tender as before; he sighs from time to time; skin not so warm as yesterday; pulse 112, very irregular; respiration very unequal, 32 to 36; one stool; same alternations of flushing and paleness; general symptoms the same as yesterday. In evening at four o'clock, a slight exacerbation, which lasted till five o'clock. *Continue remedies.*

6. To-day the child is able to sit up in bed without support, and there was but little stupor during the night; the left cheek is now very much flushed, the other one pale; the abdomen is still slightly tender; two liquid yellow stools; pulse varies from 112 to 124, is regular; respiration quick, regular, 52; skin warm; pupils moderately dilated; we still observe the peculiar sighing from time to time.

Oxymel; simple Enema; Foot-bath; suppuration to be kept up. Diet.

7. Child lies quiet in bed; eyelids wide open; very little stupor; same alternate flushing of the left cheek only; same contraction of left, and complete relaxation of right eyelid; skin warm; pulse regular, 106; right cheek is less sensible than the left when we pinch them with the nails;

right arm seems relaxed, for when we raise it up, it drops down deadily on the side; the angle of the mouth seems a little prolonged towards the left side; no convulsive motions or cries.

Oxymel; Calomel, gr. iv; Purgative Enema if required. Diet.

9. One small stool after the enema; pulse regular, 104; respiration from 34 to 36; thirst; but little change since yesterday; skin warm; not much stupor; same state of eyelids as before; no vomiting since the first one; no convulsive movement; no rigidity or relaxation of the limbs.

Oxymel; Calomel gr. vi; Purgative Enema if necessary.

Immediately beneath the above notes (which are here much curtailed), we find the following observations in our *portefeuille*:—

"If we had seen this child to-day for the first time, and had not known the history of the case, or observed the symptoms and their march very closely, we should have found it extremely difficult to form a diagnosis. The stupor or sleepiness peculiar to meningitis was now barely perceptible; the pulse and respiration had now become regular, and very nearly natural; they were not *slow*; in fact there was no symptom of cerebral disease to be observed, except the constipation, the difference, so well marked, of contractility between the two eyelids, and the difference in bulk between the two sides of the face, which latter symptom, besides, might very easily have escaped notice, as it was not striking. We confess the appearance and state of the child to-day have much staggered us; however, from a consideration of what has preceded, we find ourselves compelled to conclude, that he *ought* to have meningitis, and that in consequence the case will be fatal."

9. No cries during the night; no vomiting; no stool. When we came into the ward we found the child sitting up in the bed, without any support, and presenting a sufficiently natural appearance. The face is pale; no flushing now observed; no convulsive motion of face or eyes; some grinding of the teeth; skin cool; pulse small, sharp, regular, and equal, 134; the right arm has to-day recovered its motion,—on the contrary it feels a little stiff; child still sighs occasionally; respiration quite regular, 32; thirst; deglutition is quite easy; abdomen tender to pressure; no phenomenon of motility, or change in sensibility of limbs.

Oxymel; Calomel gr. viii; Purgative Enema.

10. To-day is a little sleepier, but not so much so as in the first days; two stools; no cries; face pale; no change of colour remains for last two days; same

wasn; pulse regular, 120; respiration quiet and regular, 36; some contractility of left orbicularis muscle, which prevents us from examining the state of the pupil; right one, though now slightly contractile, is easily opened; no contraction or relaxation of extremities, or rigidity of trunk; abdomen neither ballonne nor retracted, tender.

- *Oxymel*; *Colomet* gr. ix; a little rice. At three o'clock p.m. a slight exacerbation.

11. Stupor; a little sighing from time to time; face pale; no change in its colour; both orbicular muscles to-day contract most powerfully when we attempt to open the eyelids; pupils very slightly dilated; skin cool; pulse very small, 130 to 140; respiration very irregular, 22; right arm now cannot be flexed easily, and left arm cannot be extended; three stools; abdomen tender. *Remedies as before.*

12. During the day, yesterday, the child became quite stiff at different times; during the day also he frequently carried his hand to the head, but uttered no complaint; now lies quietly on back; lids open; eyes rolling upwards; upper extremities stiff, as also the right lower one; pupils dilated, immovable; conjunctivæ injected; pulse very small, 140; respiration 36; face very pale; skin cool.

Death at five o'clock a.m. on the 13th.

Body examined on the 14th at nine o'clock.

The *spinal marrow*, which was the part first examined, presents a natural appearance. Nothing observable except some injection of the membranes at the inferior part.

Brain examined from below upwards. The membranes covering the right side of base not more injected than natural; on the left side the whole blunt end of the middle lobe, immediately behind the fissure of Sylvius, presents, for the space of two to three inches long by a half broad, a straw-coloured infiltration under the arachnoid; here the membranes are adherent and thickened, but the membranes themselves here, or in the surrounding parts, do not exhibit the red vascular appearance of recent inflammation.

On the upper surface of the brain the difference between the appearance of the two hemispheres was most remarkable; on the right side the injection of the vessels of the pia-mater was moderate, perhaps a little more than natural; on the left side the whole surface of the hemisphere is covered with fine vessels, and between the convolutions the trunks ascending from the base of the brain are excessively gorged with dark blood; here and there we observe some rosy spots under the arachnoid, as if from the infiltration of the serum. The medullary substance of the left side is also

much more injected than that of the right. We do not observe any granulations in the pia-mater.

The ventricles are considerably developed posteriorly, and contain about three ounces of clear serum. The inferior surface of the corpus callosum, the fornix, septum lucidum, &c., are very much softened, and reduced to a pulp; the floor of the ventricles is of a pinkish hue. Cerebellum and medulla oblongata healthy.

Lungs healthy—merely some tubercular matter in the bronchial glands.

Abdomen not examined.

In this last case a blister to the head was the only treatment employed; but we are not to conclude that M. Guersent has recourse to no other means. We have repeatedly seen him try bleeding, especially local purgatives, and a long-continued stream of cold water on the head (for eight days without intermission): but as all those cases in which blood-letting was employed terminated fatally, he wished to observe the march of this affection under the influence of other remedies.

SALIVARY CONCRETION.

To the Editor of THE LANCET.

SIR,—Considering that the enclosed case of salivary concretion is such a one as is very rarely met with, I forward it for insertion in your widely-circulated periodical, and subscribe myself, Sir, yours,

T. C. SYMPSON, Surg.
Lincoln, Sept. 24, 1835.

Mrs. Wise, of Branston, called upon me about two years since to have a tooth extracted, which she described as being a very ugly one. Upon examination I found the two molars of the superior maxillary bone completely hidden in a growth of apparently bony substance, which projected so much externally as to disfigure the face, and possessed great firmness of attachment to the jaw, on touching it, with hardness, and the enamelled appearance which is frequently noticed in exostosis of the jaw. The projection being outward, I told her not to alarm herself, but to call upon me every three or four months, which she did until the last three months. When she last called, it was with a very joyful countenance, to inform me that the whole substance had fallen off on the night previous, at supper time. The concretion is now in my possession. It is divided into one large and two very small pieces, the whole weighing 115 grains. The

projection of the larger piece from the base is three-fourths of an inch; its length is one inch and a quarter; it is of a yellowish-white colour, and has a rather conical appearance, the apex, when attached to the teeth, being directly opposite Steno's duct.

The only conjecture that I can form respecting its formation is, that, as the saliva had passed from the duct, an abnormal deposition of tartar formed an incrustation, which gradually (near six years) accumulated until it had attained the extraordinary size I have above detailed.

It is worthy of notice, that there has never been the slightest accumulation of tartar on the left side, nor from the submaxillary glands.

CASE IN WHICH MR. WORTHINGTON PERFORMED

PARACENTESIS THORACIS.

To the Editor of THE LANCET.

SIR,—Will you allow me to make one or two observations on the case of paracentesis thoracis, which is published at page 801 of THE LANCET of September the 19th.

It appears to me that Mr. Worthington has fallen into error in describing the case which he treated so judiciously as one of hydrothorax, and that he errs still more when reasoning upon it. He adduces it as an instance of *primary* hydrothorax, repudiating the opinion of Mr. Lawrence as to the rarity of such an affection. I differ from Mr. Worthington in his diagnosis, for the following reasons.

First, Mr. W. states that "the fluctuation of the contained fluid could be distinctly heard by the patient and bystanders, on *succession*." It is a well-known fact that in order to render the fluctuation of a fluid in the pleural cavities perceptible to the ear, the presence of *air* is absolutely necessary in addition to the fluid, and that the only disease in which this phenomenon is observed is that of *pneumo-thorax*, of which it is pathognomonic.

Secondly. Mr. W. describes the fluid which he evacuated as being "sero-purulent." Now, I apprehend that in essential hydrothorax the fluid must be of a serous nature. If not, whence the purulent tendency? It must arise as a product of inflammatory action. If in the lung or the pleura, it cannot be termed "primary," "essential," or "idiopathic hydrothorax." In chronic pleurisy we frequently have effusion into the pleura of sero-purulent fluid, but we should hardly call such an affection "primary hydrothorax."

Thirdly. In six thousand cases which came under the observation of Andral, per-

haps the first pathologist in the world, there were only five in which the hydrothorax was not found to depend upon organic disease. (*Vide Clinique Medicale*.)

From these facts, and from others mentioned in the history and symptoms of the case, I think Mr. Worthington would have been more correct had he denominated the case, "empyema complicated with *pneumo-thorax*." Hydrothorax, in the true meaning of the word, it certainly cannot be denominated, and, consequently, the deductions drawn from it against the opinions of Lawrence, Andral, Laennec, in fact, of all modern pathologists, are incorrect.

In empyema the operation has frequently been performed, and occasionally with success; and I consider that Mr. Worthington's treatment of the case reflects great credit on his judgment and skill. The observations which I have ventured to offer I am sure he will receive in the spirit in which they have been made, the elucidation of truth being my only object. I am, Sir, your most obedient servant,

CHARLES ROBERT BREE.

Stowmarket, September 23, 1835.

ANCIENT AND MODERN NEGROES.

To the Editor of THE LANCET.

SIR,—From a learned work, printed a short time since, entitled "Anacalypsis," and written by the late Godfrey Higgins, I have made some extracts, which relate to a portion of the early history of our race, and, as I conceive, bear reference to a part of the inhabitants still existing on our globe.

This communication, although not *strictly* of a medical nature, yet may be deemed replete with interest, as connected with the extensive views which our science naturally embraces. Truly appertaining to the natural history of man, upon which subject your columns at various periods are pregnant with information, viewing it in its physical and moral aspects, I trust it will be thought that this article has not intruded into a quarter which might have been more legitimately and more profitably occupied. May I therefore request its insertion in your widely-diffused periodical, in the hope that some of the scientific readers of THE LANCET, whose investigations have been directed towards such matters, may be enabled to adduce some arguments, or disclose some facts, tending to elucidate the apparent inconsistency, or altogether to remove the presumed resemblance?

Extract.

1. "It was the opinion of Sir Jones that a great nation of Negroes

possessed the dominion of Asia, and held the seat of empire at Sidon. These must have been the people called by M. Maurice 'Cushites,' or 'Cuthites,' described in Genesis; and the opinion that they were blacks, is corroborated by the translators of the Pentateuch, called 'the Seventy,' constantly rendering the word 'Cush' by Ethiopia.'

2. "The religion of Buddha, of India, is very ancient, as is well known. In the most ancient temples scattered throughout Asia, where his worship is yet continued, he is found *black as jet*, with the flat face, thick lips, and curly hair of the negro. Several statues of him may be met with in the museum of the East India Company. There are two exemplars, brooding on the face of the deep, upon a coiled serpent. To what time are we to allot this negro? He will be proved to have been prior to the god called 'Christna.' He must have been prior to, or contemporaneous with, the black empire, supposed by Sir W. Jones to have flourished at Sidon. The religion of this negro god is found, by the ruins of his temples and other circumstances, to have been spread over an immense extent of country, even to the remotest parts of Britain.

3. "Eusebius states, that the Ethiopians settled in Egypt in the time of Amenophis; they came from the river Indus, and planted themselves south of Egypt.

4. "Philostratus says, that the gymnosophists of Ethiopia, who settled near the sources of the Nile, descended from the mountains of India, having been driven thence or the murder of their king.

5. "Eusebius also states, that the Ethiopians came from India.

6. "The superior antiquity of India is shown by Bailly, and many other learned men.

7. "The Ethiopians are stated by Herodotus to have come from the Indus. Menon, who was sent to the siege of Troy, and was killed by Achilles, Virgil describes as having been a black (*Æneid*, lib. 2, as does also Pindar (*Olymp.* Od. ii; vide Diss. of Bishop Hewet, ch. xiii, p. 185). That Pindar and Virgil were right, the features of the bust of Menon in the British Museum prove, for they are evidently those of the negro.

8. "Mr. Wilsford, in his treatise on Egypt and the Nile, in the 'Asiatic Researches,' informs us that *many very ancient statues of the god Buddha, in India, have crisp curly hair, with flat noses and thick lips*. Nor can it reasonably be doubted that a race of negroes formerly had power and pre-eminence in India. This is confirmed by M. Maurice, who says 'the figures in the Hindoo caverns are of a very different character from the rest of the statues; their countenances broad and full, the nose is flat, and the

lips, particularly the *under lip*, are remarkably thick.'

9. "This is again confirmed by Col. Fitzclarence in his journal; and Maurice, in the first vol. of his *Indian Antiquities*, states that the figures in the caves of India, are absolutely the same as those in Egypt described by Bruce, Niebuhr, &c.

10. "Justin states that the Phœnicians being obliged to leave their native country in the East, they settled first near the Persian Gulf, and Maurice says, 'We find an extensive district, named Palestine, to the east of the Euphrates and Tigris. The word Palestine seems derived from *Pallisthan*, the seat of the Pallis or Shepherds.' *Palli* in India means *Shepherd*. This, coupled with the Shepherd Kings of Egypt, confirms Sir W. Jones's opinion in a striking manner, respecting a black race having reigned at Sidon.

11. "Sir W. Jones says, 'the Mountaineers of Bengal and Bahar can hardly be distinguished in some of their features, particularly in their lips and noses, from the modern Abyssinians, whom the Arabs call the children of Cush.'

12. "In my essay on the Celtic Druids, I have observed that a great nation called 'Celtæ,' of whom the Druids were the priests, spread themselves over almost the whole earth, and are to be traced in their rude gigantic monuments from India to the extremity of Britain. What these can have been but the early individuals of the *black nation*, of whom we have been treating, I know not, and in this opinion I am not singular. The learned Maurice says 'Cuthites, i. e., Celts, built the great temples in India and Britain, and excavated the caves of the former.' And the learned mathematician, Reuben Burrow, has no hesitation in pronouncing Stonehenge to be a temple of the black curly-headed Buddha."—p. 52.

If it can be admitted with the learned author from whom I have quoted, that the most ancient race of which we have any record, either in the pages of history, or in the gigantic cavern sculptures of the east, or in traditionary legends, were black, and in physical conformation and visible aspect similar to the race of negroes which at present exists, by what means can we account for the degraded condition of the latter? How reconcile the vast intellectual distinction between them?

I think it will be readily allowed that the negro nations, so far as we are acquainted with them, are fitted, neither by physical capabilities nor by moral attributes, to become the founders or rulers of great kingdoms. We perceive that year after year, and century after century, to them brings no change. We observe that their habits and their customs remain unaltered; that in no respect do their intellectual endow-

ments appear to advance with the experience of years, and the most that can be stated in their favour is this, that they have remained stationary from the period of their first introduction to civilized man. How, then, were their presumed predecessors enabled to assume so commanding a situation, to attain to so proud an elevation among the empires of the world? By what means did they arrive at such eminence in scientific knowledge and mechanical ingenuity? In what manner did they extend their fame and influence into almost every region, however remote?

A query naturally suggests itself, Can the existing African negroes be the descendants of this widely-spread, intelligent, and refined race? Can the being so low in the scale of intellect as the negro is represented to us to be, be connected by consanguinity with this exalted people? If it be answered in the negative, where—to what country—shall we look for their continuance? Where are their descendants in skill, knowledge, and refinements, possessing the same external physical conformation?

Statius somewhere mentions that Jupiter was a *black* deity. We have seen that Buddha was *black*. The Corinthians worshipped a *black* Venus. Osiris was described as *black*. The Virgin Mary of the Roman church was *black*, and that Christ was supposed to be *black*, is apparent by a reference to numerous images in most of the continental cathedrals. Here then we have strong presumptive evidence of the superior attributes and perfections of an antecedent dark-coloured race.

If the query which I have above suggested be answered in the affirmative, to what chain of causes are we to affix the great debasement of the present existing negro? To what source are we to turn for satisfactory reasons for such a manifest and striking difference in the intellectual endowments and sagacious actions of the same people of two different periods?

Without presuming to offer an opinion, but merely to afford a hint for investigation, I would ask whether the solution of the difficulty can be advanced by the following attempt at explanation? A succession of conquests, with other political and social causes combined, forced these black descendants of the Palli, or Indic-Egyptian-shepherd kings, and the tribes belonging to them, to emigrate progressively farther into the interior of the vast continent of Africa, where at length they find a secure and unmolested haven from their toils and sufferings, unworthy of the ambition and uninviting to the cupidity of their neighbours. The intense heat of the climate, the sterility of the soil, and the unimprovable appearance of the whole face of the country, would be sufficient to ward off all intruders, whether hostile or commercial. Remaining for cen-

turies in this isolated condition, they continued a distinct and unmixed race. The powerful stimuli of foreign war, of commercial intercourse, of social improvement, being absent, their minds became contracted and weak. Succeeding generations adding to the stolidity of their progenitors, became still more depressed in mental energies, and after the lapse of many ages, they reached the degraded and melancholy condition which they now exhibit. Finally, having little or no intercourse with the rest of mankind, and a very limited range for the exercise of their intellectual and moral faculties, the gradual disuse of those powers which were originally implanted in them, may have created that result on their cranial configuration and intellectual manifestations, which, under somewhat analogous circumstances, phrenologists have frequently observed. I remain, Sir, your ever-instructed reader,

T. C. GUTIN, Surgeon.
Islington, Sept. 19th, 1835.

INFLAMMATION OF THE LUNG

IN

NEW-BORN CHILDREN.

In a late Number of the *Berlin Gazette Medie. Zeitung*, July 29, 1835, we find a notice of a disease affecting children immediately after birth, which the author, Dr. Kruke, is inclined to range under inflammation.

The disease has been observed from time to time in the *Charity Hospital of Berlin*, particularly in April 1832, when several fatal cases occurring, it gave rise to a more careful examination of its symptoms and nature. The following abridged case will give an idea of its march:—

Louise Bielecke, 29 years of age, healthy and well formed, was delivered on the 7th of May of a healthy child, weighing seven and three quarters pounds; the child presented no trace of disease, but seemed strong and lively, and immediately took the breast; about twenty-four hours after birth, the child began to exhibit for the first time, a pale colour of the skin, restlessness, and agitation, uttering short, broken, piercing cries. After the lapse of about half an hour, the skin assumed a dull-gray colour, which on the hands, nose, and about the mouth, passed into a gray-blue. Symptoms of disorder in the respiratory organs now immediately set in, and very presently became weaker, and the child uttered short, broken coughs, accompanied with violent efforts.

and during which the child became very rigid. The temperature of the skin was diminished; the pulse frequent. A single leech was applied immediately to the chest, and one grain of Calomel with two grains of Carb. Magnes. was given internally. A slight remission now occurred for about half an hour, when the respiration again became quicker, the skin of a darker colour, the face deep blue, the breath cool, the extremities cold, and the infant died in a state of suffocation, six hours after the first appearance of the symptoms.

The *autopsy* was conducted by Dr. FROST, Prosecutor at *La Charité*.

The upper part of the body, down to the edges of the ribs, was of a deep-blue colour; the veins on the upper surface of the brain and sinuses were much engorged; the brain itself much injected, and some fluid blood was found in the base of the skull after the removal of its contents. In the abdomen nothing abnormal; the veins not much distended with blood. In the neck the nerves healthy, the arteries empty; but the veins excessively distended; the jugular vein had the diameter of a large goose-quill. This excessive fullness of the venous system extended to the subclavian vein, and jugular and vena cava superior, while the inferior cava and its branches were only moderately distended. The membrane of the trachea and bronchi was bluish, but not softened; heart normal; the foramen ovale open; in the left side only a small quantity of coagulated blood. The right side and the pulmonary artery gorged with blood; the ductus arteriosus open. The lungs of a blue-red colour; at several points of the lung, especially inferiorly, the pleura pulmonalis was separated from the parenchyma, by a troubled brownish fluid. The deep-red portions of the lung swim in water; the dark-blue portions, which are solid and not crepitant, sink quickly to the bottom.

The most remarkable symptom by which this affection of the lungs in the new-born children was preceded, consisted in a change in the colour of the skin, which from its natural red tint became pale or ash gray (as in the commencement of cyanosis), and lost its heat. As soon as this colour had been fully established, the pulmonary symptoms set in, but were never accompanied with regular cough. When the characteristic coloration of the skin was noticed sufficiently early, before the development of the pectoral symptoms, the application of one to two leeches, with the internal use of calomel, was in general sufficient to save the patient's life; but at a later period every treatment failed, and the termination of the case preceded the symptoms of asphyxia.

great in the respiratory organs by several hours; in some cases even by twenty-four hours.

Dr. FROST considers the disease just noticed as a true inflammation of the lung, and not as a consequence of mere congestion. 1st. From the examination of the lungs, which contained a gray-brown troubled serosity (the product of inflammation in its first stage), analogous to the product in gray hepatization.

2nd. From the symptoms during life, and particularly from this circumstance, that although the brain was excessively congested, little fluid was found in the cavity of the arachnoid, while the changes in the lung were much more remarkable under a lesser degree of congestion.

SPONTANEOUS CURE OF A TRAUMATIC CATARACT.

THE question whether cataract admits of any cure otherwise than by an operation, has long been debated in surgery. Many writers deny the possibility of its being removed by absorption under the influence of external treatment, while one or two French surgeons of the present day (who pass by-the-by for charlatans in the profession) oppose with warmth all idea of operating, and profess to cure cataract in all its stages by simple medical applications. The case now before us, however, seems sufficiently authentic to deserve consideration.

In the month of January 1834, Dr. PAOLO GERSON was called in to visit Francesco Brusi, a child five years of age, who had received a stroke from a sharp-pointed knife in the right eye. Seen two hours after the accident. The little patient presented the following symptoms: a portion of the aqueous humour had escaped; the iris was uninjured, and did not prolapse beyond the small wound in the lower part of the cornea; however, the crystalline lens appeared somewhat troubled, and the surgeon was led to conclude that it was injured, particularly as the patient saw very little with the eye, although the pupil and iris were in a normal state. The child did not complain of any pain in the orbit, and though no symptom of inflammation declared itself, the fear of secondary cataract induced the author to apply six leeches round the temple, and give a gentle purgative medicine. At the end of three days no unfavourable symptom appearing, the case was left to nature. At this period the

formation of a cataract was very visible. There was a cloudy spot in the eye, and the edges of the wound showed a tendency to unite with the subjacent portion of the iris; an astringent collyria was ordered, to combat the opaque spot, which produced an excellent effect, and after three days the child was permitted to amuse himself as usual. The parents were recommended not to employ surgical assistance, for the removal of the cataract, in too great a hurry. Four months had elapsed, when M. Gerson was again called in to see the patient, whose parents entreated him to undertake an operation. On examining the eye he perceived that absorption of the cataract had already commenced; there was a small perforation in the centre of the cloudy body. Extract of belladonna was now rubbed over the eyebrow, and the dilatation of the pupil permitted this fact to be established beyond any doubt. As the pupil gradually dilated, the absorption was seen to proceed, and was ultimately completed. — *Il Fillet. Sebezie.*

NEW PRINCIPLES IN OPIUM.

Two new principles have been discovered in opium by M. Pelletier, who thus names and describes them in the *Journal de Pharmacie* for September:—

PARAMORPHINE.—This substance is white, scarcely soluble in water, and very soluble in alcohol and in ether. Even in cold water it has a bitter and styptic taste. By spontaneous evaporation, it crystallizes in needles, which adhere to the sides of the vessel. It is slightly soluble in the acids; the alkalies precipitate it from its solution, and an excess of alkali does not redissolve it, unless the alkaline solution is very concentrated. The solutions in acids never yield crystals; the evaporation only furnishes small yellow plates. It is not volatilized at a high temperature, but it is decomposed in the same manner as the other vegetable alkalies, yielding nitrogen compounds. It differs from morphine in its not being reddened by the action of strong nitric acid, and in its not forming crystallizable salts with the acids; nor is it changed to a blue colour by the salts of iron. It resembles *codeine* by its solubility in alcohol and in ether, and by its alkalinity; but it differs from it in not forming large crystals, nor forming crystallizable salts, and in its being precipitated from its solutions in acids by ammonia. It has no analogy with *narcine* or *nicotrine*. The only substance which paramorphine nearly resembles is *narcotine*; however, the difference of the taste, of the fusibility, and of the solubility in alcohol, is sufficient to distinguish the one from the other.

PSEUDO MORPHINE.—It is but slightly soluble in water, and still less so in alcohol and in ether. Alcohol at 36° R. takes up a little more; solution of ammonia does not sensibly dissolve it; the solutions of potash and soda dissolve it in large quantity, and on saturating the alkalies by an acid, it is precipitated; an excess of acid seems to slightly favour its solution. Strong sulphuric acid turns it to a deep brown and changes it. Nitric acid acts on it in the same way as on morphia, and produces an intense red colour, and, finally, converts it into oxalic acid. The most remarkable property of this substance is the intense blue colour which it strikes with the persalts of iron, especially the permuriate. This colour disappears when there is an excess of acid, in the same way as morphia does. The affinity of this substance for the oxide of iron is such, that although it resists the solvent power of sulphuric acid, and is dissolved only in small quantity by hydrochloric (muriatic) acid, yet the permuriate of iron dissolves a considerable quantity of it. This solution is of a fine blue colour. When heated, it becomes of a dirty green; on adding a little ammonia, there is a slight precipitation, and the liquor takes the colour of Alicante wine, and the organic matter cannot be removed without complete decomposition. These phenomena are nearly the same as those presented by morphia when similarly treated. When submitted to the action of heat, the *pseudo morphine* does not volatilize; it does not undergo complete fusion, it is decomposed at the moment it seems to become soft. Distilled in a glass cucurbit, it yields a little oil, and a little water slightly acid, but from which potash disengages ammonia. A large quantity of carbon is condensed when the cucurbit is exposed to the air.

The following is the analysis of the substances compared with morphia, according to M. Liebig:—

	Paramorphine.	Pseudo Morphine.	Morphine.
Carbon . . .	71.310	52.71	72.340
Hydrogen . .	6.230	5.81	6.360
Nitrogen . .	4.408	4.08	4.955
Oxygen . . .	17.992	37.37	16.299

ANATOMICAL SOCIETY OF PARIS.

Extracts from the Bulletin of the Society, No. 1, September, 1835.

M. CRUVEILHIER announced to the society "a new cause of shortening of the thigh,"—viz. depression of the cotyloid cavity into the pelvis. In the female who presented this disposition, the femurs, measured with care, differed only the slightest difference in length.

M. GERRARD presented an example "of a solitary acephalocyst of the brain." It was found in the centre of the middle lobe, and projected both into the lateral ventricle, and at the surface of the brain. It was as large as a large hen's egg; weight four ounces one-eighth; the surrounding cerebral substance was perfectly healthy. The patient had been affected with incomplete paralysis of the limbs on the opposite side. The tongue preserved its natural mobility.

M. FOURNET presented a specimen of "old hemorrhage into the cavity of the arachnoid." A sac formed of smooth transparent parietes was found between the two layers of the arachnoid; it contained some serous fluid, and was adherent to cerebral serous membrane, at the level of the small wings of the sphenoid bone. The patient, a man of forty years of age, entered the hospital with delirium, slight deviation of the mouth, and great feebleness of the right hand; he had already experienced similar attacks three times, from which he had completely recovered.—The same member presented a second example of hemorrhage into the arachnoid, but here the disease was more recent. The parietes of the cyst were reddish, and strongly adherent to the parietal serous membrane. The sac contained a bloody liquid. The patient had been affected with complete hemiplegia on the same side as the effusion.

M. VERNON presented a section of the facial nerve effected in the aqueduct of Fallopius by an old cavity of the bone. The patient had been affected with complete loss of movement in the muscles of the face on the same side, but the sensibility remained intact.

M. CRUVEILLIER presented a new example of "an ulcer of the stomach cicatrized." This case was perfectly analogous to those which have already been exhibited to the Society at different times. M. Cruveillier had at an early period diagnosed ulcer of the stomach, and on several occasions he has been able to pronounce with certainty on the existence of this affection. The following are the chief symptoms upon which he insists. The patient has, almost always, vomiting of blood; he recovers, and has a relapse in a short time. The digestion is difficult, the abdomen is the seat of colicky pains; he also passes blood by the rectum, and the region of the stomach is affected with a gnawing kind of pain, but we perceive no tumour. A symptom upon which M. Cruveillier lays a good deal of stress is the existence of a dorsal stitch (*point rachidien*), that is to say, a severe and continuous pain near the end of the dorsal vertebra behind; this is a phe-

nomenon which he has very frequently met with. The symptoms go on increasing, and the patient dies from an abundant hemorrhage. The professor considers this as a disease by no means so rare as is imagined.

M. BERARD presented the intestinal canal of a female, who, in an access of mania, had cut out two feet of the intestine. This case gave rise to several practical observations of importance. The ileus was furnished with valvulae conniventes nearly down to the caecum, a circumstance by which the operator was led into an error; for, regarding the wound as having its seat not far from the stomach, he attempted to unite the gut by suture, instead of trying to establish an artificial anus.

M. Berard also noticed a second error into which he was led by following the method proposed by several authors for distinguishing the superior and inferior orifices of the intestine, viz. the greater contraction of the inferior orifice. In the present case, relying on the indication just mentioned, the surgeon had invaginated the inferior into the superior orifice, as was shown by the autopsy; though no ligature had been placed round the vessels of the epiploon, no effusion of blood took place into the cavity of the abdomen. The patient lived for thirty-six hours after the operation, but no trace was found of adhesion between the two layers of the serous membrane placed in contact according to M. Jobert's method. A discussion took place on the presence of valvulae conniventes prolonged so far as the caecum, in cases where the intestinal canal was remarkably short, as in the present one. A great many members thought that they were merely folds of the mucous membrane thrown up by the contraction of the muscular fibres. M. Rutz said that M. Maniere had seen about twelve cases of peritonitis in which the small intestine was very short, and the valvulae were prolonged as far as the caecum.

The President referred a good deal of these appearances to anatomical varieties; he had seen the small intestine vary from eleven to twenty-one feet; and in one case of peritonitis it only measured seven feet.

M. GABRIEL, at the meeting of the 12th of March, read the history of the case of a young man who had fallen from a second floor, and died in a very short time after the accident. Amongst other injuries was found a rupture of the left auricle of the heart. The pericardium contained from five to eight ounces of fluid blood; and the base of the appendix of the left auricle presented a lacerated opening which admitted the end of the little-finger. At the level of the entrance of the dental canal posteriorly was found a complete fracture of the bone, though in front, under the mus-

toid muscle, there was no trace of solution of continuity. This latter circumstance is the more worthy of notice, since Boyer has positively denied the possibility of incomplete fracture.

THE LANCET.

London, Saturday, October 3, 1835.

THE present Number of THE LANCET, although it will be dated October the 3rd, will be in the hands of the medical students of this metropolis on October the 2nd. The 1st of October is generally the first day of the medical session, but it is seldom that the business of the session is actually commenced until the first Monday in October, and until that time arrives it rarely happens, we believe, that the students determine on the respective schools which they will attend; and their just and reasonable irresolution induces them, for a while at least, to withhold the payment of those fees which are so mercilessly extorted from them under the operation of the certificate system. This Number of THE LANCET, therefore, will be placed before them at a time when a few words of advice, relative to their immediate proceedings as students of medicine, may prove satisfactory to their minds, and valuable as to their future prospects.

The students will have already learned, from the regulations which have been issued by the incorporated medical bodies,—the self-dubbed “heads” of the profession,—that an immense number of lectures—NEARLY ONE THOUSAND—must be attended in a given time, and that the practice of some hospital or infirmary must be paid for, even if it be not seen. Now, as the law in its present most odious state requires that medical students should expend money for what is denominated “knowledge” when they visit this metropolis previous to their examination at the College and the Hall, there can be no reason, as the money must

be laid out, why it should not be disposed of to some advantage. When a young gentleman departs from his native town, after having served an apprenticeship to an intelligent practitioner for the purpose of entering the medical schools of London, it is regarded by his relations and friends as one of the most striking events that can happen during his life; and by parents and guardians it is frequently considered, and with much justice, that the result of the trial which the youthful mind will then undergo, must determine the future conduct and character of the individual. If matters were differently ordained in our profession,—if the accursed monopolies were destroyed,—if the present obnoxious laws were repealed,—students would be left free to visit the metropolis for the purpose of being examined at once, under the scrutiny of a National Faculty of Medicine, or (if they thought proper) to bend to an inclination for acquiring such additional knowledge as our hospitals and schools could afford. The restrictions, however, which are now imposed on their conduct, with respect to the production of the certificates of “recognised” hospitals, schools, and teachers, require that a certain amount of money should be paid as the sign, virtually, that they have been compelled to submit to a double sacrifice,—a pecuniary one in the first instance, and the loss of time as a consequence. Oh! it is a frightful, a barbarous system,—a perfect mockery of the principles which should regulate the measures by which knowledge is to be acquired,—a mockery of the reward which should be afforded to scholastic zeal and industry,—a fraud hitherto practised successfully on talent,—a bonus willingly presented to the negligent and the ignorant. Nothing but a feeling of the most paramount necessity could have induced us to urge upon medical students, in many of the preceding numbers of this Journal, the propriety of strictly conforming to the regulations of the College of Surgeons and Apothecaries’ Hall.

Although the current of improvement in medical affairs has been flowing on with considerable activity within the last few years, yet so uncertain are human events, that it has been impossible to predict with any degree of certainty when the Augean stable of medical abuses will be wholly cleansed. We again advise students, therefore, to comply with the regulations which have been issued by the different medical boards, because we are desirous that their introduction into the profession, as legally-qualified individuals, should not be retarded by the extortions which are practised on their pockets. A few days observation will convince them of the truth of all that has been stated in *THE LANCET* relative to the inquiry of the ticket and certificate system. Still, as the "tickets" must be purchased in order to obtain the "certificates," and as the "certificates" must be presented to the Examiners before the licenses and diplomas can be acquired, the student is called upon, by the obligations which he owes to his parents, and by other considerations, if not of a filial, at any rate of a prudential character, to make at least the attempt to acquire information at the schools and hospitals of which he may become a pupil. Some of our lecturers are men of industry and attainments. Moreover, many of them are stimulated by an earnest desire to execute their self-imposed duties honourably and consistently. Of other teachers no such language can be held. Their industry often ends with the second week of October. How are the students to discriminate? This is a question most easily proposed, but not so easily answered, either by ourselves or by others; because we find in the reports which are communicated to us by pupils, that a lecturer who may be energetic and instructive during the session of one year, is sluggish and uncommunicative in the session of another year,—circumstances of conduct which will not be regarded as incompatible events, when it is borne in mind that the whole of the present system, although there

its maintenance to the monopolies in our chartered medical corporations. The "certificates" must come from "recognised" schools, otherwise they are spurned by the Courts of Examiners. The student may have passed the whole of his life in the hospitals and dissecting-rooms of Paris,—he may present himself for examination with his mind well stored with a knowledge of all the principles and facts of medicine; but he would be scouted, he would be in danger of a kick from the sturdy headles, at the doors of the colleges and halls, unless he had purchased "tickets" or "testimonials" from men whom it is very probable that he would himself be capable of instructing.

As we have already stated, a student may have laboured with the greatest possible assiduity with a surgeon in a country town of England. Still he is subjected to precisely the same treatment when he visits the schools and colleges of the metropolis, as though he had not acquired an elementary knowledge of a single branch of the profession. Whatever, we again repeat, may be the attainments of any student in the science and practice of medicine when he reaches this metropolis, he will here find new sources open to him, which he may render available to the purposes of study and improvement. Our hospitals are capacious; they contain an immense number of patients; and some of the schools are regulated by gifted and instructive teachers. In some of the hospitals, the medical officers attend with regularity. In others they attend most irregularly; and in some of them all the medical officers actually attend at the same hour, in order, as it would appear, to prevent the students from having the opportunity of observing more than one-third of the practice. Having, however, resolved, a month since, not to allude specially to any one of the schools as an object of advantageous comparison with the mass of those institutions, we take this opportunity of recommending the students to examine, with the utmost care and attention

as they can find time to estimate, and after seeing as many of the schools and hospitals as they have leisure to inspect), the prospectuses which have been issued from the different establishments, when, on finding that the promises of the performers are suited to their mental wants (to the wants of the students), they have only to determine that those promises shall be fulfilled when the fees are paid, and to take care to obtain for themselves at least the execution of those duties which the fee-takers pledge themselves so liberally to execute. If a single class of students would but act with spirit in this respect, it would operate with sudden and prodigious effect in improving the condition of the students throughout all the medical schools of the empire. Hitherto, the prospectuses appear to have served no purpose, after the first or second week of every medical session, beyond that of enticement. But the lecturers act most unjustly towards the students if they make pledges which cannot be redeemed, and have no right to complain if, for their delinquency, they are held up to the indignation of the public.

At our public hospitals no entrance fees ought to be paid. They are public institutions possessed of enormous wealth, and the public have a right to insist that all the instruction which a mere view of the cases can afford, should be presented to the students gratuitously, under proper restrictive regulations, devised in a spirit of liberality towards the medical public, and of anxiety for the welfare of the patients. Yet for witnessing the medical and surgical practice alone of the endowed hospitals, upwards of forty pounds are demanded from every pupil. And this is an imposition which the governors of our charities have every where allowed to be practised by the medical officers. Nay, in one of the old hospitals, during the last session, a sum was paid by medical students exceeding eight thousand pounds sterling. The students, however, have the full opportunity of know-

ing on what conditions they pay the fees, for what purposes the fees are paid, and what are the promises made in the hope of obtaining those fees; and if they afterwards submit to be neglected and to be treated with contempt,—if they allow the promises and pledges made to them on entering, to be broken, and to remain unredeemed, without insisting on the concession of their undoubted rights, why it will be allowed that the functionaries of our hospitals knew that they were not treating with young men, but with children, and that shadows instead of realities would satisfy the unreflecting claimants for redress. Aided by the independent portion of the medical press, it is in the power of the pupils to remedy many of the minor abuses which still operate to the disadvantage of the latter, in the hospitals, dissecting-rooms, and class-rooms, of this metropolis; and in conclusion we assure them that, so far as this journal is concerned, the pages of *THE LANCET* will ever be open to receive and promulgate their well-founded complaints against parties who may either designedly or ignorantly have attempted to interfere with the successful cultivation of their medical studies.

THE extract in the next page is taken from the report which has been presented by the Poor-Law Commissioners to the Secretary of State for the Home Department. There will be found in this extract some curious matters for reflection. Several of the subjects briefly noticed therein, ought to engage the attention of the profession generally, and if we could be furnished with the results of their cogitations thereon, they might prove of use to us in the progress of labours.

Where is "Mr. SMITH of Southam," and where are the "Self-supporting Dispensaries?"

EXTRACT FROM THE REPORT

OF THE

POOR-LAW COMMISSIONERS

TO LORD JOHN RUSSELL, RELATIVE TO

"MEDICAL RELIEF."

(Dated from Somerset House, Aug. 8th, 1835,
and not before published.)

AMONGST the evils which we found ourselves called upon to remedy, was a large class connected with the administration of medical relief. In our present Report we deem it necessary only to advert to some of the chief evils of this class, and to the measures we have adopted with relation to them.

We found it a practice, in the great majority of instances, for a medical man to contract with the parish for the supply to the settled paupers of the parish with medical attendance for a small fixed sum, on the expressed or implied condition that he should be allowed to make whatever charges he pleased for his attendance and treatment of non-parishioners, under suspended orders of removal, or an order of medical relief by the overseer. When the patient has recovered, he is sent home to a parish with a bill for medical attendance, including charges for medicines at the highest rates. Against these charges the distant parish to which the pauper belonged had no adequate protection. The pauper was exposed to the danger of being supplied with medicines considerably beyond what were required for his proper treatment. Instances have come to our knowledge where, in large populous parishes, the profits of attendance upon paupers under such circumstances have been upwards of 300*l.* per annum. The inferior officers have been fed by the medical officers to search out and give him information of the cases of this description. As a further evil of this system, we may mention that paupers with their families have been removed from their parishes at a great expense, when each head of a family would otherwise have preferred remaining and seeking employment in the parish where his sickness occurred. By countenancing these practices, parishes were in the habit of creating burdens for each other. As a check to this system, and to the general expense of medical relief, we have generally required that medical services should be retained by contract and open tender, including as a condition, that the medical officers should attend at the same charge, all patients on the order of the overseer, whether the patients were parishioners or non-parishioners.

regulating the appointments of medical officers within the new unions, have

acted on the presumption that by the words of the Act (that the medical officer shall be "a person duly licensed to practise as a medical man"), it was intended to include equally physicians, surgeons, or apothecaries duly licensed to practise as such. Applications have been made to us to prescribe, as the qualification of the medical officer of any union, that he should be a member of the College of Surgeons as well as of the Apothecaries' Company; but as at present informed, we do not think that the public interests would be advanced by confining the qualification within narrower limits than those traced by the words of the Act, and which conform to the general practice. With respect to the general professional qualifications of the medical men who come within the words of the Act, we have relied on the diplomas of those who are charged by the Legislature with the duty of examining the qualifications of the candidates for practice, being assured that the recent improvements in medical practice and education, are such as in general to render the later diplomas certificates of a degree of competency, equivalent to much practice on the parts of those who have had an earlier education. Under these circumstances we have considered that the interests of the public and of the profession itself, were the best served by keeping the situations of medical officers in the new unions open to the competition of the whole body of medical practitioners. Instead of attempting to fix the price of the services of the medical practitioners for the union, we deemed it the most advantageous that each practitioner should fix the price of his own services, under competition. Amongst the inducements to accept these appointments, are the credit of the appointment of medical officers to a union by a Board of Guardians, the wider fields these appointments offer for the display of care and skill, and for obtaining reputation leading to more profitable practice; inducements differing in degree, but similar in kind to those upon which men of the most eminent skill find it to their interest to give their services to the chief medical institutions of the country. We may be sure that the medical practitioner will, in fixing upon his terms, do nothing which he considers will not on the whole be advantageous to himself; and next, that he will consider the interests and advantage of his own profession. We have found it necessary, as a security against undue charges even under competition, to adopt as a rule that the aggregate charges for medical relief within the new unions, shall not exceed the aggregate of the former expenditure for medical relief in the separate parishes now included in the unions. Instances have occurred where the local medical practitioners have combined to prevent a competition. The course taken in these instances for the

protection of the rate-payers, and to secure the best treatment to the paupers, has been to suspend our sanction to the appointments, and to cause advertisements to be made to throw open the office to the competition of practitioners from a distance, or of the profession at large.

In some unions, as in the Wycombe union, it has been provided that the terms of the contract should be a remuneration, at a given sum per head, on the number who receive medical relief; but with the proviso, that the gross charge should not exceed a given amount. It is stated to us in evidence, that this mode of proceeding, though adopted reluctantly by the medical profession, has operated very beneficially. The surgeon of the Amersham union states, in the course of an examination,

"I approve of the system; but the amount in the present contract is inadequate; I think I shall lose a guinea a week by it. In some of the parishes it is at present only one-third of what I have received in former years for the same time. But I approve of the system for these reasons: it is a self-acting check upon the relieving officer in giving improper orders, or withholding proper orders; upon the applicant for medical relief, in making him feel that in receiving it he is a pauper, and causing the parish a specific charge for him; and upon the medical man, by causing an inquiry into each case, so that none can escape attention; and by that means also secures proper attendance to the patient. Indeed, the mode of contract forms a complete system of check and security in cases of pauper medical relief, the want of which was so much felt under the old system.

"Has it tended to curtail the evil of sending all parties to the parish doctor for medical relief, which was so prevalent under the cases of contract in gross?—Yes, it has; I have many cases now that I am attending as independent patients, who used always before to come to me as paupers. One case is that of a woman of Penn; her son is a master bricklayer, with whom she resides, the cottage and garden their own. She has a daughter about thirty, a sempstress, who gets a very good living. This woman was, with her daughter, always attended by the parish. On my telling this woman that the parish paid a specific sum for her, she refused to be attended, and now pays for herself. There are many cases which evidence this effect of the system.

"Of course, the new independent patients pay you?—Yes, they do; they pay us at the time they have the medicine.

"Now, although you do not receive so much from the parish contract, will not the amount by these new independent patients more than make up the difference?—No, I think not; but it will go towards it."

We anticipate that the introduction of a better system will be beneficial for the destitute sick, as well as beneficial to the labouring classes generally; and that it will be found conducive to all proper interests of the respectable portion of the medical profession.

It will, however, be observed, that the change in the system has not, in many instances, been so long in operation as to develop the whole of the effects which may be anticipated from it, in promoting voluntary and independent associations, to provide for the casualties of sickness and mortality.

But even now the reports made to us of the very satisfactory effects of the operation of the rule, are becoming daily apparent. We cite the following passage from a recent Report made to us by our Assistant-Commissioner, Mr. Hall, as illustrative of the tenor of other incidental communications on the subject:—

"The good effects of your arrangements as respect medical relief, are showing themselves in the shape of medical clubs among the labourers. One of the surgeons of the Wallingford union told me that several were in process of formation in his district; and I have heard that elsewhere the labouring class has evinced the same degree of foresight and providence; has given the same proof that, when thrown upon his own resources, and taught to rely upon his own exertions, the independent labourer can and will adopt measures answering to the necessity of the case."

Mr. Gulson states, in a recent Report from Oxfordshire,

"Medical clubs are starting up in all directions. The proceedings of the Board, as regards the medical department, have already been productive of the best results. Highly respectable medical men are undertaking to attend all cases for an annual subscription of 2s. for a single person; and for 4s. 4d. they engage to attend a whole family, however large, so that it does not include children above sixteen years of age. At Witney, Benson, and other places, the labourers are subscribing in considerable numbers to independent medical clubs."

Mr. Gilbert reports to us, that in several parts of Buckinghamshire similar effects, resulting directly from the change of medical relief, have been developed in a striking manner.

[The increase of provident institutions, arising from the general influence of the change of system, was confidently anticipated from the marked increase of deposits in the savings banks; deposits by labourers who had previously been paupers, observed in several of the parishes which were the earliest dignified. The anticipation has been proved, by the fact of the increase

of the prosperity of the existing provident institutions, and by the increase of new institutions coincidently with the change of the law. Mr. Tidd Pratt, the Barrister appointed to certify the rules of Savings Banks and Benefit Societies, states to us—

"That the increase in the number of Friendly Societies since the passing of the Poor-Law Amendment Act, has been very considerable as compared with the year previous thereto. From the month of August 1833 to August 1834, the number certified by me was 360; but from August 1834 to the present time, I have certified nearly 750, being an increase of 390, or more than double the number certified in the previous year. Independently of which, I am happy to say, that these Societies appear to be founded on calculations more likely to enable them to fulfil their engagements with the members, than those which were heretofore in existence; and this I attribute, in a great measure, to the rules and tables which have been printed by order of the Lords of the Treasury, and gratuitously distributed.

"With respect to depositors in Savings Banks, the increase during the last year has been very considerable. The accounts are made up annually to the 20th of November; and although from November 1831 to November 1834 (being a period of two years), the number of depositors increased during that period 44,750, yet from November 1833 to November 1834, the increase in the number of depositors has been nearly 33,000, and in the money deposited, nearly a million. and in each of the following counties, viz., Bedfordshire, Berkshire, Bucks, Cambridgeshire, Essex, Hertfordshire, Kent, Norfolk, Suffolk, and Sussex, a marked increase has taken place in the number of the small depositors."

SEVERAL students who are attending the practice of *St. Bartholomew's Hospital*, state to us that obstacles are thrown in the way of their examining the Case book which is kept in Matthew's and Mary's Wards in that establishment, whenever they attempt to inspect it for the purpose of deriving information relative to the patients in those parts of the Hospital. We refrain, however, from publishing any of the communications that have reached us, because they are couched in terms of indignation which, at present, we have reason to hope, are not correctly applied. The difficulties experienced must be accidental. DR. LATHAM

is assumed to be the enemy of the pupils on this occasion, but that gentleman cannot be desirous of rendering such an interposition a matter of public inquiry at this juncture. The case of a medical officer who would act as our correspondents allege, would prove a bad one for the defendant before a tribunal of public inquiry, from whose scrutiny there could be no escape, and whose members were not to be blinded by any hole-and-corner physician in the metropolis. What reasons for enjoining *secrecy* respecting his mode of treating the sick-poor in *St. Bartholomew's Hospital* can Dr. LATHAM have?

However, as it is as well to be provided against even the most improbable incidents of an untoward character arising out of events which affect us in life, we recommend those gentlemen who may be satisfied that the obstacles originate in *design*, to make exact note of the circumstances attending the acts of *secrecy*, the dates of their occurrence, the names of, and all essential particulars respecting, those with whom they may originate, or who may act as agents of the principal, or in any way abet the hidings of the "Case Book" of a public functionary in a public hospital.

The names and addresses in full should be obtained, whether of clinical clerks or nurses, and information forwarded to us relative to the extent to which the restriction may be carried,—whether the book be wholly kept back from inspection, or opened to view only at such inconvenient times in the presence of such persons, and in such manner, as to prevent students from examining the book with comfort and advantage in the pursuit of their inquiries. All these things should be especially noted, in order that the measures adopted in defence of the pupils and the public may be complete, both as regards the remedy for the evil and its effectual exposure.

THE following recommendatory "testimonials" have been forwarded to our office for insertion in the advertising columns of

THE LANCET, but as we can find a far more proper and striking place for one of them, than even the very best part of our cover affords, and as it would be extremely unfair to Mr. GRIMSTONE to give a more conspicuous position to the advertisement of Mr. BATTLEY than to the advertisement of Mr. G.,—the two being so exactly similar in character and object,—moved by these considerations, we present them both to the profession in this place:—

ADVERTISEMENT.—Copy of a Letter sent to Mr. G.—“Dear Sir,—I here beg to inform you, that my ears, thank God, continue very strong; and I have had no defect in my sight since my taking your ear snuff, although I experienced so much pain in that delicate organ, the ear, for many years prior to my using your valuable invention. Sir, I send you this as a further testimony to my last, in January, 1834. I shall be glad to give my testimony to the unexpected relief I have received from your ear snuff, having tried almost all the skill of the profession, and they failed in relieving me, or giving me that substantial relief from deafness your snuff has. Yours with much respect,

“H. PLUCKWELL.

“Tottenham, Middlesex, May 27, 1835.”

ADVERTISEMENT.—Mr. Battley, Chemist and Druggist, has been so successful in his preparations of the various articles of the Pharmacopœia, and particularly of those of the vegetables used in physic, that I am anxious to facilitate his introduction to the professors of the several schools of medicine in the country, by bearing my testimony to his merit, and I offer this with the more confidence, as the several censors of the College of Physicians for many years past have always declared themselves so highly satisfied by Mr. Battley's preparations.

HENRY HATFORD,

President of the Royal College of Physicians.

Curzon-street, Nov. 20, 1834.

WHO NEXT, WE WONDER?

Essai sur la Colique de Plomb.—These de M. A. GRISOLLE, Interne Hotel Dieu.

THIS essay is one of those productions which from time to time reflect so much credit on Paris as a school of medicine. It is not a simple thesis, written for the mere purpose of obtaining a diploma, but a profound investigation of a subject which has often occupied the serious attention of practitioners, without receiving too

much light from their researches. M. Grisolle is a pupil of the Louis school, and the thesis now before us is a proof of the immense superiority derived from a careful and accurate examination not only of the symptoms generally attributed to any particular disease, but of all the symptoms which the patient may present during the course of his malady. Pursuing this method, M. Louis and his school have not only arrived at the discovery of several principles which had been overlooked, from time immemorial, from want of attention and corroboration, but they have also thrown an immense light on symptomatology and diagnosis. M. Grisolle's thesis consists in an analysis of fifty-eight cases of painter's colic observed by him with minute attention at the *Hopital Beaujon* during the year 1834. We shall notice some of the most interesting facts which he has established.

M. Chomel is of opinion that painter's colic is much more frequent in summer than in winter, and attributes this difference to the greater activity of the works in lead during that season; but in a manufactory, where the same number of workmen were employed the whole year round, the author found the average proportions as follows:—for the warm months (May, June, July, and August) 103; for the middle season 93; for the cold months (November to February) 89.

The age seems to exercise a certain influence on the susceptibility of contracting the disease, for if we divide the ages of those received into the hospital during the last 8 years into four groups, viz., from 18 to 30, from 30 to 40, 40 to 50, and 50 to 57; we find the following to be the mean residence for each in the workshops, before contraction of the disease, 65, 60, 58, and 37; hence the number of days necessary to gain the disease, evidently diminishes with the age.

Authors are generally of opinion that the red lead is more injurious than the white, but there are few or none who support this assertion by a comparison of numbers; in the absence of other facts we must accept the testimony of the author, who found that eleven workmen at Clichy could work at red lead during a period of seventy-three days before they fell ill, while the workmen on white lead at the same establishment fall ill before a lapse of sixty-five days.

As it is not our intention to follow the

author through the whole of the laborious researches which he has made on all points of the disease, we shall merely give a *resumé* of the symptoms which constitute the disease, viz., intense pain in the abdomen, constantly affecting the patient when the disease was fully established; but, however, becoming exasperated at intervals, more or less approaching one another. The colicky pains irradiate towards the loins, the rachis, the parietes of the thorax, and even to the genital organs or thighs. Their essential character is in general to be calmed under pressure: they are sometimes accompanied with retraction of the abdominal muscles: symptoms of gastric derangement now soon come on, such as bitterness in the mouth, nausea, bilious green vomiting: in the intestinal canal we have almost the appearance of strangulation: there is a stop to the passage of stercoral, and even of gaseous matter: the urine is secreted in less abundance; but in the midst of these sufferings, which are sometimes terrific, the pulse remains calm, and even frequently descends below the normal number. Finally, we sometimes observe, either during the disease, or as consecutive symptoms, various accidents relative to the functions of the cerebro-spinal axis, as convulsions, delirium, coma, general or partial paralysis affecting the limbs or organs of sense.

The *abdominal pains* are among the most constant symptoms of colica pictorum, and that by which the commencement of the disease is most clearly characterized. As to the circumstance so generally noticed by authors, of their being relieved by pressure, we find the following results from an analysis of the fifty-two cases which M. Grisolles has followed; viz. In forty cases the pains were relieved by pressure; in seven, pressure neither augmented nor relieved the pain; and, finally, in five cases the patient's sufferings were exasperated by pressure on the abdomen, whether moderate or powerful.

Retraction of the belly has also been described as a special symptom of the colica pictorum; however, it is not a constant one: thus, in forty-six cases in which the author sought this symptom with the utmost care, he found thirty-one in which the abdomen presented the ordinary volume and appearance; in fifteen only he found the abdomen retracted, and even in many of these cases

the symptom was so little apparent, that it required a good deal of care to determine its existence.

Nausea and vomiting are also symptoms which frequently exist. The author has observed them thirty-two times in forty-six; the matters ejected were always greenish, and excessively bitter; they bore no relation to the intensity of the disease, and seemed to be idiopathic, as they were removed by means directly addressed to the stomach.

The *slowness of the pulse* is also a symptom frequently noticed by authors. In the cases reported by M. Grisolles, the pulse varied between forty-eight and eighty-four, the first few days of the disease; and in all cases where the pulse was as low as forty-eight, the malady prevailed with great intensity.

The *pains in the genital organs*, which are more commonly situated in the tract of the spermatic chord than in the testicles themselves, were noted in a little more than one-fourth of the patients. When pains existed in the extremities, it was the lower which were most frequently affected (three-fourths to one-half), while in one-third of the patients the loins were the seat of pains not dissimilar to rheumatic ones. The headache was always of short duration, and was noticed only nine times in thirty-seven cases. In the seventy-eight cases of colica pictorum analyzed by M. Louis, the proportion is somewhat less, being about one-sixth. (?)

Epilepsy is one of the most grave accidents that can arrive during the course of colica pictorum, but it would not appear that it is a frequent one. The author observed only two cases in his fifty-eight. The disease appeared suddenly, and carried off both patients after thirty-six hours. Paralysis also appears to be a consequent of rare occurrence.

The march of colica pictorum is very irregular, but its termination is in general favourable. The want of accuracy prevents us from giving any faith to the results noted at *La Charité* by MM. Gardane, Merat, and Duchesne. In the fifty-six cases of the present thesis only two died, as we mentioned, from a sudden attack of epilepsy. The intestinal canal in these two was examined with the utmost care, but no trace was found of abnormal coloration, softening, or hypertrophy of the tissues. The cerebral convolutions were generally flattened, and

the anfractuities nearly effaced: the consistence of the brain was diminished throughout, but there was no trace of injection or of serous or sanguineous effusion in any part of the nervous centres.

The treatment of the colica pictorum has been various. That employed in the greater number of cases recorded by the author was the method so universally known as "the treatment of La Charité," and which consists in giving opium with purgatives, by the mouth or rectum. The purgatives, however, are what we in England would call laxatives; thus the lavement most commonly administered was—

R. *Decoction of Senna* ℥ij; *Sulphate of Soda, Mercurial Honey*, aa. ℥ij; *Water* q. s.

These lavements were administered alone, or combined with opium, to sixteen of the patients, of whom seven were affected with the disease in a very intense form. During the course of the disease, which on an average lasted five days and a quarter, they took six lavements, and five grains of opium. The other nine patients were affected less intensely; they were cured in four days and a quarter each, and took about four lavements and three grains of opium. This latter remedy was never administered until the constipation had been overcome, and the patient already more or less relieved. In six cases purgatives were given at the same time by the mouth and rectum; under the latter form they produced more abundant evacuations and most relief; these patients were cured in a period of seven days and a quarter. Three different kinds of purgatives were employed, viz. castor oil, mixed with one to three drops of croton oil, and the *huile d'epurge*, a lead remedy. *En résumé* the patients thus treated by the evacuant method were cured in a period varying from five days and a quarter to eight days, the maximum of treatment.

Within the last few years M. Gendrin has energetically insisted on the value of sulphuric acid, both as a prophylactic against the colica pictorum, and as a remedy for the disease when fully established. However, the researches of M. Grisolle seem to throw more than doubt on the first of these properties. Thus at the manufactory of Clichy, the mean duration of the workmen before catching the disease, is seventy six, when they have not drunk the sulphuric tisan;

while those submitted to the prophylactic treatment of M. Gendrin, do not remain more than fifty days free. As to the comparative value of the treatment called that of "La Charité," and the acid treatment, it requires a more extensive comparison of facts than we as yet possess, to enable us to judge between them.

The Gums, with late Discoveries on their Structure, Growth, Combinations, Diseases, and Sympathies. By GEORGE WAITE, M.R.C.S.L. Longman, 1835. pp. 160.

THE principle of the division of labour has been applied to medicine from a very early period; in Egypt, Greece, and Rome, when civilization had reached a considerable pitch of refinement, besides physicians, surgeons, accoucheurs, rhizotomists, and pharmacopologists, *medici ocularii* and *medici dentarii* were found exercising their respective vocations with distinction. In the present day, the "world of man" has been mapped out into so many compartments, that it is, perhaps, time to inquire whether the division and dismemberment is tending; whether the great connexions of the whole are not broken up; whether the general laws which govern the inside, the outside, and every individual part of our frame, are not overlooked; and whether the influence exercised on organs by each other, and by external circumstances, is not forgotten; whether, in fine, the science of medicine is not sacrificed to a great many arts. One man pays particular attention to the stomach; another watches over the biliary secretion of the kidneys or the bladder; this takes the lungs under his especial protection; that counts the beatings of the heart, or regulates the workings of the mind; Mr. Alexander takes care of his Majesty's vision; Sir Charles Mansfield Clark waits upon the Queen; Mr. C. by some strange fortune humbugs the Royal ear; and Mr. D. puts in claims to perform the same kind of office to another section of the Royal Person, "*et adhuc sub judice lis est.*"

Interesting as an extended inquiry into the effects of the division of labour applied to medicine would be, we have here only time to point it out as worthy the attention of several ingenious gentlemen whose productions occasionally fall under our notice.

and convince us that as poets sometimes want a hero, so they often want a subject, at least "a new one."

We pass over Mr. Waite's rather fantastical application of an old doctrine concerning the four ages of man, and the seasons of the year, to the teeth, which would thus have their spring, summer, autumn, and winter; as well as his illustrative quotations from Sophocles and Pindar; and shall extract his "Synopsis of the Diseases and Morbid Alterations of the Gums."

Synopsis of the Diseases and Morbid Alterations of the Gums.

"Diseases produced by proximate causes.

"Infantile and puerile diseases of the gums.

"Abscesses, tumours, swellings, inflammations, morbid affections.

"Diseases produced by remote constitutional causes are, First, those from the effects of scurvy or from scrofula. Secondly, from constitutional irritation, when neither scurvy nor scrofula has developed itself. Thirdly, from fevers, from indigestion, from catarrh, from inflammations. Fourthly, from mercurials. Fifthly, from constitutional debility, however induced, including nervous excitement and the passions of the mind.

"1st. Diseases produced by scurvy are,

A turgescence of the gums, with a brownish appearance of their structure.

An inordinate detention of highly carbonized blood in their vessels, and occasional hemorrhage.

Diminished vitality of the capillary vessels.

Suppuration, with purulent discharge from the mucous surfaces of the gums.

"2ndly. Diseased appearances produced by scrofula.

An alteration of the glandular structure of the gum, with disease of the capillary vessels.

Detention of blood in the apices of the gums.

Morbid exudations from the surfaces.

An atonic state of their general circulation.

These diseased appearances being devoid of the brown colour perceptible in scurvy.

"3rdly. Diseased alterations from constitutional irritation, when neither scrofula nor scurvy has developed itself, are

General heat, irritation, and redness, fungous excrescences, and hardened ridges.

"4thly. Diseased alterations from mercurials produce

Increased glandular action and vascularity.

Foulness, languor. A slough of the capillary vessels.

Morbid sensibility. Hemorrhage.

"5thly. Constitutional debility, however

induced, including the various passions of the mind.

Atrophy and atony of the gum.

Absorption of the socket and recession of the gum.

Languor, and the same morbid sensibility as results from the use of mercurials."

Mr. Waite's remarks on false teeth merit attention.

"Another condition in which we must consider the gums is that into which they are often brought by the unrelenting work of the tooth-maker. A tooth may early in life have been pivoted, and perhaps have gone on twenty years with tolerable comfort. This is often so when the root on which the tooth is pivoted is sound and good. The case, however, now alters: the root becomes either loose in the socket or worn by the pressure of the pivot, and it is necessary to fix it in another manner. This is effected by means of a plate of gold stamped exactly to the shape of the vacant gum and adjoining teeth, round which clasps are worked. The best contrivances of this nature which we meet with are those worked for many of the eminent tooth-makers of London by Mr. Claudius Ash of Broad-street. Those persons who profess peculiar methods of fixing false teeth, and pretend that inventions belong solely to themselves, are generally the adventurers of the town. The great secret of false teeth consists in employing scientific manufacturers."

Mr. Waite's work displays a better knowledge of general physiology than is possessed by ordinary dentists, whose ignorance is generally as profound as their plunder is enormous.

Rust's Magazine, &c.

THE last No. (No. 2, Vol. 44) of this journal contains:—

1. Fragments from the note-book of a clinical lecturer. By Professor BENEDICT, Breslau.

2. Remarks on several of the Symptomatic Affections which coexist with increased sensibility of a portion of the Spinal Column. By Dr. ESS. (Continued from No. 1.)

3. Case of obstinate Retention of Urine, produced by Inflammation and Suppuration of the Prostate. By Dr. ANGERSTEIN.

4. Case of immense Lipomatous Tumour. By Dr. BENN. (With a plate.)

Although an attempt has been made by Mr. Green, at *St. Thomas's Hospital*, to render some account of the medical statistics of that institution, and an announcement of a similar attempt is made by Mr.

South, "of that ilk," yet we are quite certain that the example will rarely be followed, and that the statistics of our public medical charities will not be made public, until the management of those establishments is in new hands, which, thank God, it soon must be. We have been frequently asked by some of the principal surgeons in Paris, to point out any work or journal in which they might seek for accurate accounts of the number of patients treated in the London hospitals, the comparative mortality of each, in short, any statistical survey of their population; but we have as often been compelled to answer, that our surgeons are in general too much occupied in making money to attend to anything not immediately connected with that absorbing object. For ourselves, being convinced of the great benefit which may be derived by amassing together these statistical details, so as at length to form the basis of general deductions, we shall not fail to gather, from time to time, the valuable fragments scattered through our foreign contemporaries, and thus in some measure supply a want which had much better have been satisfied by our own countrymen.

1. PROFESSOR BENEDICT'S FRAGMENTS.

The first article we have to notice in the present No. of *Rand's Magazine*, is a kind of review of the surgical clinique at the University of Breslau for the years 1828 to 1833 inclusive. The number of patients treated during that period was 5712, viz., 2812 surgical, and 2900 ophthalmological cases; however, the number of the former selected for clinical purposes did not exceed 700, to whom alone the following observations refer.

LITHOTOMY.

This operation was performed during the six years, thirteen times; once on a girl of twelve years; the rest on males, the oldest of whom had reached the age of fifty-three. All these patients were cured, with the exception of four, none of whom died immediately after the operation. Thus one of these four, a boy sixteen years of age, had been dismissed cured from the establishment, but died eleven weeks after of typhus fever. The second died fourteen days after

the operation, when the left kidney was found in a state of suppuration, and the right one engorged. In the third case, death on the 11th day, evidenced suppuration of the left kidney, extending down to the pelvis. The fourth case was fatal on the fourth day from peritonitis. In reference to lithotomy, Professor Benedict relates a very curious case, which, on account of its termination, is worthy of record. The patient, fifty-three years of age, who had long suffered from symptoms of stone, was received into the hospital in 1816, but left it without an operation having been performed. After a lapse of twelve years the patient presented himself again, but during this time the calculus had acquired such a magnitude, that whenever the sound was passed between it and the bladder, it became locked. It was thought scarcely possible to remove the stone by an operation; however, this was undertaken, and the incision being prolonged considerably towards the rectum (which was not injured), the calculus was extracted after its outer shell had given way under the forceps. The stone weighed seven and a half ounces, without counting several fragments that were lost. On the fifth day the patient was seized with low typhus fever, without any signs of inflammation of the urinary or abdominal organs. The usual stimulants seemed of no avail, when the author accidentally learned, that his patient was a confirmed brandy drinker. All other means were at once laid aside, and the patient given a *tablespoonful of brandy* every two hours. This treatment was followed by such happy results, that in four days the quantity of brandy could be diminished, and the patient was content with a glass at breakfast. The patient was discharged cured after some months.

LIGATURE OF UMBILICAL HERNIA.

This operation was practised twice, according to Dessault's method, within the period above mentioned. Although both cases were successful, the author says he would neither recommend nor undertake it again. In these, as well as in all the other similar operations practised antecedently, symptoms of severe inflammation of the abdomen set in after the third day, and were combatted often with very great difficulty. The author has frequently removed fungoid excrescences from the navel of young chil-

dren by the ligature (a disease frequently met with at the Clinique), without giving rise to any of the accidents before described.

STRANGULATED HERNIA.

Herniotomy was performed sixteen times in the period between 1828-33; five cases of inguinal hernia, two deaths; eleven cases of femoral hernia, four deaths. In most cases, the fatal result arose from gangrene of the intestine.

In one case of inguinal hernia, the patient was going on in the most favourable manner, when he was suddenly seized on the fifth day with trismus (in consequence of exposure to cold), and died in thirty-six hours. The autopsy did not afford any result.

In a case of femoral hernia in the female, the epigastric artery, which ran transversely over the sac, was divided. The wounded vessel immediately gave a strong gush of blood, and revealed the accident: the stricture was divided, as the author in the habit of doing in all cases of hernia, from below upwards, and from without inwards. The divided artery was immediately tied, but the patient died of gangrene.

AMPUTATIONS.

Amputation of the extremities was performed twenty-five times: of the upper arm five, one death; one case of medullary tumour of the fore-arm, cured; of the thigh fifteen, cures ten; of the leg four, two deaths. The amputation of the upper arm was performed in three cases after Almonson's method (the funnel-shaped stump); in the rest with a single flap; that of the fore-arm with a single flap; of the lower leg, the single flap; of the thigh, in three cases, with the double vertical flap; in one case with the single flap; in one by the circular method; and in the rest, according to Graefe's modification of Almonson's method.

CANCER.

The operation for cancer (not including cancer of the lip) was performed thirty-seven times. However, with the exception of one or two cases treated by arsenic and apparently cured, a radical cure was not obtained in a single case.

Extirpation of the breast was performed three times, and under circumstances apparently very favourable; in all the disease re-

curred again. Of ninety-eight amputations of the breast, which the author has performed since he undertook the charge of the clinique, two ended fatally from exhaustion during the healing of the wound; and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author observes he is morally convinced that, in several cases, an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumours, sarcoma, or some other innocent change of structure.

The above results are worthy of serious attention, and serve, unfortunately, to confirm the opinion advanced by many surgeons, that in most cases cancer is a constitutional, not a local disease. After an investigation of a great number of morbid specimens of this disease, the author proposes to divide scirrhus into three kinds; viz., the lardaceous, the hydatiform, and the knotty scirrhus. Passing by the two former as sufficiently known, the author gives some remarks on the latter that are not without interest. This is a rare affection, and, on account of its march, is frequently confounded with a malignant and fatal form of scrofula. The patients are generally affected with small knots in one or both breasts, which do not enlarge during the progress of the disease. After these appear the ordinary tumours in the axilla, and at the same time we perceive ranges of small knots along both sides of the neck, tumours in the inguinal region, on the shoulders, and in several other parts of the body. Each of the knots now mentioned remains isolated, but approaches the skin, and finally becomes attached to it. The integument here assumes a hard, cartilaginous feel, is covered with varicose veins, and turns into a single small cancerous tumour. The patients now generally suffer under pectoral symptoms, with abdominal derangement, and in all the cases which occurred to the author, death took place in less than six months.

Cancer of the lip was removed in fifty-one cases, all successfully except one, where the patient was in a state of great weakness at the time of the operation. The author, however, regards it merely as a *palliative* operation, as it invariably returns in some other part of the body, or in the cicatrix itself. There are indeed a few cases in

which the tumour did not reappear, but here it was evidently a local disease, produced by some external cause, and not perfectly identical with the cancerous disease. As far as the author's observations extend, this false cancer is generally situated in the red surface of the edge of the lip, and does not pass beyond it, is more flaccid, and is chronic in its march; the sympathetic swellings in the neck are wanting. According to the opinions of modern surgeons, we may hope for a successful result whenever there are no tumefied glands under the jaw or in the neck; but from the author's experience, the absence of these signs does not justify a favourable prognosis. Either small soft tumours of the glands already exist, as may be discovered by a minute and careful examination of the parts in the neighbourhood; or the lymphatic system is implicated, without any actual enlargement of the glands, which does not take place until some time after the healing of the wound.

Our analysis shall be concluded in an early number.

Hecker's Annalen, &c. Vol. I. No. 4.

The last part of this periodical contains—
1st. Practical Remarks on Rabies in Dogs, Horses, Sheep, Pigs, &c. By Dr. WAGNER.

2nd. Practical Remarks on the Use of the Exhausting Pump (Lingpampe) in Strangulated Hernia. By Dr. KOHLER.

3rd. On the Literature of the Venereal Disease. By Dr. HACKER.

2. REDUCTION OF STRANGULATED HERNIA BY THE EXHAUSTING PUMP.

The use of the air-pump, as an agent in the reduction of hernia, was first noticed, we believe, by Professor Hauff in the year 1818. Hufeland's Journal for July 1832 also contains some remarks by Dr. Busch on the same subject. Finally, the No. of Hecker's Journal now before us contains several cases, which, as they are probably new to our English readers, we shall notice briefly.

Case 1.—In October, 1833, the author, Dr. Kohler, was called to a Jew, sixty years of age, who had suffered for the last nine years from scrotal hernia. After some days of a fit of indigestion the patient began to suffer from pain in the abdomen, and the hernia could not be returned even by a surgeon; the symptoms were now rapidly aggravated, and the author on his arrival found the patient in a state of great danger. According to the account of his attendants,

the hernia was strangulated for three days; the face was now sunken; the body covered with a cold sweat; the extremities cold; the pulse barely perceptible. No stool for the last three days. The author had immediate recourse to all the common remedies, venesection, cold applications, narcotics, enemata, baths, drastic purges, &c., without any effect; the danger was most pressing, and nothing seemed left but the operation; however, the exhausting pump was tried as a last resource. Immediately after the application of the apparatus, which was placed over the abdominal ring, the operator began to perceive some gargouillement in the hernia; this gave encouragement, and in a short time, to his great pleasure, the parts were restored to their natural position. Alvine discharges were obtained in a few hours, the vomiting ceased, and the patient was restored to health in a few days.

Case 2.—In January 1834, a female, sixty years of age, was affected with inguinal hernia on the right side, and sudden femoral hernia on the left side; it was impossible to return this latter; symptoms of strangulation soon set in, and the necessity of an operation was agreed on in a consultation of surgeons. The air-pump was applied. After the first application a little gargouillement; after the second, partial return of the gut; after the third, complete reduction of the hernia.

Professor Janekowski has communicated a very remarkable case to the author, of which the following is an abstract:—

Case 3.—The patient, a strong healthy woman, fifty years of age, perceived the first trace of an umbilical hernia about two years before. The tumour had acquired some size before she experienced any remarkable symptom; it was then partially reducible, and the pains in the abdomen and swelling were alleviated by opening medicines. After the lapse of about a year the tumour became suddenly the seat of intense pain; there was obstinate constipation for six days, which only yielded to general blood-letting and purgative enemata. On the sixth day inflammation set in, and terminated in abscess of the integuments. At the end of August the patient was attacked a second time with inflammatory symptoms, which now assumed so severe a character as to threaten her life with imminent danger. The hernia could not be reduced by any of the ordinary means, though seconded by venesection and repeated purgative glysters. On the third day the tumour became excessively painful and hard, stercoral vomiting supervened, and a fatal termination seemed almost inevitable. The air-pump was now applied, but at first produced a great deal of pain; however, it was removed after a short time,

and the taxis was now practicable with the greatest facility. In a few hours copious evacuations were produced, the symptoms of strangulation subsided, and three days later the patient was perfectly cured.

In addition to the cases which we have just quoted, the author details six others, where the air-pump was employed with equal advantage, and adds that in twenty-three cases, the greater part of which were desperate, the means now alluded to did not fail to justify his confidence; he therefore concludes, by expressing a hope that a remedy of such power may meet the general consideration which it deserves.

3. LITERATURE OF SYPHILIS.

This is an analysis, completely in the laborious German style, of all that has been written on the venereal disease during the years 1831 and 1832. The works of authors which are analyzed (alphabetically arranged) amount to no less a number than fifty-seven, and the series is not yet completed. Those who occupy themselves specially on syphilitic diseases will here find a fund of curious, and no doubt useful, information, for not one has been neglected.

FORMATION OF AN

EASTERN PROVINCIAL MEDICAL ASSOCIATION.

ON Friday, the 25th inst., a meeting was held at the Guildhall, in Bury St. Edmunds, for the purpose of forming a society under the above name. Upwards of seventy gentlemen of the profession, from Suffolk, and the adjoining counties of Cambridge, Norfolk, and Essex, were present.

Dr. PROBART, of Bury St. Edmunds, took the chair, and said that the meeting originated in the published letter of an influential individual now present. The call had been responded to in a most gratifying manner, and there could be but one opinion as to the general utility of such a Society. Resolutions had been prepared, and he should be happy to hear the remarks of those gentlemen to whom they were equated. He concluded by reading the resolution.

Mr. CROSS, of Norwich, addressing the chair, said that he was the individual who had been induced to set on motion the simple means for bringing them together. (Applause.) It was easier to follow than to vent. Above a dozen years ago was form-

ed "An Association of German Naturalists and Physicians," which first assembled at Leipsic, and changing annually the place of its meeting, visited Berlin, Vienna, Heidelberg, Frankfort, Hamburg, and some other towns of note. These annual scientific meetings had continued uninterruptedly—the last having been held in the present month, with undiminished gratification, at Bonn; and they had, undoubtedly, conducted greatly to the improvement of the natural sciences, of which medical men were always found the most zealous promoters. Numerous learned men from this kingdom, including many eminent physicians and surgeons, had annually attended the meeting of the *German Association*, and, amongst the fruits of that intercourse, we might trace the origin of *The British Association for the Advancement of Science*,—a society first instituted about four years ago at York, successively holding its annual meetings at Oxford, Cambridge, and Edinburgh, and terminating the brilliant work of its fifth meeting lately in Dublin. It would seem that this Society was destined to raise the character of our countrymen throughout Europe; it had increased in numbers, and still more in beneficial results, yearly; and had, indeed, spread a fresh ardour in the pursuit of science throughout the British dominions. The proceedings of its medical section at the recent meeting, so fully recorded in the last number of the "Dublin Journal," had brought much dormant talent into activity, whilst the funds of the society had been liberally voted to physiological researches, determining questionable points, and establishing facts that come home to every well-exercised practitioner, by bearing directly on the diagnosis of certain diseases. Out of the *British Association* another had arisen, which was exclusively medical, but embraced a less extent of district—the *Provincial Medical Association*, instituted at Worcester in 1832, through the efforts of Dr. Hastings, and a valuable volume of transactions had appeared yearly from it, the fourth being now in the press, forming the only series of transactions devoted to medical topics that had ever been published in England out of the metropolis. This Society enrolled 500 members, but having originated in the West, it had failed to enlist many gentlemen in this eastern and remote district, although intended to apply to the whole kingdom. The proceedings, said Mr. C., of the meeting at Oxford have been so amply reported, that every gentleman now present must be acquainted with them. Before I attended that meeting I had avowed my opinion, that the eastern counties should join to form a Medical Association on an extensive scale; but difficulties surrounded the attempt, a gentleman in this county having already made a fruitless attempt. Yet there is a conviction

amongst us of the necessity of taking some such step; few of us can so far desert our avocations as to meet the Provincial Association at the large towns of England; but we are social and scientific; therefore must we have our *Eastern Association*. (*Applause*.) In the six adjoining counties there are about a million and a half of inhabitants; yet not more than a few cases in the course of each year are turned to advantage through the press in the whole district. In the counties referred to, only a few medical men, I feel assured, belong to any Medical Association, and, judging from the effect of the associations preceding us, one in this district must bring forward the hidden experience of many, and awaken into fresh action and energy a valuable body of labourers in the calling we profess. The medical statistics of each county will furnish much matter. Medico-legal science may be promoted by close attention to inquests. The district contains many hospitals and dispensaries, and reports of the practice of such institutions will be for the first time produced. Every man of experience in practice meets with something that might prove profitable, if communicated to his brethren. During my twenty-five years' residence amongst you, I have known many enlightened, able, and zealous practitioners in the most retired situations. The association we are met to form may gather a storehouse of public knowledge. Moreover, assemblies of gentlemen of our profession generate kindly feelings, promote good understanding, and console us in our solitary hours. Thanking you for a patient hearing, I leave in the hands of other gentlemen the moving of the several resolutions. (*Applause*.)

Dr. PROBART said the meeting was greatly indebted to Mr. Crosse for his able address.

Dr. EVANS said he would only remark that the formation of such a society must prove highly beneficial to the profession and the community. He, therefore, proposed, "That a Society, consisting of Physicians, Surgeons, or General Practitioners, residing in the counties of Cambridge, Essex, Huntingdon, Lincoln, Norfolk, and Suffolk, or in other parts of the kingdom, should be and now is established, to collect useful information in medicine and its collateral sciences for publication, to maintain the respectability of the profession, and to promote a friendly intercourse and communication between its members."

Mr. ABBOTT, of Cambridge, seconded the resolution. The Society, he said, would peculiarly gratify him by bringing gentlemen into friendly intercourse with each other from different places. Carried unanimously.

Mr. JEAFFERSON of Framlingham proposed, and Mr. PECK of Newmarket seconded, "That an annual subscription of

one guinea be contributed by each member, to be paid in advance."

Dr. BAINB commended the alacrity with which the case made out by Mr. Crosse, who had so eloquently addressed them, had been responded to; it was high time that provincial medical gentlemen should strive to become more useful to the profession. Being, generally speaking, as it were, *rari nantes in gurgite vasto*, they laboured under the disadvantages of a want of co-operation; but he hoped that henceforth their medical character would be redeemed in the eyes of the public. He begged to propose, "That the Society do publish, in the form of Transactions, all such essays, memoirs, cases, or reports of public institutions, sent to them, as may be thought worthy of publication."

Dr. FISHER, of Cambridge, seconded the resolution. Carried unanimously.

Mr. HORRITT, of Yarmouth, proposed, "That a general meeting be held annually at one of the principal towns of the counties specified in the first resolution, and that the first take place at Ipswich on the first Monday in June, 1836."

Dr. ENGLAND, of Norwich, seconded it, and said he fully coincided in the principles of centralization; he thought that strenuous efforts should be made to improve medicine in the eastern provinces, or, as railroads were becoming so general, we might soon expect to see patients travel by steam to consult the physicians of other places.

Dr. FISHER thought the time specified would be inconvenient to residents at Cambridge.

Mr. CROSSE said it had been selected with a view to accommodate the profession in general. He thought the general meeting ought to take place *prior* to that of the Provincial Association, at Worcester, because a deputation could then go from the branch to the parent institution. (Carried unanimously.)

Dr. WAYTE congratulated his brethren on the object of their meeting, and especially on the opportunity that would thus be afforded of defending their rights and privileges. He was not a general practitioner now, but he had been, and therefore could enter into the feelings of those gentlemen on this subject: their calling was laborious and arduous, and they were often compelled to sacrifice their own health and comfort for the good of others. That profession was not only now invaded by both itinerant and regular quacks, but more recently by acts of Parliament—the Commissioners under the new Poor-Law Act, aiding the overseers to grind the medical man to powder. (*Applause*.) He thought the profession justly entitled to the protection of the Government—let them meet for that specific purpose—let them *petition*, and he had no doubt their voices would be heard by the Legislature. (*Applause*.) Why also should there not be

stars in the Eastern as well as in the Western hemisphere? He anticipated great good from the Society, and concluded by moving,—"That a Council, composed of not more than one-fourth of its members, do conduct the general business of the Society, and meet in Norwich quarterly, or more frequently, as the business of the Society may require."

Mr. BAILEY, of Thetford, seconded the resolution. (Carried unanimously.)

Mr. WAYLEN, of Colchester, proposed—"That a president, two vice-presidents, a treasurer, and a secretary, be annually elected, and be members *ex officio* of the council and of all committees."

Mr. CREED, of Bury St. Edmunds, seconded the resolution. With reference to a recent act of Parliament invading the just rights of the profession, he thought there was nothing to fear from that quarter. Let the physician, the surgeon, and the general practitioner, adhere to each other, and they had nothing to fear. (Applause.)

Mr. HEADLEY, of Cambridge, believed it was not the wish of the Poor-Law Commissioners to make degrading proposals to the profession. He knew one of them (Mr. Leffevre) and had had conversations with him on this subject, from which he was induced to believe that the fault rested rather with the overseers and guardians of the poor. (The resolution was carried.)

The appointment of officers for the next meeting at Ipswich was thus fixed:—Dr. Baird to be president; Mr. Crowfoot, of Beccles, and Mr. Bullen, of Ipswich, to be vice-presidents; Mr. Crosse to be secretary (and also treasurer *pro tempore*).

Dr. LYNN, of Woodbridge, proposed and Mr. HEADLEY seconded,—"That the council do assemble at Norwich in January next, to receive the names of members, and to consider all papers &c. which may have been communicated to the secretary."

Dr. BECK proposed, and Mr. MINES, of Diss, seconded,—"That a committee of five be appointed to draw up a code of laws and regulations for the Society, to be laid before the general meeting at Ipswich, and to make out a list of the first members of the Council."—The following gentlemen were then appointed as a committee:—Dr. Bayne, of Bury; Dr. Beck, of Ipswich; Mr. Dalrymple, of Norwich; Dr. Wayte, of Lynn; and Mr. Bailey, of Thetford.

Mr. MACINTYRE proposed,—"That a committee of five be chosen to prepare a plan for effecting a junction of the present Society with the Provincial Medical Association, instituted at Worcester, and to submit it to the general meeting at Ipswich." This embraced, he said, one of the principal objects of their association. A district like this would not be able to furnish funds sufficient to enable them, for instance, to publish annually such transactions as a photo-

rias as were necessary to promote a scientific interest in the Society. By joining with the Western Association, they might effect this object, and be put in possession of the "Transactions" of that Association.

Mr. LE NEVE, of Barrow, seconded it. He conceived many advantages would be derived by the Society from an amalgamation with that at Worcester.

Dr. FISHER wished to know whether, after such an "amalgamation," this Society would exist as a separate society.

Mr. WAYLEN considered it would be an auxiliary of the parent institution.*

Dr. EVANS said he understood that the two societies would be fused into one. He was a member of the Worcester Association, and he thought that members of that association, ought not to be called upon to pay two subscriptions; though, for himself, he would cheerfully pay two or more if they pleased.

Mr. CROSSE said the two societies would, in the appropriation of funds, be in common; in annual meetings they would be separate, excepting when the Worcester Association came into their district, and the same would be the case when their Society went into the other district. For the publication of all transactions and other useful purposes, the junction would be principally effected.

The following gentlemen were then appointed as a committee, in accordance with the resolution:—Dr. Haviland, of Cambridge; Dr. Baddeley, of Chelmsford; Dr. Nunn, of Colchester; Dr. England, of Norwich; and Mr. C. Smith, of Bury St. Edmunds.

Mr. MURIEL, of Ely, proposed "That an advertisement of the acts of this Meeting be circulated in the Eastern Counties, accompanied by an address calling the attention of Practitioners towards the support of the Society." (Seconded by Mr. Beddingfield.)

Dr. BECK proposed that at the next annual meeting, the Society should consider the propriety of engraving a Provident Society on the Association. (Seconded by Mr. Abbott.)

Mr. MACINTYRE said that he was impelled to meet it with a direct negative. The proposition was not compatible with the objects of this meeting; appeared to be wholly impracticable; must involve an increase of subscription not at present contemplated; and in his opinion was unequalled for. In counties which it was proposed their association should embrace, there were al-

* The ninth resolution was well calculated to puzzle the meeting. It seems to have been forgotten that the affiliation of the "Eastern Society" is the act of the wrong institution. Suppose the "Western Society," on whose funds a demand is to be made, should refuse to patronise the infant?—ED. L.

ready societies existing, and some of them—he could speak for that of Suffolk—though not so well supported either as they deserved to be, dispensing great relief. He would recommend that instead of attempting to form a Benevolent Society, those gentlemen who had not joined the excellent societies in their respective districts, should take the first opportunity of doing so.

Mr. ABBOTT said that they had no such society in Cambridgeshire.

Mr. MACINTYRE was sure that Mr. Abbott might soon have one there.

Dr. EVANS concurred in the objections of Mr. Macintyre, and the sense of the meeting being against the resolution, Dr. Beck withdrew it.

Mr. CROSSE said it would be desirable that papers or reports intended for publication, should be forwarded as early as possible to the Council to be held in January next. Votes of thanks to Dr. Prohart and Mr. Crosse were then carried with acclamation.

THE DINNER.

Fifty-six of the gentlemen afterwards dined sumptuously at the *Angel*, when Dr. PROHART again presided, having for his vice-presidents Mr. C. Smith and Mr. Macintyre. Dr. EVANS afterwards took the chair. Various toasts followed the loyal ones. Dr. EVANS proposed, amongst others, the University of Cambridge. Dr. FISHER returned thanks, and passed some high compliments on the present Regius Professor of Medicine, Dr. Haviland, whose absence he much regretted. "The health of Mr. Crosse and thanks to him for his great exertions in forming this Association," was drunk with warm applause. Mr. Crosse acknowledged the compliment.

Mr. MACINTYRE said that there was a gentleman present to whom the profession were under considerable obligations, and who had been instrumental in the formation of this society; he deserved their consideration, not merely as a talented member of the profession, but for the able stand which he had made against the grinding system of contract recommended under the New Poor-Law Bill; and he (Mr. M.) was happy to have that opportunity of putting them in possession of the information which Mr. Bedingfield had collected on the subject. "The health of Mr. Bedingfield, of Stowmarket."

Mr. BEDINGFIELD, in returning thanks, said he came that day to be a hearer rather than a speaker; but he would, with permission, say a few words. All the time he could spare from professional engagements, had been occupied in defending the profession from the unjust aggressions of the Poor-Law Commissioners. The question, said Mr. Bedingfield, has been put to me several times to-day, What should we do relative to the contracts for attendance on

the poor? I will tell you, gentlemen, what we have done in our own Hundred. My colleagues, Mr. Spencer Freeman and Mr. Bree, joined me in an address to the Directors and Guardians, expressive of our wish to remain in the same situation as we at this time occupy; we requested that we might not be compelled to enter into engagements which it would be impossible for us conscientiously to perform, and that if any parishes were added to the Hundred of Stow, other surgeons might be appointed to them. My address to Lord Melbourne was followed up by some strong observations in the House of Commons by Mr. Wakley, to whom in my opinion the medical profession is most deeply indebted. Mr. Wakley, in powerful and eloquent language, set forth not only the inconveniences to which medical men are subjected by the arrangements made under the new Poor-Law Bill, but also the miseries which would be inflicted upon the poor themselves, by that oppressive measure. Lord John Russell is reported to have stated in reply "that he had been assured by the new Poor-Law Commissioners, that they had provided the poor with ample medical attendance." One fact in my own immediate neighbourhood, shall serve to illustrate the tender mercies of these commissioners towards the poor. The Hundreds of Bosmere and Claydon consisted of thirty-five parishes; to these parishes four surgeons were attached; the Poor-Law Commissioners have added five parishes to this hundred, but they have only provided the poor with three surgeons! and so exquisitely judicious are their arrangements, that the poor of the populous Hamlet of Needham will have to go to Coddendenham for their attendance, and one of the surgeons will have to ride from Needham to Debenham, a distance of ten or eleven miles, to visit his patients: all further comment upon this subject is unnecessary. I have been asked what we shall gain by opposing the commissioners. If I am correctly informed, we have already gained one important advantage. The power of appointing and determining upon the number of the surgeons, and the amount of their salaries, is taken out of the hands of these commissioners, and is vested exclusively in the local guardians. A very interesting communication was made to me a few days ago by Dr. Rumsey, of Chessham, in Buckinghamshire, informing me that a society had been formed in Buckinghamshire, of which Dr. Rumsey was President, for protecting the profession. Here, gentlemen, is an organized committee ready to receive any facts that may be adduced to elucidate the oppressive nature of the new Poor-Law Bill; and to arrange these facts, and to submit them when thus arranged, to the consideration of the proper authorities. Our society is not prepared to perform this important business; I would therefore

earnestly recommend you, gentlemen, to forward all the facts you can procure upon this subject, without loss of time, to Dr. Ramsey. I have put my hand to the plough, and I will not look back; but heedless of intimidation and slanders, I will still advocate the rights, honour, and interests, of my professional brethren. (*Applause.*)

Mr. Crossk read an extract from a letter he had received from one of the principal Commissioners, which stated that they (the Commissioners) had no desire to interfere with, or direct the contracts between, the parish authorities and their medical attendants.

The company were afterwards addressed by Dr. England (who warmly eulogized the efforts in Parliament of Mr. Warburton), and other gentlemen, and the party broke up about ten o'clock, highly gratified with the prospect of accomplishing the object which had brought them together.

SUICIDE BY THE ADDER.

To the Editor. SIR,—An adder was captured by me and confined very loosely in the folds of a thin lawn handkerchief, so that I might observe its efforts to escape. The handkerchief was laid with the adder on a grass plot, and after several energetic but ineffectual attempts to free itself from bondage, the animal deliberately inflicted a bite on its own body, and quickly died. Such an act of suicide has been asserted of the scorpion, but I have never heard of the like circumstance in an adder, excepting on this occasion. The circumstance cannot be attributed to *instinct*, a principle which might assist it in its efforts to *escape*, but could never prompt so unnatural an act as that which produced *death*. Let this fact (witnessed by two others as well as myself) be added to the number of extraordinary events which foil the philosopher in his efforts to deny the existence of intellect, unquestionably bestowed in various modifications on the lower animals of the creation. I am, Sir, yours truly,

WILLIAM H. THOMAS.

Bristol, Sept. 16, 1835.

BIRMINGHAM SCHOOL OF MEDICINE.

LETTER FROM DR. CONOLLY.

To the Editor of THE LANCET.

SIR—In your remarks on the Anniversary Meeting and Dinner of the Birmingham School of Medicine, in THE LANCET of Sept. 12, it is stated that I proposed as a toast the "Theory and Practice of Medicine." The erroneous statement, con-

ating with the reporter of the *Birmingham Gazette*, would be quite immaterial, but for the manner of its introduction in support of some not undeserved censure. I trust, however, you will permit me to say that I proposed no such toast. I was requested to acknowledge the honour done to myself and the other examiners; and having done so, it was my duty to name and propose the healths of the gentlemen to whom medals had that day been awarded. The only other toast which I proposed was the health of Mr. Cox, senior, the father of Mr. Sands Cox, to whose exertions the Birmingham School of Medicine is so greatly indebted.

Although it may add a little to the length of this communication, I cannot refrain from giving, on this occasion, my sincere testimony to the proficiency, as far as I had an opportunity of judging of it, of the students of the Birmingham School. I have occasionally thought that the apprehensions expressed by some of my seniors in the profession, that the education in provincial medical schools would be found superficial, were not unreasonable. But I am convinced that they are unfounded. The utmost care seems to be taken to make the students well informed in every branch of their profession. The two students who presented themselves as candidates for the medal in Dr. Eccles's class, that of medicine, were subjected to a *viva-voce* examination, about an hour and a half being devoted to each; and their answers were so satisfactory as to make it impossible for me to doubt that they had been well taught both in the lecture-room and in the hospital. A student's proficiency is, of course, only to be looked upon as an earnest of future diligence and usefulness; but, seeing the number of provincial schools now established, it is gratifying to believe that they will tend to increase the number of well-informed practitioners. My opportunities of forming an opinion, when in London, of the knowledge possessed by students from the schools of Manchester and Bristol, had previously inclined me to take this favourable view of the provincial institutions; and whoever looks at the rising provincial museums, must see that every year adds to their efficiency as places of instruction. I am, Sir, your very obedient servant,

J. CONOLLY.

Warwick, Sept. 25, 1835.

LITERARY INTELLIGENCE.

MEDICAL REFORM IN IRELAND.

We have not yet received a copy of the work mentioned in the following letter, but, as a preliminary step to its introduction to the profession, we do not know that we can furnish a better announcement than

that which the letter of Mr. Phelan becomes by its insertion in our columns. The letter was not, we believe, designed for publication, but a very useful purpose may probably be served by letting the able and industrious author speak for himself in this stage of the affair.

To the Editor of THE LANCET.

SIR,—Hodges and Smith, of Dublin, who have lately published a work for me on the medical charities of Ireland, with suggestions for a medical poor law for their better regulation, are about to send some copies of it to London, and I have directed one to be sent to you, as a mark of my respect for the many services you have rendered the medical profession as well in Parliament as out of it.

Should you have leisure to glance over this "Statistical Inquiry," I am not without hopes that you will see in the effort an anxiety to be useful; and that the number of facts and returns which I have collected, and put on record, will strike you as tending to give a more rational view of the state of our institutions.

You will observe that all the information is that obtained by a private individual,—often got from persons most unwilling to give it, and, in some cases, after having left home, and the professional business depending on being at home, in search of it.

But still I have endeavoured to expose errors and abuses, whilst retaining whatever is valuable in our charities,—and by such exposure, feeble and imperfect as it is, some good may and, I hope, will be done; but that entirely depends on those who are induced to read it, or to adopt the doctrines which it advocates, and who possess the power of giving effect to such opinions as I

have offered. I trust it will obtain the favourable consideration of the medical reviewers in London, and, amongst them, whose influence as a journalist is so extensive as is yours.

You have no idea of the difficulty of reforming the medical profession, or the medical institutions, of Ireland,—so great is the influence of the Dublin Colleges, and so deeply imbued with the spirit of Toryism are the governors of the hospitals &c., in numerous places. Nothing but the enactment of a well-digested and most searching law can have any effect in rendering our charities what they ought to be, a blessing to the poor, and a benefit, indirectly, to the rich and to the medical profession.

I would particularly request attention to the sixth and tenth chapters, and shall be most anxious to learn if the plan on which I have proposed that a combined hospital and dispensary system should be conducted, meets your approval. I also beg to draw attention to the appointment of inspectors, and to the proposal to publish a statistic medical report annually, or occasionally. In this *land of jobbing* the exposure from inspectors is particularly necessary, independent of the other advantages which they would afford.

Apologising for occupying so much of your time, I remain, Sir, your very obedient, humble servant,

DENIS PHELAN,
M.R.C. Surgeons in London.

Colonel, Sept. 22, 1835.

Mr. WARDROP has in the Press a work "On Bloodletting, being an account of the Curative Effects of Bleeding in the Treatment of Disease." It will be published in a few days.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Lat. $51^{\circ} 37' 44''$ North, Long. $31^{\circ} 45''$ West.)

Days.	Thermometer.		Barometer.		Rin.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Inch. Dets.		
Sept. 21	52.	49.	29.59	29.52	0.6125	W.	Frequent rain during the day
22	55.25	47.75	.28	.23	0.43125	S.	Rain at night, with thunder and lightning.
23	61.50	49.75	.45	.36	0.16873	S.	Frequent rain in day & night.
24	61.25	41.50	.66	.55	—	S.	Generally fine.
25	63.75	39.50	.68	.61	—	S.	Fine throughout the day.
26	60.50	41.50	.41	.34	0.04375	S.E.	Heavy rain in day and evening.
27	64.50	42.50	.33	.22	—	S.	Some rain in the night.

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LECTURE

INTRODUCTORY TO A COURSE

ON SURGERY

DELIVERED AT THE ALDERSGATE SCHOOL OF
MEDICINE, OCT. 4, 1835.

By MR. SKEY.

GENTLEMEN,—It will be my duty in the ensuing course of lectures, to point out to you the means which we employ, in either curing or alleviating those diseases which custom has allotted to the care of the surgeon.

I presume I need hardly tell you, that these diseases are for the most part external; yet they follow that general rule not unexceptionably, or, rather, there exists a sort of neutral ground on which the external region of the surgeon is met by the purely medical treatment of the physician. I will not dilate on this topic, because it necessarily follows from the present system of practice, that the large majority of my auditors comprises the future practitioners of all classes of disease; and between myself and the accomplished physician on whom devolves the task of instruction in the department of medicine in this school, there need be no jealousy, no rivalry or difference of opinion, as regards the extent or boundaries of our respective duty. One thing is certain, viz., that the ground-work is the same, that however apparently various or distinct may be the structure, the proximate cause of disease, with some modification, is the same; and the principles of treatment can therefore but slightly differ. The practice by manipulation is, however, the exclusive province of the surgeon, and this includes the extensive and highly important department of operative surgery, which, if any, presents the most eminent characteristic of surgical practice.

A course of lectures on surgical science admits two very distinct objects of study; the first comprises the principles which guide us; the second, the application of

those principles, known under the term of practice or treatment; and on these two subjects I beg to engage your attention for a few minutes. By principles, we understand general rules, which, although modified by circumstances, are applicable to all similar examples of disease. The principles which govern practice are based on a knowledge of the great functions of life, both physical and moral; namely, physiology; but surgery demands the knowledge of the anatomist, by which alone we can detect deviations from healthy structure; and without which we cannot advance one step towards their removal. In speaking then on the subject of the principles of surgical practice, I return to those of anatomy and physiology. The first tells us the situation, form, relation, and structure, of every part subject to disease. Physiology expounds their healthy functions, and their mutual dependence on each other: we must be conversant with both. With respect to anatomy, then, how can the man who is ignorant of the healthy appearance of the human eye, determine its diseased condition? How will he distinguish the extent to which that delicate membrane the iris deviates from health, who is ignorant of its healthy or normal appearance and character? How will he be enabled to pass a needle into the interior of the globe, for the purpose of displacing the opaque crystalline lens, in cataract, if he be unacquainted with the size, form, and connexion of that body? Look at the numerous forms of accidents attending joints, and say if it is possible that the man who is ignorant of their natural form, and the connexion of their parts, can determine on the one hand, or attempt to remedy on the other, the accidental injury they have sustained.

There are, however, doubtless many surgical diseases, the treatment of which may be effected, without any immediate reference to the science of anatomy; but is there any that does not bear, more or less, immediately on that of pathology? Certainly none. Take the simplest form of surgical disease, an ulcer. By what means is its progress arrested? We know that in the condition of health, the arterial circulation of a part should remain steady and unexcited; its

temperature cool and uniform. We find it hot, red, painful, and the vessels are unnaturally distended with blood; they relieve themselves by pouring out matter; the skin bursts; the unhealthy condition of the vessels remains; the surface fails to heal, and an ulcer follows, for there is a variety of ways in which such a malady may arise. How shall we determine the treatment? We observe the character, whether inflammatory or otherwise; we reduce the undue action of the vessels by such remedies as experience has taught us are beneficial; and, having accomplished this, we proceed to another stage of the treatment, which consists in urging nature to heal the wound. In the attempt to avert or cure disease, the importance of this branch of physiology is inestimable; I would say it is the ground-work of all medicine,—in its most comprehensive sense, a knowledge of the principles of life.

Nature has endowed the organized world both animal and vegetable, with a principle which cherishes growth and which presides over every action of which its organization is susceptible. The same spirit, jealous of defect, controls disease, repairs injury, and by its continued influence tends to maintain the outward physical form, as well as to repair the inward defect of function to which the frame is liable. It has been called the *vis medicatrix naturæ*. In the language of the Latin poet,—

"*Spiritus intus alit, totamque infusa per artus*

Mens agit molem et magnæ corpore mæcet."

It consists in an evident and universally acknowledged effort on the part of nature, to ward off disease and to preserve life. "A spirit of health" predominating over the body, ever rejoicing in its salubrity, ever contending against injury. Need I illustrate it by examples? They are endless in variety. Why does an abscess invariably advance towards the surface, but for the purpose of discharging its contents without injury to the body? The liver would appear to possess discrimination in evacuating the contents of a similar disease through the abdominal parietes, in preference to the cavities of the abdomen and chest, to which it would have nearer access. In tubercular abscess, the large vessels of the lungs are as it were, incrustated with lymph, lest their rupture should be fatal to life; and this effort is especially beautiful, inasmuch as the disease itself is necessarily fatal in its termination. For here we see the contention most vividly between an irremediable disease and the unremitting effort of this "spirit of health."

In the disease of bones, how beautiful, how varied are the exertions of this protecting principle, in which a bone is destroyed by a wasting disease, arresting all chance or power of reparation,—during the process of

destruction, a new pillar is in process of erection by which the diseased fabric is fortified, and the limb restored to health and action! Observe the structure of artificial joints, or those from which the cartilage is absorbed; here we see the respective ends of the bone or bones, carefully rounded off and polished, to simulate as much as possible the original structure. The formation and increase of large aneurysmal sacs; their temporary protection from rupture by the dense layer of coagulum by which they are lined; their evident desire (if I may so express it) for contraction and subsequent obliteration;—the contraction of the divided ends of large arteries;—the formation of accidental bursæ, for the protection of the subjacent bone, whenever the skin is subjected to continued pressure or friction;—the almost dental hardness of the gum, consequent on the loss of teeth, and the approximation of the teeth on the loss of one or more;—the inflammatory and lupus-effusing condition of a wounded intestine, by which its injured surface becomes agglutinated to the parietes of the abdomen, or to another portion of intestine, thus closing the otherwise fatal aperture;—the really astonishing co-operation of this healing, this protecting influence, with the hands of surgeon, in transmitting the contents of the intestine, along a devious track, in artificial anus, from the upper to the lower opening, and the subsequent earnestness with which the margins of the bowel unite for the purpose of restoring the integrity of the canal. Observe the analogy in this respect of vegetable to animal life. Plants are provided with muscles, by which they open and shut their flowers, and turn their leaves to the sun, even if they have been repeatedly folded back from it; the turn of a hop plant is invariably directed towards the course of the sun, and it soon dies if artificially forced into an opposite line of growth; remove the obstacle, and the plant quickly returns to its former position. When the straight branches of the honeysuckle can no longer support themselves, they acquire strength by becoming spiral; when they meet with other branches of the same kind, they coalesce for mutual support, and one spiral turns to the right, the other to the left, thus increasing the probability of their finding support by the diversity of their course. If a plant be placed in a room which has no light, except from a hole in the wall, it will shoot towards the hole, pass through it into the open air, and then vegetate upwards in its natural direction. The shoots or tendrils of creeping plants, are invariably directed towards the nearest object to which they cling, and the direction of a tendril may be repeatedly altered, by changing the position of the object attracting them. From these, and a variety of similar evidences of spontaneity, it has been inferred that vegetables have a limited degree of sensation.

and enjoyment, and that they have an inferior participation in the common allotments of vitality.

I might cite endless examples of Nature's anxiety to maintain health, by throwing off disease or obviating deformity. Now, where does this power reside? In what does it consist? The advance of time had made considerable encroachments on the eighteenth century, before the antiquated doctrines of the chemists and mathematicians succumbed to the more just and reasonable views of the *vitalists*. For this revolution we are greatly indebted to *SPALL*, who was forcibly impressed with the difference between the changes which the components of the body experience during life, and what would occur in the same substances under other circumstances; hence he concluded that when they form a part of a living system, they must be possessed of some additional principle, that counteracts the effects that would otherwise be produced. To the agent that thus opposes the physical powers of matter, and to which the body owes its vital properties, he gave the name of *anima*. He considered it to possess powers of a specific nature, and attributed to it a species of intelligence which enables it to act the part of a rational agent, and to superintend all our corporeal operations. *VAN HELMONT* applied to the same principle the term "*Archæus*."

But what are we to understand by these terms? The immediate nature of this principle, or the mode of its operation, we are totally ignorant of. It is sufficient for our present object that we acknowledge its existence, observe its influence, and obey its dictates.

I say emphatically, *obey its dictates*. We talk of many diseases in a tone of arrogant defiance of the very laws which direct our every step. Take a wound for example. The utmost limit that the surgeon can advance to, is that of bringing the margins in close contact, and keeping its surface clean, and where he fails in this end, nature is compelled to come to our assistance, and heal by new substance what with a little extra aid she would have accomplished with much more ease and readiness. What is the extent of the boast here? That of an humble and almost powerless assistant; and thus it ever must be. We must ever continue humble followers in the path of nature, and dependent on her bounty.

The first part of my duty here, then, as our instructor, is, to disabuse your minds, directing your attention to that influence and authority which you *do not possess*. She is imperative; she is arbitrary; her laws are immutable; she will sustain no interference, and listen to no compromise. This I conceive to be the first, and most paramount concession to her power, demanded of the practitioners of our art.

we enter on our task prepared to watch and to obey. Let us then study her peculiarities, and, as far as possible, imitate her example. It will thus be my wish to inculcate a simplicity of practice, in which consists the only true philosophy of the art of healing. We are the sappers and miners in the forces of nature. We attend her path with the view to remove obstructions—to cleanse impurities—and having accomplished this, to leave her unmolested and uncontrolled. If I dwell on this subject, it is because here I would place the gravamen of a charge against those members of our profession, who, wanting a firmness of reliance on the authority of nature, or patience in its application, intrude upon her path with an unseasonable and officious zeal, perverting her energies by the application of means subversive of her most obvious intentions.

To Mr. *ABERNETHY*, whom I am proud to have called my friend as well as my instructor, the profession owes a debt of gratitude for enforcing, both by his precept and by his example, the value of this all-important principle. "*Subdue local irritation*," says he, "and regulate the action of the digestive system, and you control all controllable disease." To him it appeared (how is it surprising that it should have done so?) the philosopher's stone of medical practice; and if I express my regret that his application of it should have been so universal, I am bound to declare that within the circle of my experience no man was so successful in the controlling influence over chronic disease as he.

I say again, study nature, assist and second her intentions, but do not attempt to lead her. The influence of remedies for the most part is but negative.

These primary principles admitted, we proceed to the theory or principles which more immediately influence our treatment. I have already stated them as "general rules, which, though modified by circumstances, are applicable to all similar examples of disease." Now there is an obvious distinction between the theory of a disease and its treatment. By theory we understand the contemplation of, the reflecting or reasoning upon, a subject. This one would suppose an essential prelude to the treatment of all maladies, but it is not really so, inasmuch as the principles of life, or, rather, the views and objects which nature may have in contemplation in the cure of any particular disease, may not be so obvious as to obtain the unanimous concurrence of all physiologists. They may be susceptible of various explanations; whence the number of irreconcilable views taken by different authorities; and, as regards many diseases, their treatment was adopted on unknown or ill-understood data, and numerous theories have been based upon them, to suit the prejudices of their numerous inventors.

There is a natural and well-grounded prejudice against what are called *theorists*. The tendency of a man's mind to theorize is, *ceteris paribus*, just proportionate to the activity of his imagination, and as nature has so ordained it, men's judgment is ordinarily defective, as their imagination or love of speculation is acute. Thus it is that minds naturally imaginative, whose flight of thought equal in celerity the movements of the playful Puck, "who could put a girdle round about the earth in forty minutes," and whose speculations cost them neither time nor labour, see through the mysteries of diseased action, trace the movements of the master mind that wills it, "and give a local habitation and a name" to the self-created authorities of their ill-guided imagination. It is not from men so gifted that our profession will derive much advantage or instruction. Pray you avoid them.

There is another class of men, the objection to whom is so closely associated with the preceding, that I cannot forbear alluding to them,—they are mathematical surgeons. A man's mind that has been long accustomed to direct and palpable evidence, and whose conclusions are inevitable, though the very reverse of the imaginative, endeavour to reduce the question of principle to the level of direct reasoning, who will believe nothing that he cannot explain upon the same irrefragable principles of reasoning, as lead to the positive deductions of mathematical science. The tone of mind which this study engenders, appears to me not the most desirable for a practitioner of our art, notwithstanding the immense advantages which it affords in invigorating the reasoning powers. I should be sorry to be supposed desirous of withholding my tribute of admiration for highly cultivated intellect or reasoning power; but I assert, that so long as the data are but imperfectly known or understood, and until the principles of life and the nature of their operation are brought within the grasp of our comprehension, that that man's practice must be (to use the mildest term) most imperfect, who would postpone for one hour the application of a remedy, because he could not explain the rationale or the principles of its action; and there are too many practitioners of this class.

With the action of how few of the innumerable remedies of our Pharmacopœia are we thoroughly acquainted! This may be deemed a species of empiricism, but within a certain restraint it is essential to every practical department of our profession. You must not expect, then, that you are entering on a study, the principles of which can be reduced to a course of reasoning as certain and as conclusive as that of mathematical science. Empiricism means practice. It consists in the application of remedies which experience has taught us the value of, but

which we have obtained through any means but those of reason. Take, for example, the treatment of some forms of disease of the testicle. We find them essentially benefited by the use of emetics. What is the rationale of this? Does the disease depend on a morbid condition of the stomach? If so, a form of aperient that would relieve it of its contents in common with the whole of the intestinal canal, ought to accomplish the same end, but it does not. Local depletives, aperients, diaphoretics, are equally inefficient, and an emetic finally removes the evil. Now the stomach and the testicle have neither vessels nor nerves in common. It is referred to sympathy. Is this satisfactory? To me I confess it is not, and in the state of our knowledge I should largely prefer acknowledging my entire ignorance of the *modus operandi* of the remedy, than I would mask the real difficulty by a pretended explanation, that would never be borne out by close physiological investigation. The conviction of our ignorance is the first step towards the improvement of our knowledge.

But, in the mean time, shall we withhold the emetic till we can explain the phenomena of its use? Certainly not; therefore the practice by empiricism is a necessary part of our duty. The late Dr. Gooch, the most able and most amusing lecturer of his day, was in the habit of recommending to his class some forms of medicine, which comprised a combination of a large variety of medicines in a single dose. In commenting on this "mess," as he was accustomed to denominate it, he used to say, "I combine these medicines together, because I find them answer the object I have in view; I do not attempt to explain the theory of their application; but I find them useful, therefore I employ them." With regard to this subject let me observe, that the chief object of my reference is, that I am desirous that you should not commit yourselves to an explanation of the *modus operandi* of a remedy, unless you see its operation clearly and distinctly. Its consideration will conduce to a most important end,—that of leading you to *reflect and reason*,—to establish, as your groundwork, clear comprehensive premises, on which your treatment is based; to eschew the jargon of words with which the really ignorant man involves in a mystery of technicalities the statement of his opinions, and to endeavour to trace the workings of disease by simple and concatenated steps to their ultimate termination. I attach the highest value to that instruction which teaches simple principles,—which places before the eye of the student the first processes of disease. I should be content rather, were he about to abandon instruction, to place him in the path of improvement, having adopted simple and distinct, but intelligible views of the early stages of disease, than I would endeavour to explain the

interest or his attention by vivid descriptions of extensive and uncontrollable disease. I should prefer to study nature in a case of common ulceration, in which my assistance might be valuable, to pursuing the endless ravages of a malignant growth, of the nature and source of which I may be totally ignorant, and in which the only advantage I could confer, would be sympathy for the sufferer. And here let me advert to a common error among students, which owes its existence to a defect in their education,—that of misnaming cases of disease by the application of the epithet “good.” You hear that Mr. So-and-so has a “good case” in such a ward, or “a good case of accident has just come in; they are gone for the surgeon to cut his leg off.” Gentlemen, these are not good, but “bad” cases,—bad in every application of the word,—bad as regards the patient, for his body is mutilated by the knife,—bad as regards the art, for they justly expose it to obloquy,—and bad as regards yourselves, for they afford you no knowledge beyond that derived from beholding a painful operation, which you may possibly witness for the first and last time in your lives. I conceive a good case to be susceptible of relief or cure, and then the more extensive the malady, the greater the “goodness,”—a case in which the art of the surgeon triumphs over disease, efficiently co-operating with nature in its eradication,—not one in which the surgeon takes the case into his own exclusive charge, and effectually extirpates it by the amputation of the limb of which it formed a part.

Now, Gentlemen, if for the purpose of warning you against unphilosophical and unreasoning views, of exposing to you the real level of our knowledge, and of preparing you for the necessity of availing yourselves of the aid of remedies, the action of which in the present state of our knowledge admits of no satisfactory solution, I have for one moment become the advocate of empiricism, I trust that the principles of education I have subsequently advocated, will guarantee to you my conviction of its utter incompetency to advance professional knowledge. Empiricism may be employed as the refuge, without being the cloak, of our ignorance. It may prove a valuable resource. It may temporarily represent, it can never supersede, the practice of reason. We may employ it as the homage due to the unexplained mysteries of nature; but it must ever be deemed a detracting blot on the real dignity and intellectual rank of our profession.

Having considered the principles of practice which are so immediately founded on a knowledge of the principles of life, I come to the subject of *treatment*, or the application of remedies. Now without dilating on their various classes, whether medical or manipulative,—whether direct or indirect,—

whether local or general, I conceive that next to the knowledge of their mode of application, the most important rule I can insist on, with certain limitations, is the necessity of their being restricted to a degree of activity inferior to that of the disease they are intended to control. This I believe to be an important principle of treatment, which I can best illustrate by example. A man rises in a morning after healthy sleep, his intellect clear and vigorous, with the circulation in his brain light and free, *because* during sleep his brain has been subject to a fuller access of blood, by which his mental faculties have been temporarily superseded.

The return of the circulation to a part of the body that has been exposed to excessive cold, is succeeded by a degree of heat above the surrounding temperature, and productive of a tingling pain. On the same principle we are told that a warm-bath is the best protection against the intensity of summer heat. These I may call phenomena of health. The same holds with regard to disease. Headache and throbbing are frequent consequences on fainting, in which the brain sustains a temporary loss of its circulation, and this, whether from loss of blood, or from a shock to the nervous system, producing the same result.

If you arrest any unhealthy secretion by a too powerful stimulant, the secretion returns in quantity proportionate to the activity of the means employed.

The means usually resorted to in the acute stage of gonorrhœa to suspend the discharge, most frequently increase the disease.

If you employ moderate pressure on the surface of healthy granulations, you increase their energy and promote their growth; small doses of aperient medicines, taken at certain intervals, will tend to constipate the bowels. In like manner stimulants, whether medical or moral, are succeeded by depression proportionate to the activity of the means employed.

All this is explained on the *principles of reaction*,—a principle so important and so universal as to influence our treatment of almost every disease.

For the purpose of maintaining growth, and of affording nutrition to every part of the body, of invigorating it by adding new materials to its structure, and of removing those which are superfluous or old, and consequently useless, nature has established the circulation of the blood. But for the purpose of controlling its irregularities, she has placed it under the superintendence of what is termed the nervous system, connected immediately with the brain or spinal marrow. These two agents, then, concur in the production of almost every description of disease. We cannot except from this law even the diseases of the circulation itself, which owe their origin to a defective state of the nervous system. How far we

may give to the nervous system an independent authority in the production of what are termed *neurasthenias*. I shall not now stop to inquire; there is a difference of opinion on this subject; but we must consider these two phenomena as intimately, and almost indissolubly, connected in the performance of the various functions of life; if the circulating system be in immediate dependence on the nervous, in accomplishing the design of its creation, in no less a degree is the nervous tributary to that of the circulation, for its force and energy.

The term "irritation" expresses a local disturbance of the nervous system, which is generally followed by a corresponding derangement in the circulating system, and inflammation is the result. If the irritation subside, the vessels resume their natural condition. Now I may define *reaction* to be the rebound of the nervous system after the application of any means that have tended to excite or depress it.

Let us imagine that nature has provided this system with great dormant power, beyond the necessities of the daily functions of life, which is only called into action on great emergencies, and we shall see why this rebound exceeds considerably in degree the condition in which it was first found.

What is the explanation then of the various phenomena I have alluded to? Exposure to the cold produces contraction of the vessels, by depressing their nervous system; the cause being removed, the vessels do not return to their former condition of healthy action, but are stimulated by the unhealthy rebound of the nervous system to undue action, in which the nerves themselves participate.

The warm-bath, by promoting the cutaneous exhalation, and raising the temperature of the surface, excites the circulation, which by the same rebound maintains a lower temperature throughout the day.

Fainting produces headache, by the reaction of the vessels of the brain, consequent on inanition. The application of a powerful stimulus to a secreting surface, excites the vessels to contraction, through the medium of their nervous system; this condition remains until they recover from the shock, when they pour forth their contents, with a degree of violence far surpassing their former condition; here I am, of course, supposing the stimulus to be considerable.

The application of slight pressure to healthy granulations, promotes their growth by simple excitement, that of a foreign body. The pressure tends to diminish them, and their increased growth is the necessary consequence: if the excitement be too great, the granulation is absorbed; and this object, where the granulations are of an unhealthy character, is often most desirable. Small doses of aperient medicines exciting in too slight a degree action of the intestines, sus-

pend their natural and healthy functions by the same principle of reaction, and if renewed at comparatively short intervals, will suspend the action of the bowels entirely. The nervous system, in its moral sense, is subject to the same laws and is productive of the same consequences, whether in its normal or morbid condition. Excessive joy is invariably attended by painful depression and distress of mind, be the stimulus moral or physical. The mental anguish which overwhelms the drunkard, is not solely referable to the stings of conscience; while the furious and intractable hallucinations of the maniac, gradually sinking into exhaustion, exhibit him melancholy in spirit and powerless as a child. To uphold the physical and moral frame, and to maintain it in the condition of the fullness of health, the circulating and nervous systems must possess a uniformity of action, and an identity of power. They rise and fall together; they are indissolubly united. If you reduce the circulation by the abstraction of blood, to the same extent you lower the tone of the nervous system. How strikingly is the intimate and mutual dependence of the two systems manifested by the experience of every day! How entirely does the energy of character sink under the wasting energies of the bodily frame. Observe the labouring man! with limbs of giant mould, and the vigour of whose constitution and his endurance of pain appear to set at defiance the invasion of disease; subject him to the consequences of repeated abstraction of blood, or lay him up for six weeks, contending against continued irritation from a compound fracture, and his energy of character is gone, his intolerance of bodily pain is converted into sensibility the most acute; he becomes puerile, fretful, and suspicious. And will not in like manner the momentary blush of shame, or the rapid and irregular pulsation of the heart under the influence of fear, with equal force denote the dependence of the circulating on the nervous system? This intimate dependence must ever be kept in view by the practitioner. It may serve to teach us, that however extensive may be that class of inflammatory disease which warrants the abstraction of blood from the circulation, we cannot exceed the quantity which the most judicious observation would point out, without committing a double wrong.

In proportion to the excess of force in the remedy employed, will be the consequent *reaction*: may I not therefore with reason, insist on the importance of that law, which restricts the activity of our remedies, and which renders them efficient only when employed with a degree of force inferior to that of the disease they are destined to remove?

With regard to the immediate subject of remedies, they are either internal or external, the latter being local or general. *Alia*

may divide the internal remedies into those which give vigour or frequency to the circulation, and those which diminish its force. Now in the medical treatment of disease, doubtless the latter largely predominate: of these, the most efficient is that of blood-letting; a remedy calculated to accomplish the greatest good, and susceptible of the greatest ill.

Unfortunately, perhaps, it is a remedy always at hand; certainly it is employed with great effect, and often with great advantage, but that its agency is largely abused I have not the smallest doubt. There is no part of the treatment of disease which demands clearer perception and nicer discrimination, than the distinction between that condition of the circulating system, which either foretels or is actually attendant on inflammation, and that which denotes the excitement of the same system from weakness. Of all parts of the body, there is none which possesses so strong a claim on the circulation of the blood as the brain. On the abstraction of any considerable quantity, the brain appears to yield to the general amount of loss, a less proportion than any other organ or part. If you bleed an animal to death, the vessels of the brain are found distended with blood; as though that organ presided over the body as the primum mobile of its action. Throbbing of the vessels of the brain, however violent, is *more frequently* an exhibition of irritation or weakness, than of inflammation, indicating that the balance of the circulation is suspended, and that the brain is asserting its claim to a too large proportion of the residue to be compatible with its just and healthy distribution. The abstraction of a large quantity of blood cannot be justified at the hands of the surgeon, excepting for the purpose of contending against positive inflammation. I have no idea of taking blood for the purpose of reducing a patient's pulse to a certain standard. I have no idea of taking blood to avert a possible, nay, even a probable attack of inflammation; nor is that practice in any degree more warrantable, that would extensively reduce the circulating fluid, to the end of diminishing the force of muscular contraction. Unless the nervous system be cognizant of disease, you cannot take blood with impunity; and the same quantity of blood that might be advantageously drawn, under real and positive inflammation, might be fatally drawn without it. Nor is this principle exhibited only in reference to the abstraction of blood, but it appears, with the same force, to every operation for the removal of a disease, which, as I have before expressed it, the nervous system is not cognizant. These observations will, I apprehend, be found most especially to apply to patients of what are called an excitable nervous system, and to females of marriageable life. I will give

you an example: during my residence in Paris in the year 1829, I witnessed an operation by Baron Dupuytren, for the removal of one of the breasts of a young woman, not from disease to observe, but because its position was such with regard to its neighbour, as to impair the symmetry of her foot. She suffered severely during the operation; inflammation did not succeed to an extensive degree, but she died, apparently from the shock her nervous system had sustained. Within a few weeks of her death, a second case occurred precisely similar in all its important particulars; after being at the verge of the grave for many days, this girl subsequently but slowly recovered.

I remember to have witnessed an operation for the removal of an innocent tumour from the shoulder of a young and susceptible woman, who, like the preceding, suffered greatly during its performance. There was something about her constitution that assured me there was danger attendant upon it. She died within three weeks of the operation, without the occurrence of any considerable degree of inflammation to which to refer it.

I remember another patient, a female, who died after the slight operation of removing a diseased bursa from the surface of the patella. Now in none of these cases was there any pain, and little inconvenience. All these persons were in rude health, and the rude health destroyed them, because their nervous system sustained a shock for which it was totally unprepared. I might dilate on this part of my subject with advantage, but you possess the opportunity of hearing these principles enforced by his authority, to whom the profession owes much of the merit of their promulgation.

Another observation on the general subject of remedies, is that of their peculiar action on different constitutions. Mr. ANERSTHY was accustomed to say, "All medicine is an experiment; what agrees with one man may not agree with another." We are all acquainted with the existence of certain idiosyncrasies as they are called. Some persons are severely salivated by a single grain of mercury, others are overwhelmed by small quantities of laudanum; and the repugnance to ipecacuanha is quite remarkable in some constitutions. I am myself acquainted with the wife of a medical man, who experiences a most distressing sensation whenever the stopper is removed from the bottle of that drug, even in another room. All this tends to enforce the importance of the maxim I have endeavoured to insist on—namely, the importance of restricting the quantity of the remedy applied.

The foregoing observations I am desirous of applying to treatment, or the use of remedies, internal or external, and for the

most part medical. There is, however, a second division of this subject which yet demands our consideration, and that is the manipulative. This comprises the reduction of dislocations—the setting of fractures—the determining by the touch, or local examination, the presence of fluid—indeed it includes the whole circle of operative surgery. In some form or other it must come within the experience of all of you, and though many may never possess the opportunity of acquiring the experience of operators of the highest class, yet it is impossible that you can avoid some intimacy with this important branch. Now there appertains to the public an opinion of our profession (than which none can be more erroneous), that to perform with the highest efficiency the duties of operative surgery, a surgeon should pursue his path indifferent to the wants or feelings of those whom either disease or accident has consigned to his charge. But they form this opinion, from the apprehension of an extreme of opposite evil—that of failure, *during an operation*, of the fortitude of the operator. Is there no medium? Is harshness or indifference the sole alternative to that unstable condition of the nervous system, which would endanger the life, or enhance the misery of our patient by failure in decision? Of the two I should deem the former the greater evil, for it pervades the whole conduct of the man. It extends to the deprivation of mental relief in no less a degree than it exhibits an indifference to his physical pain. I consider the sufferings of a patient as likely under many circumstances to obtain more probable mitigation from the sympathy of his surgeon than from his judgment. Doubtless the constant access to the exhibition of serious injuries may tend to render, in some degree, callous, the natural impulses of a sympathizing mind; but to the same end that delicacy of touch is essential to the detection of some forms of disease, so in delicacy of perception and susceptibility of feelings can the mind exhibit those endless resources which real and disinterested sympathy alone could invent and apply to the relief of the sufferer. It may be truly affirmed that the touch of the surgeon exhibits the character of his heart, and it is remarkable how striking is its exhibition.

Many diseases may be detected by delicacy of manipulation, which may really pass unobserved under a coarse and violent effort made to expose them. How often do we see men seize on a fractured leg and shake it with positive violence for the purpose of enabling the bystanders to hear the crepitus caused by the friction of the fractured ends of the bone; or, in cases of compound fracture, in which the finger is coarsely thrust into the external wound with a view to determine the direction of the fracture (a piece

of most unimportant information probably), or of scraping away with the nail any comminuted portions of bone which must escape by a later and more salutary process! Some men can never see a wound without ramming in a probe, or a director; and all these persons pursue their wanton career, equally regardless of the sufferings of their patient and of the principles of their profession. But the cultivation of this delicacy of touch is no less a matter of duty, than of policy. Its presence is, in the majority of cases, the most direct path to the confidence and to the approbation of our patient, who relinquishes his case unreservedly into our hands, persuaded that the amount of pain he may sustain no art could have diminished. But it is not only as regards manipulation, but in the exercise of those numerous and highly appreciated personal attentions, the surgeon may rely with confidence that his services are esteemed, and will be liberally rewarded.

Gentlemen, at the bed-side of your patients you will learn the practice of surgery. It is not only with your finger on the radial artery that you will fully comprehend the characteristics of a *full*, a *hard*, a *frequent*, or an *intermittent* pulse,—for they are all relative terms,—or that you will discriminate the various degrees and stages of fever dependent on local injury. The practice of your profession cannot be learnt from lectures, the chief object of which is principle. What do you imagine to be the comparative advantage derived from one glance at that form of inflammatory tumour which we term a carbuncle, and that obtained from the most elaborate description by the lecturer; why, in the one case the disease would be immediately recognised; in the other, the student would doubt its identity until he had referred to some more competent authority.

I remember an example of an industrious and intelligent student whose attention I directed to a case of aneurysm. He thought himself familiar with the disease, but with the case before him he was compelled to acknowledge his ignorance, declaring that it had little resemblance to the malady his imagination had pictured. The eye is the most perfect of all the senses, and least liable to imposition. It will embrace and transmit more knowledge in a single minute, than a lecturer could dictate in an hour. The whizzing sound of an aneurysm, or the peculiar and indescribable sounds of a diseased heart, can only be appreciated by the ear. The condition of an abscess, the thickness of an aneurysmal sac, the temperature of the skin in fever, or the peculiarities of various and uncertain diseases of the vessel and its membranes, can only be determined by touch; and what description, precise and admirable though it be, can supersede the office of the eye in determining

ing the position of a fractured leg, or the infinite varieties in the aspect or expression of countenance in a patient passing through the changes from disease to health. At the same time I do not wish to impress on your minds the belief that lectures are useless. Considering them as the *only* source of medical instruction, I think them useless; but they must be viewed as forming a part of instruction, and a part only. Unless the knowledge there acquired be confirmed by its application, it will form but a useless compound of undigested material which could merely qualify its possessor for commencing the study of *practical* surgery.

I cannot conclude this introductory lecture without directing your attention (not for the first time, however, I believe) to the necessity of cultivating some qualities, without the possession of which you cannot hope, whatever success may attend your path, to possess your own self-esteem, or that of your professional brethren. It is most wonderful, how little reliance can be placed on the simple statements of professional men. They appear to see everything with a jaundiced, or at least a prejudiced eye. If he relate a successful case, its peculiarities are almost instinctively magnified, for the purpose of exciting admiration, or obtaining approbation at the success of his treatment.

All speculative men have some theory to support, or some views to maintain, to which the symptoms and circumstances of the case are made to bend. They enter not on the consideration of their subject with minds simply animated by a love of truth; or, rather, the love of truth is overwhelmed by that of some more paramount thing; but men appear desirous to obtain a fictitious importance, by identifying themselves with something wonderful, — something uncommon and beyond the reach of others; this is not honest. The fact is, that the line which circumscribes the boundary of truth is perfectly defined, though easily transgressed; and so prone are we to deviate beyond it, that its barrier ceases to become an obstacle in our path, and is trampled, unheeded, underfoot, becoming more and more indistinct, until it is a positive effort to detect it. Thus truth is confounded with fiction, and the narrator can only obtain the credit of his auditors to the extent of truth, by a compound increase in his deviation from it. There is, there can be, but one course which a perfectly honourable mind will pursue, and that is neither to amplify or embellish, but to adhere to the strict letter of truth.

This was the course adopted by one among remarkably few exceptions to the general rule. I mean Mr. Hey of Leeds, whose single unsophisticated mind, eminently distinguished for its *love* of truth, combined with remarkable talent for observation, afforded him the means of an unreserved communication with the progress of disease,

and to lay up an immense collection of important facts in reference to their treatment. I consider his works as one of the best models of surgical literature; not elegant, perhaps, but they possess an air of truth that should be doubly cherished, because, unfortunately, they stand pre-eminent in this particular. For requisites such as these, the graces of style, and the sacrifice of truth to a well-turned period, form but an indifferent substitute.

In conclusion, gentlemen, let me recommend a systematic pursuit of study, and perseverance in its acquirement. A few cases, say three or four, are amply sufficient to engage the attention of the early student, of which notes should be taken. These notes should be made in the most condensed manner possible, but should be at the same time comprehensive, because they should embrace all the important facts which really bear upon the case, and these only. Practice in this part of your duty can alone enable you to give effect to this most desirable system, by perseverance in which you will possess a text-book for your future practice. Let me assure you, in the words of Lord CLARENDON, "that there is no art or science that is too difficult for *industry* to attain. It defends us against all strokes and assaults of fortune. It is that only which conducts us through any noble enterprise to a noble end. What we obtain without it is by chance—what we obtain with it is by virtue."

CASE OF

ACUTE PHLEGMASIA DOLENS.

To the Editor of THE LANCET.

SIR,—The following interesting case occurred in my practice, and I beg to forward it to you for publication in your useful periodical. I have the honour to be, Sir, your obedient servant,

JOSEPH HODGSON, M.R.C.S.
Spitalfields, Sept. 22, 1835.

April 4, I was engaged to attend Mrs. Horner, of B. G., in her first confinement, which she expected would happen at about the end of June. Age 39; tall in stature; fair complexion; very irritable in temper. Says, in her own language, that she has had so many attacks of inflammation, that scarcely an organ in her body has escaped. Desired her to pay great attention to the bowels, which were inclined to be constipated, and to keep her mind as quiet as possible.

11. Has a severe attack of pneumonia, which required three bleedings from the

arm, leeches freely applied to the chest, and nauseating doses of *Ant. Tart.* and *Ipecac.*, before it was subdued. Blisters and expectorants restored her to health by the 28th. She went on very quietly until the

6th of July, when I was called to her at half past seven a.m., and before nine o'clock she was delivered of a full-grown girl.

7, 8, and 9. Symptoms favourable.

10. Complaints of sharp pain in the uterus; lochia suppressed; pulse 120, and hard; tongue clean; bowels open. The nurse says that these symptoms came on yesterday evening, immediately after she had shown a good deal of temper about a very trifling matter. Apply *Hirud.* xij to the part in pain, to be succeeded by fomentations and poultices. *Hyd. Sub.* gr. j; *Pule. Dorer.* gr. v, sextis horis sum. *Encina commun.* cras mane, si opus sit.—*Evening.* V.S. ad 3xx.

11. Rather easier; pulse softer; tongue clean; bowels open; blood of yesterday cupped and buffy. Contin. medicament.—*Evening.* Pain returned. Apply *Hirud.* xx to the hypogastric region.

12. Pain gone except on pressure; skin perspirable; tongue clean; pulse 115, and soft; bowels relieved by the enema. Apply *Hirud.* xij, and continue the medicine.

13. Passed a comfortable night; lochia returning; other symptoms as favourable as yesterday. *Tinct. Hyoscyam.* ʒj xxx; *Tinct. Digitalis* ʒj x; *Liq. Ammon. Acet.* ʒj; *Mist. Camph.* ʒx. M. f. haust. ter in die sumend. *Ol. Ricini* ʒss, cras mane.

14 and 15. Going on well, which she continued to do, except being annoyed by what she called "rheumatic pains in her hips," for which some anodyne liniment was ordered. I was making my visits rather far between, with the intention of leaving her, when I received a hasty summons on the 28th. Right leg and thigh twice the size of the left; tense, and exquisitely painful in the course of the femoral vein. Says that "she felt the pain and swelling gradually proceed from the womb into the thigh and down the leg." Pulse 115, and very incompressible; tongue remarkably clean; bowels confined. V.S. ad 3xx; apply *hirudines* xxx along the course of the veins, to be succeeded by hot fomentations and poultices. *Haust. Cathart. c.* *Pil. Cal.* gr. v statim sum.; *Pule. Dorer.* gr. v; *Hyd. Sub.* gr. j; *Extract. Hyoscy.* gr. v; *Ant. Tart.* gr. ʒ. M. f. pil. ʒj, 4tis horis sum.—*Evening.* Blood sily; pain diminished.

29. Pain returned; says "it is exertiating, particularly about the calf of the leg;" pulse 120, and very firm; bowels freely opened. *Venesectio* ad deliquium, which produced immediate relief. Contin. med. ut heri.—*Evening.* Pain returning: applicatur *hirudines* xxx. The thirty ounces of blood taken this morning were very much cupped, and very buffy.

30. Limb easy; skin moist; bowels open;

has slept four hours without waking.—*Evening.* Pain about the calf of the leg. *Applicatur hirudines* xx. Med. &c. ut heri.

31. Progressing.—*Evening.* Slight pain in the calf of the leg. *Applicatur hirudines* xij; med. &c. ut heri.

August 1. Passed a good night; leg and thigh quite easy; swelling subsiding; *Mag. Sulphat.* ʒj; *Infus. Rosæ* ʒxj; *Tinct. Hyoscyam.* ʒj x. M. f. Haust. ter in die sumend.

2. Leg and thigh rapidly decreasing; appetite good; allowed a generous diet. Med. and poultices to be continued.

3. Doing extremely well; pulse about 96; tongue, as it always has been, very clean. *Quinina* gr. ʒj; *Infus. Rosæ* ʒiss. M. f. Haust. ter in die sum. *Pil. Plummer.* gr. v omni nocte. *Ol. Ricini* pro re nata. Has nursed the whole of the time, and I am much astonished that she does not show the discipline she has undergone.

15. Patient gone on improving since the 3rd; appetite exceedingly good; bowels regulated; both legs of the same size; complains of weakness and pains in both legs; bandages to be well applied to the thighs and legs; recumbent posture for some time; and sent into the country.

Sept. 14. I hear that she is doing remarkably well; but, as she cannot walk much, she is very irritable. I think I may say that I never had a patient with whom I had more influence.

ULCERATION OF THE LARYNX.

To the Editor of THE LANCET.

SIR,—I beg to transmit to you the following case and observations for publication in your excellent journal.

January 6, 1834. Thomas W., residing near Middleton, was affected for a considerable period with soreness of the fauces, attended with difficulty of deglutition and hoarseness, and followed by pain on pressure over the cartilages of the larynx, or when that organ was forced from side to side. During these symptoms he was teased with a short dry cough. In this state he continued during several weeks, when the former symptoms became more aggravated, the cough being very troublesome, and attended by a fetid odour and purulent expectoration. He had been treated by several surgeons in the surrounding neighbourhood for consumption, but without benefit. When I saw him, he was much reduced in health and strength, and complaining of pain the larynx from pressure or motion, particularly in attempting to swallow. Deglutition, indeed, was very difficult, and quite impossible if the food was solid. The cough frequently expelled fluids through the nares or attempting to swallow them. There was

constant and profuse expectoration of fetid mucopurulent matter, sometimes streaked with blood. The voice was nearly destroyed, the respiration hurried and difficult, and the rale sibilant sometimes produced a whistling sound. Pulse 110, small and quick; skin dry; countenance anxious; tongue loaded and furred; thirst distressing. He has some desire for food. The bowels are natural. He rarely enjoys sound sleep. On looking into the pharynx and depressing the tongue, the epiglottis can be seen ulcerated at its apex, and the surrounding tissue is highly vascular. Previous to the disease in the larynx, he had enjoyed good health, excepting on contracting syphilis a few years since, not followed, however, by secondary symptoms.

I directed the ulcer to be touched with muriate of antimony, and ordered him to have sarsaparilla, broth, diet, and one-eighth of a grain of dento-chloride of mercury daily.

Jan. 19. He thinks there is less pain in the larynx. He dozes constantly. Ordered him a pint of porter daily.

26. He this morning coughed up a portion of bone, in form resembling the right arytenoid cartilage. His respiration is rather easier; in other respects he is the same.

27. He spent a bad night; occasionally raved; cold perspiration; pulse 120, and irregularly intermittent. Since the last report he has sunk very much. The pulse is scarcely perceptible; expectoration very difficult; he frequently mutters, and lies in a state resembling an imperfect coma. At eleven o'clock this evening he complained of weight and fulness about the heart, and in two hours after, expired without a struggle.

In the translation of Laennec's work by Dr. Forbes, Laennec remarks, that ulcers of the bronchia and larynx are in general found in subjects whose lungs are entirely sound; but in a note appended by Dr. Forbes, the opinion of Louis is given in opposition to that of Laennec, and Louis states, that ulceration of the larynx, and more particularly of the trachea and epiglottis, is peculiar to phthisis. From the cases which have occurred in my own practice, I decidedly hold the opinion of Laennec, and am opposed to that of Louis. I am in attendance at the present time on a lady residing at Blackley, near this town, who is labouring under ulceration of the larynx, in whom the sounds elicited by the stethoscope indicate a healthy state of the viscera of the chest, and such was the case in the subject above-mentioned.

I am, Sir, your obedient servant,

EDMUND TAYLOR.

Blackley, near Manchester,

Oct. 2, 1835.

CARBURETTED HYDROGEN.

[We received last week from Dr. Clanny a letter dated Sept. 20, in reply to the letter of Mr. Roberts which appeared in our columns. To allow this controversy to extend in *THE LANCET* one line beyond what strict justice demands to either party, is not our intention. We are not alone influenced in this determination by the fact that the cause of dispute is not clearly known to our readers. It must suffice then, on the present occasion, for us to insert the following abridgment of the statements contained in the first part of Dr. Clanny's letter of the 26th. The remainder of that communication is published entire.]

To the Editor.—Sir,—I request that you will be pleased to insert in your valuable journal the following letter from Mr. Newman, the celebrated philosophical instrument maker, in reply to a query addressed to him by me. The statement of Mr. N. goes to prove incontestably the correctness of all I have had occasion to write respecting the changing of the wire in my safety-lamp.

"122, Regent-street, London, 24th Sept., 1835.

"Dear Sir,—In reply to yours I beg to say that when your safety-lamps left my house, the metal cylinders which surround the wire-gauze were held up by pieces of fine brass wire passing across the cylinders. Part of a coil I found in your box, and which was returned. I had tried the experiment previously with some of the same wire, and found the flame of a candle sufficient to fuse it, which caused the cylinders (which were suspended by it) to fall, enclosing the wire-gauze.—I am, Sir, respectfully, your obedient servant,

JOHN NEWMAN.

"To Dr. Clanny, Sunderland."

As Dr. Birkbeck was not present in the room adjoining to the lecture room when J. Roberts placed the infusible piece of wire across the cylinder of my safety-lamp, he cannot with propriety assert that "it was an accident," and that "nothing unfair took place."

I beg to mention a few words upon what I called the sanction of the honourable Chairman for my withdrawal of my safety-lamps. The moment I saw Mr. Pereira drive the coal gas jet through the wire-gauze, I said (when I walked up to that part of the table on which the lamp stood), "I am satisfied that something wrong must have taken place, as such an accident as this never occurred before nor ever can again." I then deliberately used my glasses, and found that a piece of thick wire had been substituted; and upon removing my safety-lamps, I heard Mr. Upton, the partner of J. Roberts, very forwardly appeal to the hon. Chairman "whether I should not be compelled to submit my safety-lamps to Mr. Pereira's experiments." On removing my lamps, the

Chairman, Mr. Pease, M.P., put the following question to me; I give it as nearly as my memory permits. "Dr. Clanny, do you consider your safety-lamp as not having been tried, as it was not properly trimmed?" The impressive manner in which this question was put, called me from my seat to the table, when I firmly replied, "I do so consider it." No wonder, knowing what I knew and seeing what I saw, that, to use the words of Dr. Birkbeck, "I intemperately adhered to my decision, and refused further examination of my lamp." I have a letter from Mr. Pease, dated House of Commons, Sept. 5th, at the end of which that gentleman says, "Upton and Roberts asked me whether I had any objection to state my opinion that the mismanagement of the lamp was accidental. I had no hesitation to go so far, but I stated to them that your lamp had not been tried, because it was not trimmed as directed."

As to the "Medical Gazette," I shall not henceforth read one word in that periodical, even if it ever be edited by a gentleman.

Before I lay down my pen, I beg to make an observation on the subject of experimenting upon carburetted hydrogen, or, as it is now called, "bi-hyduret of carbon," which may be of service to those who may be inclined to follow up such experiments, and which I intended to have appended to my communication, inserted in THE LANCET of the 19th of this month. The graduated glass-tube, containing bi-hyduret of carbon and of chlorine in noted proportions, is to be placed upon the shelf of the pneumatic trough containing water, and the whole of the tube must be covered with a cap of pasteboard, or some such substance, so as to keep out the light effectually; but if the experiments be performed in artificial light, no such precaution will be needed. The mixture of gases must be left in a tranquil state for ten minutes, which will be a sufficient time for all the chloride of hydrocarbon, or oil-like fluid, to be formed. When we perform these experiments in open day-light, it (viz. the light) will accomplish the condensation of the olefant gas, with the formation of carbonic acid gas and hydrochloric acid gas. This experiment appears to be an easy one, but it presents difficulties in the execution which require particular exactness. Thus it is, that if the experiment be performed over pure unmixed water, a certain portion of chlorine gas will be absorbed, which will detract from the quantity of the chloride of hydrocarbon; and if we employ water saturated with chlorine gas, the olefant gas, in its passage, will produce a quantity of chloride of hydrocarbon, which ought not to be the case.

Last spring I printed a few copies of a small tract for private circulation amongst

my friends, containing some "new researches upon flame;" and since my return from London I have most diligently prosecuted the subject, and find that in respect to yellow or light-giving flame I was correct, but in other respects, having since had time to correct one or two passages, I now find no difficulty in making public my discoveries thereon. I hope in a few days to have the pleasure of transmitting to you an account of those original experiments; and am, Sir, your obedient humble servant,

W. REID CLANNY.

Sunderland, Sept. 26, 1835.

MALIGNANT CHOLERA.

To the Editor of THE LANCET.

SIR,—In the summer of 1832, when the cholera was devastating the Canadas, a tattered old man appeared in Montreal, whom the Catholic populace were induced speedily to canonize for his successful treatment of this disease, which was at that time almost as mysterious to the population as the stranger himself. To this modern saint vast numbers of the infected were brought, who were restored to health from the most violent attacks of the inflammatory stage, as well as the worst possible collapse, even after the duly authorized medical practitioner had exhausted and relaxed his efforts. The remedy consisted of a due admixture of maple-sugar, charcoal, and lard, which *mélange* was given to his patients in large quantities after every ejection. The results were astonishing, and could be indicated in the speedy alteration of the countenances of the sufferers, and the early subsidence of vomiting and purging.

We must not cry down this remedy as empirical, inasmuch as its merits appear to be effectually borne out by the employment of these agents, homely and cheap as they are.

It is obviously improper to permit a patient to continue retching when his stomach is in a state of violent inflammation, as in cholera, without a fluid or unctuous substance being interposed between the sides of the villous coat, to prevent attrition, and afford matter for expulsion upon which the antiperistaltic action of the stomach shall expend itself rather than upon its own substance. Unfortunately in the extreme was it for the patients of those who permitted not the use of any liquid but that spirituous poison which added fuel to the flame. Thus lard was combined in this remedy, not because it was the best, but the most common lubricating agent.

Mortification and gangrene are the consecutives of inflammation; hence it was thought necessary, in a disease which as

quickly displayed these phenomena, to apply a substance which should afford the best and most common antiseptic capable of being administered in bulk without the influence of any other qualities. This was supplied by charcoal.

Sugar, in common with lard and charcoal, possesses powerful antiseptic qualities, combined with a stimulating property; and in the addition of this constituent the necessity of a stimulus was acknowledged by the old man, in common with the medical profession at large, who have almost universally admitted that principle; but unfortunately the mass of the profession (at least in North America) could not admit the axiom without taking leave of their judgment, and administering spirituous liquors to excess, and, in consequence, many hundreds, to my knowledge, died in the same condition as they had lived,—namely, drunk. I must remark, in passing, that I consider the brandy and laudanum treatment, the unnatural combination of a narcotic and an inflammatory stimulant, to have been a stain on the intelligence of the profession, — a practice conceived in gross ignorance of the disease if not of the agents themselves. The main feature of cholera is inflammation of the stomach, for instance. I have seen no case in which congestion and inflammation of that organ have not existed. What, then, are the most proper applications to be made to it? for the stomach is in nearly the same circumstances as those of a limb suffering from phlegmonous inflammation. Administer substances which shall serve the offices of fomentations, poultices, and ointments. This may be derided as quackery, but we are bound in this disease to try every expedient which bears the remotest feature of a rational principle, or is founded upon any recognizable maxim.

I am bound also to state that *at the instant of attack*, a liberal bleeding, *but fomentations*, and the administration of ipecacuanha and antimony, have been successful with my own patients. I have, ever since I lost my first case (that of a companion and friend, by the abuse of laudanum and brandy), invariably used the hot fomentation, and no circumstance has occurred to stagger my faith in its efficacy. I am, Sir,

Your obedient servant,

W. H. THOMAS.

Bristol, Sept. 16, 1835.

SAFETY-LAMPS AND FIRE-DAMP.

To the Editor of THE LANCET.

—As some parts of Dr. Clanny's letters, which are not altogether personal, relate to his own opinion of the explosive quality of the fire-damp of coal-mines, and the power of safety-lamps to

prevent the ignition of that gas, I trust you will allow me, through the pages of your scientific and much-read publication, to point out some dangerous errors into which, I conceive, he has fallen. The subject is one of great interest to all well-disposed persons, and of immense importance to those who are engaged in coal mining—much valuable property having been destroyed, and hundreds of lives lost, even within the last two years, in all probability by the prevalence of erroneous notions on the subject. I certainly do not think that the tests to which the safety-lamps in the late trial were put were too severe. No test ought to be considered too severe that could be met by any lamp then produced. One of the objects of the Committee was to obtain the highest security for the miner that could be obtained in a lamp. Were they then to take lamps that were not even safe to the test of common coal-gas, when one could be found that would bear the test of hydrogen and atmospheric air?

Amongst other observations of Dr. Clanny is the following:—"Had Sir H. Davy, in his admirable experiments on the inflammable gases of coal-mines, found any gases stronger than the fire-damp or light carburetted hydrogen, he would have no doubt so modified his wire-gauze (without using the *objectional* medium of glass), that even jet of coal-gas could not by any chance be driven through it." * * * "All these experiments of Mr. Pereira (therefore) go for nothing, as our pitman can testify." Now, with respect to this modification of the wire-gauze in the Davy-lamp, or in any lamp on its construction, any pitman will readily testify, and with good reason, that this modification of the wire-gauze has been carried to the full extent in all such lamps, which will leave them in any degree useful as a means of affording light. And in Sir H. Davy's own pamphlet on flame, &c., page 15, it will be found that Sir H. Davy was not so ill informed on this subject as has been represented. Sir H. Davy there says, "Some phenomena that I observed in the combustion of a blower, induced me to believe that small quantities of olefiant gas might sometimes be evolved in coal-mines with the carburetted hydrogen; I therefore resolved to make all lamps safe to the test of gas produced by the distillation of coal." Sir H. Davy even goes further on this most important point. At page 144 of the same pamphlet, Sir H. Davy says, "If pure hydrogen should be disengaged in any mines, the improbability of which is, however, very great, wire of a finer texture must be employed." Dr. C. says that while in town he made a promise to Mr. Pease and to Mr. Nicholas Wood, who is described by him as not only "an experienced," but as an "accomplished viewer," to analyse some of the most explosive fire-damp of coal-mines in

this district, which it appears the Doctor has done. Now with reference to his analysis of fire-damp, I beg to remark that from his statement, it might be inferred, that this gas is naturally less inflammable than coal-gas. That it generally appears so when analyzed is true, but to believe that it is always so, is an error, which has no doubt been productive of many of those lamentable accidents that have of late been so frequent and so severely felt in some of the mining districts; and which error therefore cannot be too speedily corrected. Fire-damp in its pure state is called "light carburetted hydrogen," from its having less carbon to its bulk of hydrogen than the common coal-gas. Consequently when in its pure state, mixed with a proper proportion of atmospheric air, it approaches, in inflammability, perhaps nearly to hydrogen itself and atmospheric air. Happily for the miner, it is very seldom found in this pure state, and never perhaps can be so, unless suddenly evolved in large quantities. Sir H. Davy states, pp. 30, 31,—“I mixed azote and carbonic acid in different quantities with explosive mixtures of fire-damp, and I found that, even in very small proportions, they diminished the velocity of its inflammability. Azote in the proportion of one to six of an explosive mixture containing twelve of air and one of fire-damp, deprived it of its power of exploding; and one part of carbonic acid to seven of an explosive mixture, also deprived it of the power of exploding; so that its effects are more remarkable than those of azote.” Several other eminent men have shown that it is scarcely possible to get two specimens of fire-damp of the same quality. The variations of the quantities of its admixtures, which most always depend materially on local circumstances, it appears sometimes extend to at least 50 per cent. The experimentalist on a small scale is therefore frequently deceived, for he can scarcely ever come a second time to the same conclusion. Indeed he seldom gets it tolerably pure, as it is generally taken within the natural reach of the person employed, where it cannot be otherwise than greatly contaminated with carbonic acid and nitrogen. I can, from my own experience, speak of a great difference in the inflammability of two specimens of this gas. The fire-damp which was taken at a height of about twenty-five feet from a sumpt, was so highly inflammable, that its flame readily passed through a Davy lamp; while some taken near the floor of the same mine, at the base of this sumpt, had no material power on the lamp, and perhaps would not have been dangerous with a naked light. These facts show how carefully experiments, or opinions on the subject should be scrutinized. The fire-damp may come in any coal-mine, as it did so lately at the Wallend Colliery, in a state no doubt far more explosive than it

had been there for the preceding twelve years. But it came, and suddenly swept all away. No man therefore can be expected to be attended to who recommends that any extent of security which can be obtained, should be dispensed with where the smallest want of that which is quite sufficient, is generally attended with destruction.

I shall close my letter, which I now do, that I may not overreach too far, if I have not done so already, on your valuable space, without taking notice of the allusion made by Dr. Clanny to the parties “concerned in uprearing a well-puffed safety-lamp;” nor to his intended insulting reference to “a pitman,” “a lamp manufacturer,” or other insinuations which may be considered as personally offensive, and remain, Sir, your obedient servant,

GEORGE UPTON.

64, Queen-street, Cheap-side.

22nd Sept., 1835.

[We have taken the liberty of suppressing from this letter every paragraph which would lead to useless and valueless controversy.—Ed. L.]

THE LANCET.

London, Saturday, October 10, 1835.

THE very persons who possess less than the least influence in the election of medical officers in our public charities, are of all persons the most likely to be injured by a bad choice of hospital functionaries, and the most certain to be benefited by a good one. Those persons are the patients. The position which they occupy as claimants for the bounty of the charity prevents their admittance to the suffrage, excepting by a mode which must be described on another occasion. Every man, however, of a liberal and benevolent mind,—all those, in fact, who would place elections to public medical offices on a foundation which will ensure to the sick poor, efficient remedial aid, admit in theory the propriety of granting an influential voice in the choice of medical attendants to the inmates of our national hospitals, for in the hands of those attendants are often placed the awful destinies of life or death.

but since the direct concession of the suffrage to the hospital patient is not in practice, the duty falls on those who hold the reins of government in our medical authorities, to substitute for the corrective force of the most deeply-interested parties, the system of appointment which fully disguises in the object of the election the gross benefit of the afflicted inmates, and tends to render subservient to that end every other consideration.

Unquestionably the form of appointment should be such as will test the talents and scientific acquirements of the various candidates, and admit of a fair comparison between the degrees of merit displayed, and provide the means for competent arbiters to pronounce a just decision as the result of that comparison.

The truth of affirmative positions often must be established by the evidence of negatives, which, unhappily, are too often within the reach of those who would abolish abuses in government, and erect in their place sound principles of legislation. Inevitably does it happen, for instance, in medical arrangements, that the advantages of a sound code of laws must be enforced by exhibiting the deformities of one which is imperfect and corrupt. On such a pre-emptory are we thrown in the pursuit of an object which at present occupies our attention. We shall first hypothesize a case, and then prove its reality.

Suppose that the election of a surgeon to an Infirmary is about to take place in one of our county towns, and that a large body of persons has assembled before the tribunal of judgment to witness the proceedings and to assure themselves that the duty which the governors of the institution owe to the poor and sick amongst their brethren in the community, whom they invite to enter its walls, is strictly, conscientiously, and directly fulfilled.

The first speaker rises to take his share in the proceedings, and makes known to his auditors the peculiar grounds on which he claims admission to the

arena of competition. "All men would expect that the grounds of these claims should alone occupy his mind; because the right of admission as a candidate at all, requires first to be established; for a lawyer should not compete for the vacant office, nor should a soldier, nor a merchant, nor an artisan, nor, in order to prevent a waste of time, without impeding the principle of proceeding, should a known tyro in surgery. Amazement, however, surely would affect the assembly, on finding that the very proofs of the right to compete were converted at once into "reasons" for forthwith electing one particular man to the office, in preference to every other candidate. Great, surely, would seem the dereliction from a just principle, of that functionary in the election who should forthwith fill his exhortation to the electors with "reasons" based on unprofessional experience in affairs of medical science, and immediately pronounce a decision in favour of a yet untested candidate. Say that for decency the speaker prefaces his observations by an admission of the high importance of the duties to be executed,—of the great "responsibility" which will attach to the chosen officer, and of the necessity that, for the welfare and "comfort of the unfortunate patients," none but "professional grounds" should influence the decision of the meeting. Then thus imagine him to proceed, plunging at once in *medias res*:—"Friends and electors! I commend to your choice Mr. Surgeon DICKIN. First; because he has written a *very modest, delicate, and humble letter of solicitation to the trustees*. Therefore you ought to elect him to cure the patients in this hospital. "Secondly: because private inquiries into his education and character convince me that he possesses very high *natural abilities*, that he has received the *very best education in the first schools of Europe*, bringing his education and abilities to bear on his professional pursuits in such a manner as eminently to fit him to cure the patients in this hospital. "Thirdly: His teacher and partner in medi-

"cal practice, recommends in the strongest manner that he should be elected surgeon to the institution; therefore you ought to elect him. Fourthly, because six summers back he ceased to be a student, and comes before us therefore now with years of venerable experience on his head. Fifthly: because, since he received a license to practise, he has possessed the very best opportunities of daily witnessing the newest discoveries (numerous as drops of hail in winter) in surgical treatment; while the other candidates have been kept in ignorance of these discoveries, by constant employment in their libraries at home, and in the sick rooms of patients in long-established practices in this country town. Sixthly, my friends, and above all,—weightier in the scale of his professional qualifications even than the recommendation of his partner,—is the fact that he has passed many years (as a pupil) in this very infirmary, seeing daily its practice, and getting intimately acquainted with the habits and peculiarities of its usual inmates. Seventhly and lastly: The medical officers of the establishment, though none of them personally interested in the election of their juvenile half-colleague, have declared that he ought to be elected. It matters not that the inmates, whose habits and peculiarities he has studied, were patients in the infirmary several years since. Habits and peculiarities run in the breed of Salopian hospital inmates, and will be the same in those of 1836 as they were in the inmates of 1829. Mr. DICKIN therefore you should elect. Moreover, none of the other candidates have obtained the recommendation of the medical officers of the infirmary. On the contrary, it is a very general custom for the physicians and surgeons in country hospitals and infirmaries, to prevent their brother practitioners from possessing the opportunity of witnessing the practice of those institutions; and of course they could not recommend gentlemen whom they purposely avoid in the hospital.

"Gentlemen, these facts are overwhelmingly influential with me, and I feel honoured in proposing Mr. DICKIN to you as a surgeon to the patients in this infirmary."

Probably a clergyman, an equally excellent judge of the professional claims of a surgeon, seconds the nomination.

Who would not laugh at this proceeding as at a scene in a farce,—or start at it as a mockery of the claims of the patients, and a grossly unjust attempt to influence the electoral judges against the claims of able and experienced men who had not written "delicate" and "humble" letters to the "trustees," though possessed of "high natural abilities," and educated in the first European schools,—who possessed no certificates from "partners," nor the privilege of admittance to the practice of an hospital where the oracular authority of the "newest discoveries in surgical treatment" was a youth of five or six and twenty,—and who had only been employed daily for twelve or twenty years in treating disease amongst individuals whose "habits and peculiarities" were not characteristic of a particular set of sick patients?

Yet from the life have we made this sketch, and such another could we draw from the life in every number of our journal throughout the year.

Let the reader judge how faithful is the illustration, and reflect on the facts which it exhibits, by perusing the following extract from the *Shrewsbury Chronicle* of the 25th ultimo. Well may the sounds of "cheering" and "continued cheering" which attended the exordium of Mr. GORR, have been arrested at the point of their actual cessation. Most appropriate were those demonstrations as indicated by the reporter, but for the assembly presently to withhold them, became a duty which was well observed. The sentences are transferred *verbatim* to our columns:—

"Election of a Surgeon to the Infirmary."

"The trustees of this institution, to the number of upwards of 300, assembled in the Infirmary, on Friday last, to elect a surgeon."

in the room of Mr. Humphreys, resigned. There were as candidates, Messrs. Higgins, Clarke, Dickin, and W. J. Clement; but the first-named gentleman resigned, and the second did not proceed to a poll; the contest, therefore, lay between Messrs. Clement and Dickin.

"W. O. GORE, Esq., M.P., rose and spoke, —It has fallen to my lot, my Lords and Gentlemen, to nominate Mr. Dickin as surgeon to this very useful institution; but before doing so, I will briefly state the reasons that have induced me. Some time ago Mr. Dickin applied to me for my support at the election, and that I should propose him. I declined; because, although I knew his connexions to be highly respectable, still I knew not enough of Mr. Dickin professionally to support his pretensions to occupy a situation of such responsibility; for I think that this election is to be decided on professional grounds alone, and not on any personal, far less political ground (*great cheering*), but solely with an eye to the character of the institution, and the comfort of its unfortunate inmates. (*Continued cheering*.) When, however, I read the very modest letter which he addressed to the trustees, in which he claimed nothing, but stated his pretensions with equal delicacy, modesty, and humility, I could not resist making further inquiries into his education and character; and these inquiries satisfied me that Mr. Dickin was a gentleman possessing very high natural abilities, having received the very best education in the first schools in Europe, and brought that education and those abilities to bear on his professional pursuits in such a manner as to gain him the approbation of all around him, and eminently to fit him for the situation to which he now aspires. From his tutor, and partner, Mr. Humphreys, I received a letter, recommending Mr. Dickin in the strongest manner; and as no man could possess better opportunities of knowing him, I could no longer hesitate in affording him my humble support. The testimonials which Mr. Dickin has this day laid before you, are such as few young men ever produced. Few men of his standing have seen so much hospital practice, a species of knowledge so valuable in this institution. In 1829 he received his diploma, and since that period he has been studying in Edinburgh, where he has had the very best opportunities of daily witnessing the newest discoveries in surgical treatment; whilst the other candidates have been precluded from this advantage, by their other professional labours. But above all, he has passed many years in this very house, seeing daily its practice, and getting intimately acquainted with the habits and peculiarities of its inmates; and so zealously did he perform his arduous duties here—so diligent and attentive was he—that he gained the confidence of every patient that was

received within its walls, but of every medical officer upon the establishment, who have unanimously joined in recommending him as well fitted for the situation. Such recommendation is of the highest value in enabling you to come to a satisfactory decision. None of the other candidates comes before you so recommended; and no such names as Darwin, Du Gard, or Johnson, would be attached to a document, were these honourable men not aware that the person they recommended was worthy of the praise they bestowed. I therefore feel honoured in proposing Mr. Dickin to be elected as surgeon to the Infirmary.

"The Rev. Mr. COTTON seconded the nomination."

We have thrown the burden of exposing these absurd grounds of recommendation on the fictitious oration of one of the judges in this concours of friends, and, as we hear, political partisans. But the speech in which the claims of the second candidate were urged, may obtain from us a more pointed exposure of the errors into which the system of election upon simple nomination is calculated to lead the self-appointed guardians of the public health. When Mr. GORE had concluded,

"Archdeacon BUTLER rose and said,—My Lords and Gentlemen, I come forward in behalf of one who was for some time my pupil; who then conducted himself much to my satisfaction, and gave the promise of those talents which his after life has so amply redeemed. But he has a stronger claim to my services than this, arising from the many and great obligations which I feel myself under to his father and himself, for the skill and attention which they have shown for many years in their professional capacity, while attending two-thirds of my family. I have seen the medical skill of the latter exercised with a happy combination of promptitude and judgment, on more than one critical occasion,—where the result has been eminently successful,—where delay would have been ruinous, and where but for such decision the issue must have been fatal. (*Cheers.*) Mr. Clement's testimonials are before you, and when among the host of first-rate practitioners you find the names of that great anatomist and surgeon Sir Charles Bell in the surgical, and of Dr. Southey, physician to his Majesty, in the medical department, and consider the terms in which they have spoken of him, I may call them not merely respectable or unexceptionable, but of the highest order; and I am sure you will acknowledge that I am not using too strong a term to describe them. But he has something still stronger than

these to produce. I mean the direct evidence of his own talents—his own experience—his own *extensive practice*—his own operative skill—all of which are not only before the eyes of his professional contemporaries in this town and neighbourhood, many of whom, in so unusually kind a manner, have come forward to attest them, but of the whole medical world. Mr. CLEMENT has given proofs of this in his Prize Essay, for which he obtained the Pothergillian gold medal in a competition open, I believe, to all Europe; and in the volume which he has published, which has been translated into other languages, and of which, though I am not competent to speak professionally, I can trust the opinions of those who are, many of which you will find annexed to his printed testimonials. From these you may learn the ardour with which he embraces his profession, and the skill with which he conducts it; the fair reward of which, I trust, he is about to reap this day at your hands. And with this hope, my Lords and Gentlemen, I shall beg leave to propose Mr. William CLEMENT, as a fit and able candidate to fill the office of surgeon to this Infirmary. (Cheers.)

That of these two candidates Mr. CLEMENT was, on the ground of experience, the fittest man to fill the vacant office, we have no doubt. That either of the candidates was not an accomplished surgeon, we have no reason for believing; certainly, however, the probability of efficiency was in favour of Mr. CLEMENT. Yet Mr. CLEMENT did not obtain the appointment, and two other gentlemen were expressly driven from the field of competition by the mode of election,—by the institution of the false basis on which the points of merit were made to rest. But how could Mr. CLEMENT, or any candidate, expect to be elected, who suffered his claims to consist of the following grounds of recommendation? First, the voucher of his schoolmaster, that he was a clever boy. Secondly, the declaration of a private patient that he was under great obligations to the father of the candidate and the candidate himself, for the exercise of their professional skill and attention. Where is the patient in private life, who would not say the same of the medical attendant of his choice? Lord INGESTRIE and Sir FRANCIS BURDETT bore a precisely similar testimony to the skill and attention of JOHN

LONG, and everybody laughed at them as a couple of dupes. Why, the first examiner of medical talent in the world could not, with all his fitness for the office, have pronounced a higher eulogium on the medical "skill" and "judgment" of a candidate for office, than fell from the lips of the arch-deacon. Thirdly, Dr. BUTLER urged the "unexceptionable" weight of the written "testimonials" of Mr. CLEMENT. Testimonials! Why, the very name stinks in the profession. The testimonials of teachers and private friends! Hardly a name of reproach is there that can be attached to scriptorial impositions, which has not been publicly given to them by this very class of testifiers themselves (when hard pressed), as every reader of the evidence taken before the Parliamentary Medical Committee well knows. Fourthly, the electors are referred to the fact that Mr. CLEMENT is occupied in a most extensive private practice, his skill in which is notorious to his professional brethren. To say nothing of the singularity of urging the election of a gentleman who is already well occupied in a "most extensive" practice, to an office in a large county infirmary, let us observe that the skill and science of a private practitioner can be but indifferently observed by his professional brethren, and are liable to present too many deceptions to justify reliance upon them from hearsay or general belief. Moreover, the "professional contemporaries" who were declared by Mr. GORE to be the best judges of the skill and judgment of a Salopian surgeon, actually gave their decision in favour of another candidate. But the error of trusting to written and verbal grounds of recommendation in medical elections is made more palpable, if possible, by the addition of the claim set up by Dr. BUTLER, relative to the competition of his pupil for a medal, which, although nine-tenths of the professional world probably never thought twice of its existence, yet said to be open to the struggle of "all rope." The climax of these recommendations, however, is contained in the

that the appointment may be given as a "reward" for,—ah, a reward for what? Truly, puzzled are we to say. Most probably no salary sweetens the labours of the office in the Infirmary, and the just execution of its duties must actually deprive Mr. CLEMENT of part of the very income which he derives from a highly remunerative circle of private patients. A reward, then, for what, and what kind of reward would the possession of this appointment be to Mr. CLEMENT? Archdeacon BUTLER begs the trustees to double the labours of a gentleman, as a recompense for that portion of them for which he has actually already been paid! What a very funny mode of proceeding! How odd a system of reward! Had the trustees liberally attached a salary of three or four hundred pounds a-year to the office of chief resident surgeon, and then opened the post to public concours, the word "reward" might not sound so very foreign to the occasion. It might with a good grace attend the annual presentation of a check for the salary; but as matters at present stand, we certainly do not comprehend the term. We know what is meant by the "benefit" of the *patients*. We wish that that was better understood. Alas! it is the very weakest spring of action in English hospital elections. Yet, *professedly*, it is the be-all and the end-all of public medical charities. A third speech was made at the Salopian Infirmary, and in that speech was large talk of the *patients*. No feelings more considerate, indeed, could have influenced the orator than were expressed in the introductory passages.

"I rise," said Mr. BATHER, "to second the nomination of Mr. Clement. Mr. Gore has told you that neither *favour* nor *affection*, neither *political partiality* nor *personal predilection*, should bias our votes on this occasion; and I, on behalf of Mr. Clement, most cordially subscribe to the doctrine. (*Cheers.*) Most heartily do I trust that the advice thus given will be acted upon thoroughly in our quiet selection. (*Cheers.*) Perhaps, on *such* occasions as these, the best feelings of our nature are the most likely to mislead us. Even *gratitude*, the most exalted feeling of

ments and our desire, and lead us to forget the former while seeking the accomplishment of the latter. And when that gratitude is called forth by sufferings alleviated,—or *affliction* soothed,—or death averted,—or health and enjoyment being restored into the place of misery and suffering, in our own persons, how easily may we be led to forget our duty, and to remember only our gratitude! (*Cheers.*)"

This is eloquent and true, but how was the well-cheered theory observed in practice? Let the recommendations urged by Mr. GORE and Dr. BATHER furnish answers to the questions. To these Mr. BATHER added another claim, but such another as every practitioner in Britain could supply for himself by the dozen. He said,

"In this case, with all the strongest ties of gratitude wound close around us, we are freed from any terror of being misled by such feelings, in the perfect knowledge that the skill which averted our sufferings is, if you will permit it, to be employed in alleviating the affliction of the humblest of our fellow creatures;—that the decision which averted from us the pangs of death, is proffered openly to all; and that not by the wealthy alone, are zeal and promptitude, and skill, and talent, to be obtained, but by the poorest and most destitute those qualities may be commanded, if you will this day permit them to be accepted. (*Cheers.*) Dr. Butler has told you that to Mr. Clement and his father is entrusted the health of two thirds of a family, not exceeded in number or respectability, you will allow, by any in the kingdom—certainly not exceeded in any case in the care which is bestowed upon them by that gentleman's family. My reverend friend has also told you that in the humanity, promptitude, and decision of Mr. Clement he had the utmost confidence, and to those qualities he attributed much of the healthful enjoyment of his pupils: he has further drawn such a picture of what might have arisen from the want of those qualities, from less care, less promptitude, less zeal, or less decision, as must deeply have impressed your minds with their value. Gentlemen, if Dr. Butler so feelingly speaks of Mr. Clement's abilities as regards his pupils, with what depth of feeling must I speak of him, when to the successful exertion of those qualities, under God, I owe the life of my own son; for to that zeal, promptitude, and skill I owe his preservation! (*Much cheering.*) Surely, then, if gratitude forces me to what my cool judgment would otherwise lead me, I cannot be far astray in following their dictates. (*Cheers.*)"

It was sad to see the gashes which Mr.

BATHER, as the advocate of Mr. CLEMENT under the imperfect system, kept inflicting on his own throat. He could see the mote in Mr. DICKIN's eye; the beam in Mr. CLEMENT's, obstructed his vision.

"This," said Mr. BATHER, "is essentially a case to be decided by your opinion of the comparative superiority of one candidate over another. You are bound to select the best, or you betray your trust. We can speak well of each candidate. But look at the evidence. The first class consists of proofs of those steps which enable the candidates to offer themselves as qualified to fill the situation. But we cannot permit Mr. Gore to hold forth that as a recommendation which is only a certificate. We cannot allow him to say that Dr. Darwin has recommended him in preference to the other candidates, when he has only certified that he properly attended his duties in his situation: and which certificate could equally be obtained by any young man who properly conducted himself. (Hear, hear.) Mr. Dickin's testimonials are all to a similar effect. Great hope have the writers that he will prove in time a useful surgeon. (Laughter.) We show you the eminence Mr. Clement has already attained. Can you hesitate which you should select, if you mean honestly to benefit the patients in this infirmary? The abilities of the candidates are to guide you in that decision. (Cheers.) Yet Mr. Humphrey's recommendation must be taken with all due allowance. Mr. Dickin has been his pupil; he has now become his partner, and to him therefore the partialities of its chief will naturally incline. For see how these matters are conducted. Mr. Sandford was the original founder of the firm; he in course of time retired, and handed over the business to Mr. Humphreys, with the surgery to this institution attached; and now that Mr. Humphreys is about to retire, Mr. Dickin is to succeed him, and the surgery follows as a matter of course, being handed over from partner to partner, like the scalpel and the gallipot. (Cheers and laughter.) Poverty and disease are surely sufficient afflictions; let us not add to them other evils of a yet more horrid sort; let us not promise them relief, and give them disappointment. (Cheers.) If you were to throw overboard all Mr. Dickin's testimonials, the same number abstracted from Mr. Clement's would not be missed: for his experience and repute would remain; and on what other grounds can you choose an operating surgeon? What say his fellow surgeons of him? Has he not produced a list of the most eminent surgeons in the county, strongly recommending him to your choice, throwing aside all professional jealousy, and they are but a jealous and waspish generation. Mr. Clement has given to the world his "Observations in Surgery,"

which all persons qualified to give an opinion have highly lauded. The French and Germans have translated it. Can higher testimonials be borne than the united praises of the three greatest nations in Europe? I conjure you to reflect on the condition of those for whom you are acting. I ask you, not for Mr. Clement's sake, but for the sake of the Infirmary, to appoint the man whose experience and abilities best qualify him for this place."

"Not for the sake of Mr. Clement?"—Why, what said Dr. BUTLER, the coadjutor of Mr. BATHER? Dr. BUTLER expressly demanded the appointment for the sake of Mr. CLEMENT,—for his "reward,"—as the Doctor phrased it. And these incongruous sentiments fall from the lips of two of the most prominent and influential conductors of the election! Is there no gentleman within the sound of Shrewsbury clock who will take the trouble to explain to these worthy and most respectable gentlemen,—and such they are in every sense of the words,—the conduct, object, efficiency, and security of the concours? Conviction on those points might do some good at the next vacancy.

The meeting was evidently in favour of Mr. CLEMENT, but part of the judges were non-residents, or at any rate non-presents, for—

"Immediately on the conclusion of Mr. Bather's speech, a show of hands was called for, which was considerably in favour of Mr. Clement. A ballot was then demanded, in order to introduce the proxies, when the numbers were announced—

For Mr. Dickin	221
For Mr. Clement	168

"A vote of thanks was then moved to the Chairman by Mr. Bather, seconded by Mr. Sheppard; and the meeting dispersed."

We shall pursue the matter only a step farther at present. We cannot before leave it refrain from asking how it happened that Mr. CLEMENT, a gentleman who had, probably, no need to fear the contest, said not one word throughout the period of canvass about the election by concours? In that form of appointment how would the weak and unworthy have gone to the wall! With what tenfold honour

ful competitor have entered on the duties of the office! How manifest then would have been to the trustees and the public the propriety of remunerating the great skill and talent which circumstances had rendered prominent! We do not for a moment believe that Mr. DICKIN would have avoided this test of his qualifications; and what an example would he have set, what fame might he have acquired, by insisting that it should be instituted! That *he*, at least, could have carried the point, who can doubt? If 221 friends would vote for his appointment under an absolutely worthless system of "trial," how much more readily, urged by his demands, and fortified by his confidence,—would the majority of the trustees have made an arrangement for a public and an honourable concours between him and Mr. CLEMENT! He has missed a point which he may never retrieve. We hope the patients in the Infirmary will have no cause to regret the want of courage in the candidates (if *that* were the want) which led the trustees into the gross error they committed in tolerating another election under the old, inadequate, and corrupt system of election.

WE this week afford our readers three or four specimens of the kind of matter which occupied the attention of the medical students in the metropolis this session at the introductory lectures. *Jam satis*. The system is by this hour of the month in full swing. It will die at not one point of advance beyond its merits at the day of its birth.

We observe that Sir C. BELL ascribes the rise of the Middlesex Hospital School to a desire to reobtain the pupils who have been drawn from that hospital to the hospital of the London University. What a mistake *just* remedy! The governors should have thoroughly amended the *Middlesex Hospital* as a school of instruction, and then no pupils would have left its walls. Do they not

see that it is the *North-London Hospital* which attracts students to the University lectures? How wayward in their principles of legislation are the old folks in the hospitals!

Sir CHARLES BELL referred in his address to his Parliamentary Evidence. He is one of the few men of his class who can afford to do so. His opinions on medical legislation, for the most part do his courage and his discrimination credit. Let those medical students who have not yet perused them, learn what a man who has deservedly risen to the highest pinnacle of professional fame in this country, solely by the aid of his own industry, thinks of the present system of medical education and practice in England. They will find his evidence recorded in *THE LANCET* of the 25th of July last, No. 621. And while referring to it, we may take the opportunity of adding, by way of postscript to our recent remarks on the study of anatomy, and on the fraudulent system of lecturing students into a knowledge of medicine, the following remarks of Sir CHARLES on those subjects:—

"When a young man retires from his studies, and is solely dependent on himself in practice, the knowledge which he feels the greatest difficulty in supplying, is that of anatomy. In speaking on the subject of education, I wish to distinguish between lectures which require demonstration, and those which are *mere discourses*. Anatomy and chemistry require demonstration. *These*, therefore, are the most essential to be taught by lecture. The practice of medicine and surgery requires to be taught by *the bed-side*. Elementary courses on these subjects may be supplied by diligent *reading*. To crowd a curriculum of medical study with a variety of courses, would be little conducive to a good end. There is a disposition to diminish the importance of anatomy. Yet anatomy is the groundwork of all. From that science, not only the elements but the great rules of the profession are to be drawn. I do not think that there has been any advantage derived from *multiplying professorships, and dividing and subdividing the subjects of lectures* (into so many courses). I fear it has often been done *for the purpose of providing for individuals*.

EMMENAGOGUE PROPERTIES OF ACONITUM.

In a paper by M. WEST of Strashtorg, in the August Number of the *Archives Generales de Med.*, M. WEST states that aconitum is one of those remedies which after having been praised beyond all measure, like many other new remedies, is now completely neglected in France. In Germany a few physicians still employ it in some cases, particularly in phthisis and rheumatismal affections. The author, while attending the clinique of the School of Medicine at Vienna, has seen a great number of experiments with this remedy. In phthisis its action never appeared very advantageous, but always inferior to that of the other narcotic substances. Its utility in cases of rheumatism seems more doubtful. However, amongst other patients at the school of Vienna, the author observed two females on whom the action of aconitum was very remarkable. One was a stout female, 27 years of age, affected with articular rheumatism of the left arm: her menses had been suppressed for three months in consequence of exposure to cold. Aconitum joined to antimony was administered for the rheumatic affection. The latter persisted without any change, but the menstrual discharge was quickly restored.

The second case was that of a female, 32 years of age, equally affected with rheumatism, whose catamenia had not appeared for five months: she took aconitum; the pains diminished slightly, and the menstruation was restored. These cases roused the author's attention, and induced him to make further experiments. He details three examples of successful application of the remedy to amenorrhœa. In the first, the disease had been established for twenty-two months: the patient was bled, and took the watery extract of aconitum for eight days previous to the supposed menstrual period. On the 5th day the pupils appeared dilated, with other slight indisposition: on the 8th day the menses reappeared, and have continued regular since that period.

In the second case, that of a weakly girl, the menses had been suppressed four and a half years, and replaced by a leucorrhœal discharge, more abundant at each period. The patient took thirty grains of the extract

in twelve days, for suppression of the leucorrhœa, accompanied by pain and weight in the summit of the vagina: on the 10th day the pain had much diminished, and the white discharge had returned.

In the third case, the girl, 19 years of age, began to menstruate at the age of 16; ~~after~~ the lapse of a year the discharge was suddenly arrested in consequence of exposure to cold. After five months the patient experienced severe pain in the head and abdomen. These soon changed into true hysteria, the access of which came on at each menstrual period, and was excited by any moral emotion. The patient was seen a year after the suppression of her catamenia, and then exhibited the symptoms of chlorosis in the highest degree. She was ordered general and local baths, with thirty pills of the extract, to be taken eight days before the expected period. After the use of twenty grains the catamenia appeared, and were succeeded by a very fecund white discharge; from this moment the access of hysteria disappeared, and the patient gradually recovered her health.

From these facts and several others noticed by the German writers, the author thinks the efficacy of aconitum in cases of amenorrhœa cannot be doubted; as to its mode of action, the author thinks it may determine the reappearance of the menses, not by any specific property (for there does not exist any absolute emmenagogue), but by calming an irritation of the uterus, by which the vessels furnishing the menstrual flux are prevented from performing their ordinary function.

RE-VACCINATIONS IN THE ARMY OF THE WURTEMBERGIAN STATES IN 1833.

Professor Heim states in the *Wurtemb. Mediz. Correspond.*, Nos. 10 and 11, that 1683 individuals were re-vaccinated with the following results:—34 in each 100 with success; 22 with modified results; 44 without any result. The patients were from twenty to thirty years of age. Of 577 who were re-vaccinated with perfectly successful results, 293 showed good cicatrices, 116 imperfect, and 168 presented no cicatrices at all. Of 366 re-vaccinated with imperfect results, 193 had good marks, 134 imperfect, and 39 no cicatrix at all. Finally, of 740 persons re-vaccinated without any result, 382 showed good, 222 imperfect, and 136 no cicatrices.

THE ARTERIES IN INFLAMMATION.

To the Editor of THE LANCET.

SIR,—In the last number of the *Medical-Chirurgical Review* there is a notice of Professor Alison's paper on the vital properties of arteries, &c. I was glad to find, on a first perusal, evidence, as I thought, that the journal had changed its opinion regarding the state of the vessels in an inflamed part, and of those leading to the part. On re-reading the article, however, I was surprised to find that there was no change in opinion, but that the doctrine advocated by the Professor had *always* been considered by that journal as the true doctrine. In my own mind, from what I had gleaned from the pages of the *Medical-Chirurgical Review*, I had settled that it was opposed to the doctrine of *debility* of the vessels in inflamed parts; and I was sorry for it, because from its high repute and great circulation it became a powerful means of extending an error which has occasioned immeasurable mischief. Afraid that I had all along laboured under a misconception of the sentiments of the journal, I have referred to former expressions of these sentiments, and will briefly transcribe from its pages some of the remarks on which rested my opinion of its creed.

At page 498 *Med. Chir. Review* you will find the following passage:—"Every one knew that vessels leading to inflamed parts were dilated; and it is nearly half a century ago that numerous experiments were made in Edinburgh (Lubbock, Allan, Wilson), to prove that the capillaries were *weakened* and dilated in inflammation, and consequently that the circulation was *actually slower* in inflamed than in sound parts. We have *always* considered this as the true doctrine of inflammation, and we are glad to see so able an advocate of the same in the person of Professor Alison."

Compare with the above the following, which you will find at page 411, *Med. Chir. Review*, October 1832:—"The prevailing opinion at present appears to be that the capillary vessels are *weakened* and dilated, because by reason of that weakness, they are unable to resist the *ordinary* force of the heart and large vessels. This has *always* appeared to us a fallacious theory, although we are willing to allow that it is a specious one."

Of course the journal could not but admit of a dilated state of the vessels, but I am not aware that it ever until now admitted, that the vessels in acute inflammation were in a *weakened* or *debilitated* condition; on the contrary, it has laboured to upset the doctrine. "The treatment, then, of inflammation," the reviewer says, "should teach us something of its nature. It tells us this,

that inflammation is not always the same, that acute inflammation is remedied by what empties and relaxes the large vessels and the small, that certain forms of chronic inflammation are best treated by what astringes and gives tone to them. Who does not know that phlegmonous inflammation is best treated by depletion, local or general, or both; and by the application of warmth and moisture, agents especially calculated to relax? We think this instance sufficient to upset the doctrine which makes inflammation consist in *debility* of vessels."—*Med. Chir. Rev.*, October 1832, p. 414.

Is there not a change of opinion also as respects the velocity of the circulation in the inflamed part? We now learn from the journal that it has always considered this as the true doctrine of inflammation, viz., weakened and dilated capillaries, consequently circulation *actually slower* in inflamed than in sound parts. Witness how the reviewer expresses himself in October 1832, p. 412. "An inflamed part, if formerly white, becomes more or less red, and, if previously red, it is rendered redder. This arises, of course, from the greater quantity of blood which is in it. But we must not stop here, venous blood and arterial differ in colour, and, for precisely the same reason, blood circulating slowly is less florid than blood circulating rapidly. In phlegmonous inflammation the colour is vivid, not only because there is much arterial blood in the part, but also because that arterial blood is frequently renewed; in other words, because it is circulated with *rapidity*." I remain, Sir, authenticating my communication privately, your obedient servant, O. B.

Oct. 7th, 1833

EASTERN MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—May I request that you will do me the favour to insert in your next *LANCET* a correction of an erroneous reference to myself in the report of the "Formation of an Eastern Provincial Medical Association" (condensed from the *Bury Herald*). In Mr. Bedingfield's speech I am called Dr. Rumsey, and am said to be president of the Bucks Medical Association. I disclaim, however, both these honours, being only a general practitioner, and holding no office in the Bucks Medical Association, of which, nevertheless, I am a member and a sincere well-wisher.

The mistake doubtless arose from my having mentioned to Mr. Bedingfield that I am secretary to a committee appointed by the Provincial Medical and Surgical Association, held at Oxford in July last, for inquiry into the present state of parochial medical attendance, &c. &c. In this capa-

city I shall be happy to receive all the information which my medical brethren in the country can afford me; and I take this opportunity of gladly thanking you for the zeal with which you have, both in your editorial and parliamentary capacity, advocated the cause of the country practitioners, in their opposition to the disgraceful proceedings of the Poor-Law Commissioners. I have the honour to be, Sir, your obedient servant,

H. W. RUMSEY.

Chesham, Bucks, Oct. 5, 1835.

REFUSAL TO OPEN A BODY AT AN INQUEST,
WITHOUT REMUNERATION. — VERDICT
WITHOUT EVIDENCE.

To the Editor of THE LANCET.

SIR,—I beg to transmit to you some particulars of a coroner's inquest which lately took place in this neighbourhood, and to which I was summoned as the medical witness. I do so for the purpose of enabling you to decide whether my conduct was *legal* or not in refusing to open the body without possession of a written order from the coroner. If I had opened the body without such order, could I have successfully supported a demand for remuneration in a court of law; and against whom? You would greatly oblige me by answering these questions, as I have to make my appearance at the Old Bailey on the trial of the husband of the deceased. The subject of remuneration to medical men at inquests, being now of peculiar interest to the profession, you are at liberty to insert the following in the next number of your valuable Journal.

A woman named Sarah Goodlad came to the Western General Dispensary on the 13th ult. with an injury which she said she had received from falling on a pail. I examined her side (the part affected), and believed there was a fracture of one or two ribs. I treated her accordingly. Inflammation of the lungs came on in two or three days afterwards, and in spite of the most active treatment she died on the 19th ult. An inquest was held on the body, as it had been reported that her husband had beaten her (indeed she stated to a neighbour that her husband had been the cause of the injury). This came out in evidence before the jury, and it was stated that he had thrown a loaf of bread at her. It seemed to me from this that there was sufficient evidence of injury inflicted by the husband to account for the fracture, but most of the jury did not think so. They had heard evidence respecting some slight accident which happened about a month before I saw her, and it would seem from their verdict, that they partly believed

the previous injury to have been the cause of the fracture. Three of the jurymen, however, were not quite convinced on this point, and I was asked if a post-mortem examination would make the matter any clearer. I said most undoubtedly it would. The coroner (Mr. Stirling) therefore asked me to open the body, which I told him I would immediately do if he would give me a written order by means of which I should obtain remuneration for the trouble. This he refused to do, saying that he never had done such a thing. His clerk (who really was the chief man on this occasion) then told the jury that there would be no difficulty about the matter, though I had refused to open the body, for he would write to a vestryman of the parish who would send one of the house-surgeons from the parish infirmary to do it.

The inquest was accordingly adjourned to the next day at three o'clock, when the jury met, and waited for some time for the evidence of the medical men who was to have opened the body; but it appeared on inquiry that the body had not even then been opened; neither did either of the infirmary medical officers attend the inquest. The patience of the jury being now exhausted, they made up their minds to deliver the following singular verdict, *the body not having been opened*: "Died of inflammation of the lungs, brought on by fractured ribs, but by what means the fracture was occasioned there is not sufficient evidence to prove!"

Now, Sir, if the public will allow verdicts to be passed in such a manner as this, they deserve to suffer from the consequences. It certainly was not a just request to require a professional man, whose time and knowledge were his property, and whose reputation as a witness was at stake, to make a post-mortem examination, without the least remuneration, and perhaps with insult. My motive for refusing on this occasion to open the body, arose chiefly from the feeling, that by complying with the direction of the coroner, I should be doing injury to the profession through an injury done to myself. Besides, I object to be even a partial means of continuing the present unjust system. Whether I acted according to *law* I beg to be informed, and remain, Sir, your most obedient,

WILLIAM ROBINS, House Surg.

Western General Dispensary, New Road,
October 1, 1835.

. The only question of Mr. Robins to which we need reply may be thus answered:—He was not liable to the institution of any proceeding at law, for the infliction of any penalty, for refusing to open the body without remuneration.—Ed.

THE SYSTEM OF LECTURING.

To the Editor of THE LANCET.

SIR,—The truth of the remarks in the leader of a recent number of your invaluable publication, on the impositions of the lecture system, must be acknowledged by every one who has been compelled to doze over the wearisome and un instructive discourses called lectures, which are paid for on compulsion, at such an exorbitant price. What intellect can master and retain the matter of six or eight of these lectures delivered in one day? Thanks, however, to the untiring exertions of THE LANCET, the system is tottering.

For my own part I have often considered that the lectures which a student hears, obstruct, instead of assisting the student, in obtaining a knowledge of the mode of performing operations; for instance; the directions for conducting them are generally conveyed in the most vague manner, or the student is intimidated and prevented from attempting them, by alarming statements of the difficulties to be encountered. I am not the advocate of rash attempts, but I dispute the propriety of frightening students from attempting operations of any kind that may hereafter fall into their hands, instead of fully instructing them in their performance. I fear that the alarmists bear in mind on these occasions the effect of fully informing embryo practitioners on those points which hospital teachers and operators take especially under their own care as "pure" surgeons. Let the lecturers say what they like in favour of the lecturing system, I am sure that the pupil, especially when he is out of the pale of their influence, and with calm and dispassionate mind looks back on the system, will feel and acknowledge the entire truth of the remarks which THE LANCET has lately made on the subject. With an expression of satisfaction that you have drawn yet further attention to this system, and fully assured that when the system has been thoroughly purged, its insufficiency and unworthiness will be admitted by every one, I remain, Sir, your obedient servant,

MEDICUS.

Worcester, Sept. 29th, 1835.

MIDDLESEX HOSPITAL SCHOOL.

SIR C. BELL, in his introductory address on the opening of this school, remarked that it had been established in order to counteract the effect of a certain party, who had deprived of its name the *Middlesex Hospital*, the government of which were no sooner fully

informed of the fact, than they enthusiastically came forward and supplied the funds necessary to institute a medical school in connexion with the hospital. Sir Charles spoke of his connexion with the London University, and stated that the Council had refused to allow him to lecture on particular parts of the subject, alleging that it would not be just to other lecturers that he should have the privilege of lecturing on a "higher" branch of the science. He had contended, however, and still contended, that there was no such thing as a "higher" branch of anatomy, all parts of it being equally high and important. He considered that it was a bad plan for the University to have a professor and a demonstrator of anatomy, and this he told the Council at the beginning. The pupils, he said, would be more intimate with the demonstrator than the professor, and would regard the latter as too great a personage to be troubled with questions on anatomical points. Consequently the professor would be of hardly any use to the pupils; he would be a mere form, a name. Anatomy was not to be learned without the constant presence of the teacher in the dissecting-room, and he thought that the proper plan was for the teacher himself, the "professor" or the "demonstrator," whichever name they chose to give to the teacher, should put on the sleeves and apron, and demonstrate in the dissecting-room, as he (Sir Charles Bell) had done. Sir Charles spoke of the little influence he had possessed in the Council of the University, and said that everything he had proposed was rejected. Amongst other errors of the Council he placed the circumstance that the Council had wished to purchase a German museum of anatomy &c., at the price of 30,000*l.*, a measure which he opposed,—the Council, after the proposal had been postponed for a short time, finding that they had been about to bargain without having the money to pay for it. Sir Charles then spoke of his evidence before the Parliamentary Committee, and repeated his belief that knowledge was more rapidly acquired under disadvantages, and the mind more fully strengthened by having difficulties to overcome, than where the student had abundance of money to pay under the certificate system, and plenty of apparent facilities for acquiring knowledge. He cautioned pupils against expecting, under the existing system of medical government, to be rewarded according to their merits and industry. The greatest men, he said, had died poor, and some were even persecuted for their real eminence as scientific men, who having prosecuted their inquiries farther than the drones of the profession, had met with injuries instead of reward.

BLENHEIM-STREET SCHOOL.

THE lectures commenced at this establishment on the 1st of October, with an introductory address from Mr. King, the teacher of surgery. After examining the nature and intent of medical knowledge, and asserting its claim to be ranked as a science, Mr. King alluded to the importance of practical observation and strictly logical deduction. "If medical science," he observed, is founded so essentially on observation, does it not follow that the great requisite in the medical student, is a mind capable of careful, minute, and patient inquiry, and of sufficient logical power to draw correct inferences from the facts observed? The habit and capacity of right and rapid reasoning, is so necessary in the application of the rules of treatment to individual cases, that I would particularly insist on the necessity of cultivating logic and mental philosophy. Without these no man can be a good practitioner. It is the misuse of evidence at the bed-side as well as in the hall of justice, that is a fruitful cause of suffering. A medical man should be skilled in detecting fallacious reasoning as well as false facts. Patients are apt to deceive both themselves and their doctor. Errors are constantly arising from the confounding of cause and effect, from confounding the symptoms, which are effects, with the disease which is the cause of them, and from attending to localities only, instead of regarding the whole human structure, the mind never having been sufficiently trained to admit of its grasping in one conception the entire human organism. Besides, the exercise of the intellect to accurate reasoning and the understanding of mental phenomena, are the more incumbent, as the mind exercises, both in the healthy and diseased state, such an influence, that a man unskilled in mental, and, I may add, moral physiology and pathology, must be unable to detect the cause, and apply the remedies, of a very extensive variety of human suffering." Mr. King referred to the influence of public opinion upon the medical profession, and the change gradually made to render examinations for a diploma more complete. "In requiring guarantees for the security of the public by examinations which will test high qualities of mind, a thorough practical knowledge should be indispensable for the exercise of the healing art. The legislature should also imitate the governments of other countries in the protection and encouragement they extend to those who devote themselves to scientific pursuits. I could appeal to numberless instances of meritorious men, disheartened by the little reward they find for their arduous and sometimes perilous exer-

tions. Many a man has been heard to say, — 'Why should I toil; why labour through the long and dangerous researches of my avocation, to win the knowledge that does not allow me to live? Why penetrate the foulest adyta, why hang with idolatrous fascination over some mass of decomposition? Why make disease and all its loathsome characters the food of my soul, the friend and companion of my life, ay, the poetry and witchery of my most ardent enthusiasm, to pine neglected, unnoticed, and forgotten, while some ignorant charlatan is the object of popular favour and support?' Mr. King concluded by exhorting the pupils to be zealous and industrious. "If," said he, "we make ourselves well acquainted with medical science, we shall stand in the same relation to other classes of society, that our particular science bears to other sciences. And can there be a higher science than that which confers the power of preserving life and freeing it from disease? Can there be a nobler avocation than that of protecting and lessening from pain and debilitation our fellow men? I know of no greater interest on earth than the interest of human health; and the man who can lay claim to the merit of having contributed to the protection and advancement of that interest, is second to none of his species. He stands upon the proudest eminence upon which a man can stand; and commensurate with his usefulness ought to be the respect paid to his character. It is an eminence obtained only by much labour, by long perseverance, and through some danger; and proportionate to these should and shall be the reward of obtaining it. Yes; *should* be as far as the recompense can be conferred by society; and *shall* be, because that recompense which best accords with the pure and noble nature of his services, the practitioner derives from the conscientious exercise of his useful, his beneficent, his almost divine vocation. That is a reward which no earthly power can give, and which no earthly power can take away."

ST. GEORGE'S HOSPITAL.

INGUINAL HERNIA.

THOMAS WILLMAN, aged 25, was admitted into the hospital March 3rd, at 4 p.m., under the care of Mr. Walker. There is a tumour in the groin in the usual situation of inguinal hernia, of an oval shape; elastic in some parts and firmer in others; about three and a half inches in length and two inches in breadth; the general surface of the tumour is hard, giving the sensation of the feeling of omelette, and containing in it; but the external part of it is softer, with the exception of a small portion which is supposed to be the testis, and

which he says has never descended into the scrotum. The pain of the tumour is not very severe, even when roughly handled.

He states that he has always had a small tumour in the groin, and which he supposed was the testis. About three months since, whilst riding on horseback, he was thrown with some degree of force against the pommel of the saddle; this was followed by the appearance of a tumour in the groin (of nearly the same size that it is at present), which, however, subsided upon his lying down in the horizontal position, and this tumour did not return until about four days since, when, after using some undue exertion, it suddenly reappeared, and he has not been able to remove or reduce it since. He has taken several doses of aperient medicine, which have rather tended to aggravate the pain than otherwise. The swelling has not diminished, and he was bled without effect to two pints before his admission.

There has been constant sickness since yesterday morning, and no alvine evacuation for the last three days; pain and tenderness over the whole abdominal region, and a dragging sensation about the umbilicus. Pulse 140, small and weak; skin hot; tongue furred. On his admission he was put into the warm-bath, which produced syncope, and attempts were made by the taxis to reduce the swelling, but without effect. Ether was applied over the tumour, but no benefit resulted; the sickness and hiccup increased, the pulse rose, and the abdominal tenderness greatly increased.

Under these circumstances Mr. WALKER determined upon operating immediately. On laying open the sac a mass of dark thickened omentum, with a narrow neck, was exposed; beneath this was a small knuckle of strangulated intestine, and to the outside of all, the testes and epididymis were seen. Some little difficulty was experienced in dividing the stricture, from the chord lying in the way; this, however, was removed, the stricture was divided, and the intestine returned easily. A ligature was placed around the neck of the mass of omentum, which was then cut off, a pledget of lint was introduced into the wound, and sutures, strapping, and compresses, were applied.

10 p.m. He has had no sickness since the operation; pain in the abdomen less; but considerable tenderness remains; pulse 108.

R. *Sedative Solution of Opium* ℥xx; *Spirits of Nitric Ether* 3j; *Solution of Acetate of Ammonia* 3ss; *Camphor Mixture* 3j; to be taken directly. *Castor-Oil* injection to be administered every six hours until the bowels are open.

11. The bowels have been relieved seven

times during the night, and he slept a little in the morning. He feels easier. The abdomen somewhat full, but less tenderness present; pulse 110, sharp and compressible; skin cool. Mutton broth for diet.

8 p.m. The bowels have been relieved several times during the day; spirits rather low; pulse soft; less tenderness; no pain; tongue less coated.

R. *Aromatic Confection* gr. xv; *Tincture of Henbane* ℥xv; *Camphor Mixture* 3iss; every six hours.

5. He has passed a very good night, and is free from pain, except when firm pressure is made upon the abdomen. The tongue is cleaner and moister. The skin cool, pulse 80, and soft. The bowels have not acted since yesterday afternoon.

Towards the evening he complained of some pain on the left side of the abdomen, which was increased by pressure. The skin is hotter; tongue whiter; pulse 80, and sharp. The abdomen is distended, and the bowels have not acted for twenty-four hours. Twelve leeches to be applied to the abdomen.

R. *Carbante of Pulash* 10 grs.; *Sulphate of Magnesia* 1 drachm; *Syrup of Poppies* 1 drachm; *Distilled Water* 10 drachms. The draught to be taken every six hours.

6. He did not sleep much until this morning; there is less pain and abdominal tenderness, but some little irritation about the wound. The tongue is cleaner; pulse softer, 84, and jerking.

7. He is quite free from pain; skin cool; tongue moist; pulse 80, and soft. The dressings were removed for the first time since the operation; the upper half of the wound was found to be united by the first intention, and there was a little pus in the lower part of it.

8. He continues quite free from pain, and is doing very well in every respect.

10. He is doing very well. The wound has nearly healed, except at the lower part, where the ligature comes through, which is attached to the omentum. Mr. WALKER endeavoured to remove it, but failed. The bowels have generally acted twice in the twenty-four hours. Repeat the draught every six hours.

16. He has continued steadily improving since the last report; the wound has been dressed every day, but the ligature had not separated in the least until to-day, when it came away very easily in the dressings. The only part of the wound now open is that through which the ligature came.

21. The wound is quite healed.

26. A truss with a circular pad in the centre to admit the testis was applied, and keeps up the hernia extremely well. He was then discharged quite well.

SCLEROTITIS.

James Slight, *ætat.* 41, was admitted on the 28th of March, under the care of Mr. WALKER. From the facts which could be gathered in connexion with the previous history of the case, it appeared that on the 10th of the month, whilst employed in cutting wood, a chip flew into the right eye: severe pain ensued, which lasted for two days, at the end of which time he went to a surgeon, who ordered him a lotion for the eye. This did not abate the pain and suffering. On the 24th there were great restlessness and great heat of the skin, with increased pain in the eye, and a copious watery discharge.

On his admission into the hospital, the sclerotic coat was highly vascular, and its minute vessels were extensively injected; the cornea was less transparent than natural, and a minute ulcer could be perceived in the outer and middle part of it, into which, in consequence of its convexity, the iris appeared to protrude slightly. Around this ulcer could be seen a thin nebulous line of about one line and a half in breadth. There was great intolerance of light, with pain over the right temporal region. His general health has always been good, and is not disturbed at present. Tongue clean; bowels not open; pulse 64, full and soft; skin cool; sight of the right eye quite gone.

R. *Calomel* gr. ij; *Powdered Opium* gr. ss; every night at bed time. A Senna draught to be taken every other morning; eight leeches to be applied behind the right temple; a blister behind the right ear; extract of Belladonna over the right eye.

March 29. Eye very painful during the night. A saturnine lotion to be applied to the eye.

30. Twelve leeches to be applied to the eye.

April 1. To be cupped on the nape of the neck to twelve ounces. A ʒij Senna draught to be taken directly, and repeated in two hours, if necessary.

3. Continue the medicines.

4. There is still much remaining inflammation of the sclerotic, and much intolerance of light. The cornea is not more nebulous than before. The pupil is not quite circular, the external edge being depressed, as though the iris had become slightly detached from the ciliary ligament. At the inferior edge of the pupil there is seen a prominent opaque surface resembling lymph, which extends nearly to the inner surface of the cornea. Pulse is natural; skin hot; thirst and headache. Continue the medicines; omit the lotion.

10. The eye is very much improved, and the man can see very well; the sclerotic

and conjunctival coats are much less injected than at the last report. The iris appears in its natural state. The pupil is small but regular in its outline. The cornea is quite clear, and at the inferior border of the pupil in the anterior chamber there is seen an opaque body, which is the capsule of the lens. There is no pain in the head; he sleeps well, and the appetite is good. Continue the medicines.

16. The capsule of the lens is now seen to be adherent to the inner surface of the cornea, occupying a small portion of its central and inferior surface, and the inferior portion of the iris is, in consequence, drawn forwards. The lens appears rather opaque. There is not so much sight in the eye as before. There is still a circular zone of the bloodvessels to be seen around the lower edge of the cornea. He complains of no headache or intolerance of light. The general health is improving. The appetite is good.

Plummer's Pil gr. v every night at bed-time. Half a pint of the *Alkaline Infusion of Sarsaparilla* to be taken daily. Ordinary diet.

May 4. *Calomel* gr. iv at bed-time. A senna draught to be taken early to-morrow morning.

5. On visiting the patient to-day, Mr. WALKER, under whose care he was admitted, passed a needle behind the iris into the posterior chamber of the eye, with the intention of depressing the capsule of the lens, which had become dissolved in the aqueous humour by the rupture of the capsule at the time of the accident, and it was by this means removed as much as possible out of the immediate sphere of vision.

R. *Saline Draught* ʒi ss; *Solution of Tartrized Antimony* ℥xv; *Sulphate of Magnesia* ʒi; every six hours. Twelve leeches to the right temple.

May 13. He is very much improved, and can see distinctly with the eye; there is neither pain nor intolerance of light; the pupil is still small, and is slightly opaque; general health good. Continue the medicines. Ordinary diet.

18. Discharged cured.

NORTH LONDON HOSPITAL.

POISONING (?) BY ACETATE OF LEAD.

LOUISA WALLACE, aged 19, was admitted August 25th, under the care of Mr. T. THOMSON. An hour after her admission she had taken two pennyworth of sugar of lead, for the purpose of purging herself, to which act she was prompted by desire

tion. She thinks that the quantity of acetate of lead was about an ounce. She dissolved it in a cupful of water, and after drinking it, waited on the step of a door for its effects. In about a quarter of an hour violent vomiting came on, which attracted the notice of two men, who inquired of her what was the matter. On being told she had taken poison, they brought her to the hospital. Mr. TAYLOR, the apothecary, immediately gave her half a drachm of the sulphate of zinc in solution, which was soon after repeated; this renewed the vomiting (which had almost ceased) as violently as ever, and after continuing for upwards of an hour, very dilute sulphuric acid was administered, and she was put to bed. She complained of slight burning pain in the stomach, which, however, did not prevent her from passing a good night. Mr. TAYLOR ordered her in the morning a draught composed of sulphate of magnesia, half a drachm, and an ounce and a half of water, to be taken every second or third hour, which acted slightly on the bowels; she then complained of weight in the head, some dimness of sight, and pains shooting through the eyeballs on closing the lids firmly. The tongue was clean, or nearly so; the pulse sixty and small. There was more pain in the stomach on the following morning (26th) than before. The following treatment was ordered:—Twelve leeches to the epigastrium; one grain and a half of the Extract of Opium at night; increase the Sulphate of Magnesia to a drachm.

27. There is tenderness on pressure all over the abdomen, but especially at the epigastrium, where it causes her severe pain. Continue the medicines.

28. There is now no pain or sensation of heat in the stomach, and she can take food without uneasiness. The tongue remains somewhat white. The pulse is 80 and weak.

29. She feels quite well; the tongue is clean; the strength returning.

30. Discharged cured.

Dr. THOMSON pointed out to the pupils the features in this case which prevented it from being regarded, in the strict sense of the word, as a case of poisoning. The vomiting which occurred was the effect of quantity; the salt acting in the same manner as a large dose of common salt, from its irritant quality, and not from any real poisonous property belonging to it. In small doses, namely, under ten grains, Dr. THOMSON had never seen any deleterious properties arise from the acetate of lead, unless saline effervescent medicine was given at the same time; in which case, the acetate was converted into the carbonate, which is a powerful sedative poison; and according to the doctrine promulgated by the professor, and founded on numerous experiments made on animals, the only poison among the

salts of lead. "When the acetate or subacetate proves poisonous," he observes, "there is always a conversion of the salts into the carbonate; and inasmuch as the subacetate is more easily converted into the carbonate than the acetate, so it is more likely to prove poisonous, a fact which experience has corroborated. Several instances are recorded in which death has resulted from swallowing Goulard's lotion by mistake; and even of paralysis having followed its external application to large abraded surfaces, but in all these cases the deleterious effects could be traced to the conversion of the subacetate into the carbonate." The administration of an emetic after the vomiting that occurred, Dr. T. did not regard as absolutely necessary, but had no vomiting taken place, then the sulphate of zinc was the best emetic that could be administered, because it decomposes the acetate of lead in the stomach, and converts it into an insoluble, and, consequently, into an inert sulphate, whilst the acetate of zinc, which is also formed, is as active an emetic as the sulphate of zinc. The administration of the sulphate of magnesia operates, also, by decomposing the salt of lead; and the acetate of magnesia that results from this decomposition, carries the insoluble sulphate out of the bowels. The food which is ordered in these cases, should be of a kind not likely to generate carbonic acid in the stomach, and it is a good thing to order vinegar as an article of diet, for two reasons, namely, the lessening of the susceptibility to decomposition of the acetate, owing to the presence of the surplus acetic acid, and the formation of a portion of it into the sulphate, by the small quantity of sulphuric acid which all vinegar for domestic purposes contains. On this account, however, when the acetate of lead is ordered in cases of internal hemorrhage, the distilled vinegar, not the common vinegar, should be given at the same time. There is a case at present in the hospital, in which paralysis of the wrists was caused by working with white lead, which is a carbonate, although no colic had preceded or accompanied the paralytic affection. The patient is a painter. This local influence of carbonate of lead is not confined to painters; it is experienced also by compositors in printing-offices, and porters in lead warehouses; and in both cases, the deleterious cause is the carbonate, which forms on the types after they are washed, and which affects the compositor in distributing the types to their proper places in the cases. It also forms on the type in the composing-room by the combined action of air and moisture, the latter being often freely supplied, to cause adhesion at certain times between the types.

ST. BARTHOLOMEW'S HOSPITAL.

MR. STANLEY'S INTRODUCTORY LECTURE.

MR. STANLEY delivered an introductory lecture to his sessional course of anatomical lectures, on the first of October, to an audience not quite so large as that which used to assemble in the theatre of this hospital. He commenced with a sketch of the constituents of the human body, in order, as he said, to secure the attention of his auditors, and in consequence of the intimate connexion of the subject with the study of medicine. With much novelty he adverted to the skeleton as the basis upon which the soft parts were constructed; the cranium, by its arched and conical configuration, affording a beautiful protection to the delicate brain; the ribs forming an important enclosure for the thoracic organs; the pelvis sustaining the weight of the body, and holding structures of vast consequence; while the foot, by its arches, admirably discharges the duty of a foot—the whole skeleton yielding illustrations of every valuable discovery that had ever been made in mechanical science. He referred to a section of the femur, to show the difference between external and internal osseous structure. The powers that acted on the bones, namely the muscles, were, he observed, exceedingly interesting to the student. Their force was actually astounding. Dr. Young computed muscular power to be equivalent to five hundred pounds on each square inch of its acting substance. The celerity of motion of the muscles was no less remarkable. Haller asserted that he could articulate fifteen hundred letters in a minute. Immensely important also was the nervous system, so intimately concerned as it was with the reasoning faculties. The senses were really all dependent on the nervous system. Yes, sight, sense, touch, and hearing, all resulted from a peculiarity in the function of particular nerves; the senses acted as monitors against danger. The human eye differed from that of the brute by indicating intellectual feeling, whereas in the latter its expression merely denoted a desire to gratify appetite. Physiologists have observed that in proportion as one sense is impaired, the remaining senses increase in acuteness. A blind man, for instance, has ascertained his proximity to objects by the reverberation of the air on his ear. The vascular and absorbent systems were next reviewed, in an equally new and striking manner, as means of reparation, especially in the osseous reproductions that succeed necrosis of the long bones. The absorbent vessels, however, he observed, were so obstinate, as to entertain an objection to remove some description of matter, such as vermillion and charcoal, which, when inserted beneath the cutis, remained indelible.

Nitrate of silver afforded another confirmation of this fact. The subject of fetal gradation was handled with no less ability and originality. The *fetus*, it was observed, in its progressive gradations, bore a close analogy to the gradation upwards of various species of animals. As to the variations from natural appearances which occasionally arise, these with singular ingenuity were said to arise from an interruption in development, as in the hare-lip. Mr. STANLEY concluded by enforcing the absolute necessity of studying surgery thoroughly, in order to understand it thoroughly, the utmost diligence and enthusiasm of students being necessary under the existing system of instruction, which Mr. STANLEY said nothing to depreciate. No hiatus in fact, he added, should exist in his (the lecturer's) assiduity to impart information, and he doubted not that his efforts would be successfully repaid by the unremitting attention of such a class as he might have the honour of obtaining.

WOUND OF THE INTESTINES FROM EXTERNAL INJURY.

JOSEPH SHAW, *æt.* 17, was admitted into Harley's ward, St. Bartholomew's Hospital, on the 26th of August, under the care of Mr. EARLE, with an injury in a situation midway between the crista of the ilium and the false ribs on the right side, inflicted by the shaft of a cart thrusting him in contact with the wall. He complained on admission of severe vomiting and faintness; the urine exhibited a bloody tinge; there was considerable uneasiness encircling the locality of the mischief, with a central depression. Mr. EARLE considered, from the seat of the injury, that the kidney or colon might have been involved, but he was more inclined to ascribe it to the former, on account of the sanguineous character of the urine. Considerable tenderness in the affected part becoming evident, twenty leeches were applied, and he was cupped on the loins. The central depression having become more evident, Mr. EARLE was led to form an opinion that the abdominal muscles in that situation had undergone rupture, and that a portion of intestine had thereby become protruded; the latter part of his prognosis was further confirmed by a gurgling sensation communicated on the application of the hand, and by the swelling receding under pressure; from this view of the case he entertained an idea of employing a truss, but was exceedingly surprised, after a lapse of two or three days, to hear that an abscess had formed, its contents, consisting of pus and feces, having made their exit by three small openings. Mr. EARLE now ascertained that not only the abdominal muscles, but also the portion of the ascending colon, covered by peritoneum, had been ruptured in the patient's

salvation was purely dependent on the injury not implicating the cavity of the abdomen, commonly so called; the ruptured intestine being uncovered by the serous investment, precluded the extravasation of feces into the peritoneal sac, which (had it occurred) must inevitably have been attended by fatal results. Mr. EARLE observed that there were many exceedingly interesting details to be found in the *Mémoires of the French Academy*, where sharp instruments, such as swords, had perforated the intestine, and nothing unfavourable had resulted. This Mr. EARLE considered very probable, especially when the intestine was in an unloaded state, and where no effusion had supervened; but the case differed widely in which the intestine had been actually ruptured from severe injury. The course of treatment that had here been adopted was to dilate the openings to permit of a freer egress of purulent and feculent matter; this procedure it was thought there would be a necessity to repeat; the lower bowel was daily relieved of its contents by means of a clyster, with a view, as it were, to invite the feces to their natural outlet; this plan had been so far successful that although some excrement passed through the aperture, yet a considerable quantity had already resumed an ordinary route. The *ensemble* of the patient seems to augur favourably.

ANEURYSM OF THE SUBCLAVIAN ARTERY.

A case presents itself in Barker's ward which is well worthy the attention of medical practitioners and students. The subject is a man whose name is Joseph Webb, æt. 42, who was admitted into the hospital on the 21th of August with a large aneurysmal tumour projecting from beneath the right clavicle, and extending outwards; its magnitude approximated to that of a child's head, and it was adjudged by Mr. LLOYD, under whose care he was admitted, to be an aneurysm of the subclavian artery. At some little period from his admission a day was appointed for performing an operation (that of tying the subclavian artery); but in consequence of circumstances occurring connected with the patient's general health, its postponement was announced at the expected period of performance. General depletory measures have been resorted to with favourable results. Digitalis has been used but for a very limited period; venesection has been employed, and its employment repeated; the strictest quietude has been enjoined; and under this palliative mode of treatment the patient has manifested progressive improvement; his aspect has become more cheerful; the size of the tumour has experienced considerable diminution, and he experiences no inconvenience, except that he is unable to sit in an erect position. It is understood that no further idea of ope-

rating exists with Mr. LLOYD. The case is interesting, inasmuch as it exhibits a provident effort on the part of nature to repair organic lesions, when aided by the employment of remedial treatment. The foregoing report was taken on the 27th Sept. 1835.

AMPUTATION BELOW THE KNEE.—Thomas Trott, æt. 58, a waterman at a coachstand, was admitted on the 21th of June with a severe injury of the right leg, consequent on ejection from a cab, the wheel having passed over the inferior portion of the limb, on the internal surface of which there appeared a slight ulceration, to which succeeded erysipelas of the entire member. Leeches, and saline medicines, with tartar emetic, and other means calculated for the preservation of the limb, were employed in vain, and amputation was deemed absolutely necessary, the operation being performed on Tuesday the 25th of August. Previous to the operation some doubts were entertained as to whether fracture really existed in the vicinity of the ankle-joint. Mr. EARLE commenced the flap amputation six inches below the knee-joint; the flap was then completed, and the catgut was used to divide the muscles and interosseous ligaments, the sharp upper ridge of the tibia being sawed off previous to the division of the bones. The rest of the operation was conducted in the ordinary manner. An elaborate dissection of the diseased joint was afterwards made, but not the slightest evidence of fracture was discovered. All the cartilages covering the tarsal bones had undergone absorption; in fact, the bones were literally denuded of cartilage, a circumstance which, in the opinion of the surgeons present, resulted from inflammation consequent on the injury, the constitution of the patient being a bad one.

HYDROCELE.—Mr. STANLEY performed the operation for hydrocele on a man who had suffered under the affection for three months. The quantity of fluid evacuated was considerable. The injection used was a mixture of port-wine and water, but Mr. STANLEY observed that he had known instances where the re-injection of the evacuated fluid, or even the introduction of pure water, had been attended with eminent success. The most unexceptionable and definite form of injection, however, consisted in a solution of the sulphate of zinc, a drachm to a pint. The nature and quantity of the fluid injected were immaterial considerations; but it was of paramount importance that the injection should be brought into immediate contact with the morbidly secreting surface, the time of its retention varying with the peculiarity of the case, the production of a certain amount of irritation indicated by a certain amount of pain. In

the present case it would be judicious to permit the patient to remain in the ward with a view to relieving the occurrence of irritation (which here had been somewhat protracted), rather than allow him the quietude of bed. The two most important points in operating for hydrocele were, first, to avoid puncturing the testis; and, secondly, to select carefully the part for the introduction of the trocar instrument, to obviate the liability of wounding one of the large veins traversing the scrotum, as in the event of such an accident the blood would become effused into the scrotum, and what was at first a hydrocele would then be converted into a hematocele.

ACUTE BRONCHITIS.—Patrick Thornton, *at.* 30, was admitted into Matthew's ward, on Tuesday the 21st of July. On the day of admission the following were the symptoms:—Countenance dusky; lips parched; the temperature of the surface augmented; no cuticular transudation; pulse 124, and compressible; tongue covered with a thick white fur and rather dry. He complains of a short cough attended by great pain, extending from the third to the sixth rib of the right side; he cannot effect a deep inspiration, and lies on his back; the alvine excretions are daily induced by medicine; anorexia and much nausea; the urine high-coloured and scanty; no cephalic pain; perfect absence from abdominal tenderness; sleep considerably perturbed. A small quantity of blood was this morning ejected from the mouth; the expectoration has a frothy and a streaky aspect. He had enjoyed tolerably good health previous to last Friday, when, after dinner, he was suddenly seized with a pain in the chest, accompanied by difficult respiration; his skin then became hot and his bowels constricted. He applied to the parish surgeon, who prescribed some purgatives, and a sinapism to the chest. Auscultation ascertains more air to enter the left lung than the right; crepitation mingled with sibilus and ronchus is evident in both lungs, anteriorly and posteriorly, but more especially in the left lung, as this admits of more permeation than the right. *Ordered twenty leeches and an emetic; and calomel with James's powder every second hour.*

22. Four ounces of buffy blood were taken from the arm by venesection, half an hour after which the ingress of air into the right lung was more free, the pulse quickened, and the respiration was easier. *Cupping to four ounces beneath the right scapula; a blister; a grain of calomel every hour.*

23. Thoracic pain entirely gone, and the patient in all respects better. Some sibilus still audible. The medicines to be discontinued.

24. Lips more livid; ronchus and sibilus equally diffused throughout both lungs. the left lung admits less air than yesterday;

the right lung allows the entrance of less air in front than the left, in which Situation the crepitation is mixed with roushus and sibilus. Pulse more full and hard, computing 120. *Take ℥vj of blood from the arm.*
Solution of the Acetate of Ammonia.

26. Better; but slight permeation through the right lung.

27. No pain on effecting a deep inspiration; pulse computes 120. Little air enters the left lung; the right permits of a liberal ingression.

28. An increased quantity of air permeates the left lung, accompanied by ronchus. Ordered the *Hydrargyrum cum Creta*.

29. Mending. A free passage of air through both lungs, together with roushus. *Administer the Effervescent Draught.*

August 3rd. Sibilus is still to be discerned in both lungs, especially at the inferior posterior portion. Patient says he feels quite well.

10. Crepitation is audible over the whole posterior division of the left lung during inspiration, and likewise beneath the clavicle ; in which last situation he complains of pain on a deep inspiration, coughing, or lying on his side. The right lung is apparently quite healthy. No cough, expectoration, fever, or sweating.

11. The crepitation so diminished that none can now be detected. Discharged cured.

BOOKS RECEIVED.

Remarks on the Theory and Treatment of Scarlet Fever; with brief notices of the Disease, as it prevailed epidemically at Bridlington. in 1831. Hingley, 8vo, pp. 48.

A popular Treatise on Diet and Regimen; intended as a Text Book for the Invalid and the Dyspeptic. By W. H. Robertson, M.D. pp. 251. Tilt.

Leach's Selections from, and Translation of those parts of Gregory and Celsus, which have been fixed upon at Apothecaries' Hall, for the Examination of Candidates. pp. 332. Highley.

We shall next week make known some of the plans for adding to our usual mass of information, which we have formed with a view to the increased interest and instruction of the readers of *THE LANCET*, in the ensuing yearly volumes of this journal.

CORRESPONDENTS.

We have usefully availed ourselves of the introductory remarks of H. but have withheld the practical questions which he has given on a number of occasions because the means were not afforded of giving them the authority of a name.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, OCTOBER 17, 1835.

[1835-36.]

In the present Number of THE LANCET will be found a guide to THE MEDICAL SCHOOL AND HOSPITALS OF INSTRUCTION IN PARIS, for the Session commencing in November 1835, and ending in August 1836.

THE RESPIRATORY APPARATUS IN OLD PERSONS.

THE *Archives Generales* for August contains an article entitled "Clinical Researches into the Diseases of Old People, conducted at the Hospital of Salpêtrière, Paris; by M.M. HOWMANN and M. DECAMPBRE, internes."

THE diseases peculiar to persons advanced in life have hitherto been sketched in a very slight manner by a few authors, rather than examined with that degree of care which they really demand. It would seem as if physicians thought the lamp of life at this period was too feeble to require any fostering attention, and that all that was necessary to be done was to allow it to burn out quietly without any attempt being made to prolong an existence, which, in the order of things, must very soon arrive at its termination. We do not want for treatises on the diseases of the infant state, or childhood: the maladies of adults have given rise to works without number, but we possess little clear knowledge, either on the modifications impressed by age on the texture of our organs, or on the functions connected with them.

The object of the authors of the memoir now before us is to supply this deficiency, and they commence with diseases of the respiratory organs, which, though frequently in old persons, assume certain forms which may deceive even the most experienced examiners. The observations on which the remarks are founded were made on the males of the Hospital Salpê-

trière, whose ages vary from 60 up to 90, or beyond 90 years.

Let us first notice a few anatomical circumstances peculiar to the respiratory apparatus of old women.

Thorax.—The thorax in aged females presents two states, very different from one another, which deserve to be examined.

The first is a case of exception, and found in aged females who conserve a considerable share of the freshness of youth; the mammae are voluminous and still consistent; the whole thorax is covered with a layer of fat; the muscles are well-coloured, and the costal cartilages retain their suppleness. However, the ensemble of the thorax has undergone a peculiar change belonging to old age; the superior part is flattened laterally in such a way that the antero-posterior diameter is considerably increased at the expense of the transverse one. This change is commonly accompanied by a gradual enlargement of the thorax towards the inferior part, which then represents a pyramid with a large base, whose apex has been somewhat shortened.

The second type is much more frequent. Here the cavity of the thorax is remarkably modified, and the lateral flattening above noticed may be carried to an extreme degree; in some cases it produces an angular form of the thorax, exactly like that seen in rachitic persons. This disposition of the chest is important to study, for it brings with it several changes in the relation and conformation of the subjacent viscera, which have not as yet been noticed by writers. Thus the liver is considerably pushed down from its natural position, and frequently bears the marks of pressure exercised on it by a narrowing of the inferior portion of the thorax, in females who have worn stays. In these cases also, the right lung is elongated, and follows the displacement of the liver into the abdominal cavity. The sternum is, as we mentioned, always carried forwards, but

the xyphoid cartilage is pushed backwards, and even sometimes completely concealed behind the cartilages of the last true ribs. The longitudinal diameter of the thorax also undergoes a remarkable change in old persons. This circumstance has been noticed by all writers. Sometimes the intervertebral cartilages disappear completely. Fischer* relates one case of a man aged 100, in whom nine vertebrae were reduced to one solid piece, and Boerhaave† met a similar alteration affecting the whole spine.

The vertebral column however is not only shortened, but becomes flexed forwards, and that often in a permanent manner. In consequence of the weakness of the dorsal muscles, the pressure is most felt anteriorly, and here the bodies of the vertebrae are most intimately united. This inflexion usually occupies the last cervical and first dorsal vertebrae, and is often carried to an extreme degree; in some of the old women at Salpetriere it is so marked, that the posterior surface of the scapula becomes superior, and the cervical region makes nearly a right angle with the dorsal. The changes just pointed out in the external form of the thorax, must necessarily occasion corresponding alterations in the viscera contained within its cavity, or connected with it. The diaphragm is thrown into folds, which in some cases leave their mark on the liver, and this viscous is pushed down into the cavity of the abdomen several inches below its natural level; the tissue of the ribs themselves is much rarefied, but (contrary to the assertion of authors) in a very few cases only do we find an osseous incrustation of the cartilage of the ribs. The costo-vertebral cartilages generally conserve their mobility to the most advanced period of life.

Lungs.—Before we pass to the pathological examination of an organ, we should possess correct notions of its structure at the period to which our examination is limited, for the former cannot fail to receive special characters from the latter. Hence it is of great importance to study the structure and peculiarities of the pulmonary tissue in old persons. With respect to their external configuration and appearance, the lungs of old persons may be ranged under three classes.

In the first, the lungs preserve nearly their normal aspect, and differ very little from those of the adult; however, in all cases where the chest presented a lateral flattening to any considerable degree, the authors found a peculiar disposition of the interlobular fissure. This becomes vertical, in such a way that the two lobes of the left lung are opposed to each other, one directly forwards, the other backwards; while in the right lung, the middle lobe, directed downwards, is surmounted by the inferior lobe, which in

some cases even constitutes the posterior quarter, or those of the summit of the organ. Hence a pneumonia of the summit may occupy the inferior lobe, as we shall presently have occasion to see.

In the second class, the peculiarity consists in the smallness of the lungs. The organ is light, and little susceptible of being inflated by the greatest force. They are constantly bathed in the cavity of the chest by a limpid serosity; when compressed, their crepitation is more diffuse than in the lung of the adult.

In the third class the lungs present a mass unequally thrown up into eminences, and are bathed in a much greater quantity of fluid; they are flaccid, livid, and have altogether lost their conical form. The division of the lobes is not less remarkable; the latter are merely united by a flat, thin pedicle, which leaves them as it were floating in the thorax; they are extremely light, and give a most peculiar sensation to the touch; the heart is smaller, and often in a state of complete anemia; the thorax is excessively emaciated.

Intimate Structure.—M. Magendie, who has made some interesting researches on the structure of the lungs in old people, lays it down as a fundamental rule, that the air-cells are increased in magnitude, giving rise to a considerable diminution of their specific gravity. However, the exaggeration of the cellular structure is only perfectly seen in those persons who present the traces of old age in a very high degree. The lungs of aged persons were examined by our authors nearly in the same manner as by M. Magendie, but they had not recourse to insufflation. They arrange the lungs, considered as to structure, under the three classes above enumerated, viz.

1st. Case. "Lungs voluminous, filling a thorax well developed, and whose soft parts are still free from emaciation, or even fat." A thin cut of this lung dried gives a number of holes perfectly round, crowded together like the meshes of lace, and presenting a diameter of about a quarter of a line. (Fig. 3.) The cells are here perfectly regular, and everywhere independent.

2nd Class. "Lungs of regular form, but small, bathed in serosity; thorax contracted; soft parts emaciated." A thin cut of this lung dried, shows a texture somewhat similar, but differing in many respects. The cells are no longer round but elliptical, and the vascular apparatus is less numerous; the cells, however, are still limited by a regular circumference, and are independent. (Fig. 4.)

3rd Class. "Irregular form of lung, which is withered-looking, and applied to the vertebral column; the thorax is contracted, and reduced to an extreme degree of smallness. Here the pulmonary tissue does not present any distinct form; the substance is converted into a sort of sponge, and the microscope distinguishes a few scattered cells."

* Tractatus de Senio ejusque Grailibus et Morbis.

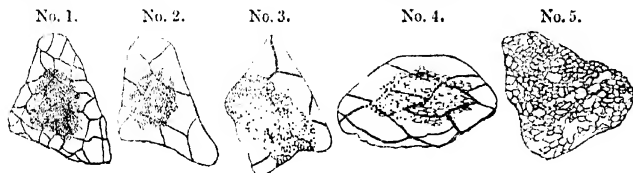
† Prælect, tom. III, p. 725.

ches, and there is no trace of the lobular subdivision. This latter condition of the lung, which is always found in persons presenting the characters of old age in a well-marked form, is a species of natural emphysema which is well worthy of attention, but it is necessary not to confound it with morbid lesions, properly so called.

If we compare the relative sizes of the pulmonary cellules in the infant, the adult, and the aged person, we shall find a remarkable progression as we approach senility. This has been proved by the author, in frequent experiments. Thus the dried cells of the infant lung are only a twelfth of a line in diameter (fig. 1); those of the adult about

one-eighth or one-sixth (fig. 2); finally, the diameter of the air-cell in the aged (fig. 3), presents a diameter of one-fourth of a line. Hence the law first pointed out by M. Magendie, that the pulmonary tissue becomes rarefied directly in proportion to age.

Such is a brief anatomical history of the structure of the thorax and lungs in aged persons; in a second memoir the authors propose to take up the physiological part, and treat "on respiration in old patients." We shall not fail to follow their observations, which promise to bring to light several new and interesting facts.



Explanation of the Engravings.—The air-cells may be supposed to occupy the entire surface of each layer.

No. 1. Layer of the lung of a child four years of age.

No. 2. Layer of the lung of an adult female.

No. 3. Layer of the lung of an old female

(first type). Commencement of rarefaction in the lungs; cells round, but quite independent.

No. 4. Layer of the lung of an old female (second type). Second degree of rarefaction; cells elliptical, but still independent.

No. 5. Layer of the lung (third type). Extreme degree of rarefaction. Irregularity and fusion of the cells.

REFLECTIONS ON

INFANTILE REMITTENT FEVER.

By JOHN ALEXANDER, M.D., Manchester.

(Continued from page 411.)

CASE 2. May 21st, 1832.—Thomas Wood, aetat. 4, from Queen-street, admitted a home-patient of the General Dispensary for Children, presents the following symptoms:—Extreme emaciation with a rough dry skin; tickling cough, with little or no expectoration; tumid abdomen, with bowels irregular, though generally constipated; total loss of appetite; much thirst; great irritability; constantly picking at his lips, nostrils, or other parts of his face; cervical glands enlarged; tongue reddish and dry; pulse 120. The boy's spinal column presents a double curvature in the scapular and dorsal regions. His mother states him to have been ill for two months, and to have taken worm medicine, occasionally to be flushed, and experienced fits in an evening, with occasional delirium during the night.

I have directed a domestic enema immediately; four grains of Dover's powder, with three of calomel at bed-time; and the tincture of iodine in camphor mixture during the day.

23. The enema was followed by one dejection, tolerably copious, of clayish-coloured scybala; but the bowels have not since been moved. The boy has had two very restless nights and an increase of delirium; his ancles are to-day observed to be swollen; pulse 140, and very weak. He refuses his mixture and all food, is unwilling to answer any question, and is obviously sinking. Recommended an occasional repetition of the enema, and the application of a blister to the nape of the neck.

25. Child died last night; permission to inspect obtained.

Section Cadaverica.—Body most strikingly emaciated, with the exception of the tumid abdomen. Skin of a dry, shrivelled, yellowish appearance.

Chest.—About an ounce of serous fluid between the pleura, with slight adhesions, apparently recent, on the left side. The lungs here and there studded with groups of tubercles some in a softened, but most

of them in a hard state. At the root of one of the left pulmonary lobes, a small vomica containing scarcely half an ounce of purulent fluid.

Abdomen.—Great distention; liver considerably enlarged, of a darkish hue, and unusually lacerable. The mesenteric glands are more than double their usual size; some of them contain a cheesy sort of fluid, whilst others appear to be filled with pus. There is no evidence apparently of recent inflammation in them; intestines much filled with air, not offensive on evolution; and containing, in the colon particularly, a considerable quantity of the same scybalous whitish feces ejected during life. In the ileum, on its mucous lining, are observed several small ulcerative patches about the size of a sixpence. The other abdominal viscera appear tolerably healthy; the peritoneal envelope considered thicker and more opaque than usual.

Remarks.—From the appearances noted within the thorax, this boy had evidently laboured, previous to my seeing him, under a more or less severe attack of pleuritis, conjoined with some tubercular inflammation. It is, however, anything but infrequent to find in those who have died from infantile remittent fever, clusters of tubercles under various conditions in the pulmonary parenchyma; and hence has arisen a very natural opinion amongst pathologists, that a strumous diathesis is the most frequent remote cause of infantile remittent fever, as it assuredly is of tubercular phthisis.

It will also be remarked, that the liver was found enlarged, of a darker colour than usual, and exceedingly lacerable. Reflecting on the general symptoms of the disease under consideration, it would by "a priori" reasoning be natural to expect, that more or less affection of that important viscus would present itself on autopsy. And, this is the case; for in the majority of fatal cases of this malady, when an inspection was not declined, alterations in size, colour, or structure, have almost invariably been observed by the present writer; and, on that observation, he has naturally been led to found his high opinion of the remedial influence of mercury in the complaint.

It is scarcely two months ago since I inspected (with the assistance of Mr. Walker, a scientific surgeon of this town) a boy about nine years of age, who had gradually sunk under infantile remittent fever in its most chronic form. After observing the ordinary appearances consequent upon the complaint, we were somewhat surprised to find the whole distal portion of the right lobe of the liver converted into a sac containing several ounces of purulent matter, and the parenchyma of that viscus quite lacerable: two evidences of advanced hepatic disease, which, considering the simple habits

of a child, and reputed insensibility (comparatively speaking) of the liver, are perhaps best accounted for by reference to the specific strumous virus above alluded to.

CASE 3.—June 13th, 1835. Master A—, ~~etate~~ nine, residing at Astley, near Leigh, brought to Manchester this day by Mr. Newton, an intelligent practitioner of the former place, who states as follows:—The boy has been delicate from infancy, but more particularly of late has been losing flesh in a marked manner. He has been, on one or two occasions, treated for worms, but has never been known to part with any, or to benefit by vermifugine remedies. His nights are very indifferent; he has great thirst, little appetite, no action of the bowels without medicine. On examination I find the boy extremely emaciated; his countenance pallid, with dark areolæ around the eyes; tongue whitish, with red elongated papillæ, numerous prominent; abdomen hard and tumid; pulse 118. Mr. Newton adds "that there is a febrile exacerbation each evening with succeeding morning chilliness, and has been for some weeks, and that the boy is indisposed to any, even the slightest exertion."

We have directed him to have a warm-bath on reaching home; ferrum tartarizatum with soda at bed-time, and castor oil each morning; his diet a milk one.

19. Mr. Newton writes, "I regret to inform you our little patient is much worse, the symptoms being considerably aggravated. On visiting him this evening I observed as follows:—Pulse quick and weak; tongue rather red at the tip and edges, and coated at the centre and back part with a white fur; bowels still irregular, and feces scybalous; urine high-coloured, but in fair quantity; thirst still great, and no appetite; skin moist; he refuses his medicine; is much reduced." The child's father adds, "that, in consequence of a pain suddenly arising in the boy's bowels yesterday, four leeches had been applied, and a domestic enema used."

20. Visited Master A. this day, in consultation with Mr. Newton of Astley, and Mr. Pendlebury of Leigh. The abdominal pain has been mitigated by the leeches, but is still complained of, aggravated on pressure; the boy's general appearance very unfavourable, from sallowness of complexion and great emaciation; pulse 112, weak; urine scanty and high-coloured; appetite none; thirst very great; tongue coated but moist; the bowels very much relieved by copious dejections of clay-coloured scybala after the enema of yesterday and the previous:—

Applic. Emplast. ven. A' minor
Repet. Enema domestic
Habt. gr. x. Hyd. c. Croc. 300

26. "The abdominal uneasiness," writes Mr. Newton, "was much relieved by the blister, and little or no pain is now complained of on pressure. The bowels continue very inactive, and the character of the evacuations unchanged. The tongue however is cleaner and moist. I attempted the addition of a little ipecacuanha to the evening powder, as we had agreed upon, but its nauseous taste prevented the boy's taking it. His pulse is somewhat reduced in frequency." Desired to continue the treatment.

July 10. The child improving. Bowels still torpid, but the motions *tinged* with bile. A little appetite, less thirst, and able to sit up in bed. Recommended an addition of a single grain of calomel to the evening powder, the latter and enemata being persevered in.

24. Much improved; abdomen lessened and soft; strength returning and fever gone; stools still figured, but of tolerable colour. Directed to have small doses of the sulphate of magnesia rendered palatable by nitric acid.

Aug. 15. Our patient progressing favourably.

25. Convalescent.

Remarks.—In the above case several modifications of diet were tried, such as stewed prunes, oatmeal with treacle, ripe fruit, buttermilk, &c., with a view to induce liquid evacuations; but the bowels, although so supplied and daily stimulated by enemata, continued torpid, and the feces figured, up to the period of convalescence; a circumstance somewhat unusual, considering the dejections had in a great measure recovered their bilious hue for some time previously. Again; this boy took, as may possibly be remarked, an extremely large quantity of mercurial medicine, upwards of three hundred grains of the hydrargyrum cum creta, independent of the calomel, and yet no perceptible affection of the salivary glands was induced by it! It has indeed, in several examples of infantile remittent fever, and in a few cases of acute rheumatic fever, been matter of surprise to the writer, how little the mouth has seemed to be affected by this useful mineral; whilst, in some other diseases, the reverse condition cannot have escaped remark: for example, during the decline of measles, wherein I have known the exhibition of a couple of ~~or three~~ doses of calomel, followed by consequent ~~or~~ *like* ~~the~~ *calomel* to the health of the patient, and ~~the~~ *calomel* of the practitioner.

(to be continued.)

PULMONARY APOPLEXY.

To the Editor of THE LANCET.

SIR,—The following case of pulmonary apoplexy happened in my practice at the City Dispensary; it presents some symptoms of very rare occurrence, which you may probably deem worthy of record in your useful Journal. I am, Sir,

Your obedient servant,

R. ROWLAND, M.D.

69, Fenchurch-street,
Oct. 12, 1835.

CASE.—Sept. 21, 1835. Thomas Holloway, aged 50, a porter, had been subject to cough and dyspnoea for several years, but he was able to work at his business until about two years ago, when the "shortness of breath" obliged him to discontinue all active employment. In general the cough and expectoration were trifling, but they were frequently increased from slight causes.

About a week ago, after exposure to wet and cold, he was attacked with an aggravation of all his symptoms; the cough became severe, the dyspnoea urgent, and the expectoration copious, but without any admixture of blood. The respiration was inaudible over the right lung, and was bronchial, with sibilant and mucous rale over the left; the heart's action could be readily distinguished over the whole anterior portion of the chest. On Thursday, the 17th of September, I received a hasty summons to visit him. During the previous night he had vomited an enormous quantity of blood, some of which was coagulated. I found him lying on his back; the pulse was quick, jerking, and wiry; the respiration exceedingly laborious; the countenance anxious, and of a leaden colour. He answered questions coherently, and chiefly complained of difficulty of breathing. On the following day he rallied a little; the sputa were still bloody, and mixed with mucus, but the blood had not appeared in large quantities. He remained nearly in the same state on Saturday and Sunday. On the latter day the patient called my attention to a pulsating movement of the veins in the back of the right hand, which I also observed, although less distinctly, in those of the left. This symptom was more remarkable after each expiration, when the veins became elevated, but a very evident quivering pulsation occurred also during inspiration. Neither of these movements was synchronous with the arterial

pulse. When the vein was pressed, the pulsation ceased below the part where it was employed, but continued in the portion of the vein nearest to the heart; the jugular veins were prominent, but no pulsation could be observed in them. Early on Monday morning the bleeding returned, and the patient almost instantly expired.

Sectio Cadaveris.—Monday evening. The right lung adhered firmly to the ribs, and could not be separated without laceration. It was thickly studded with tubercles. An excavation of about the size of a hazel-nut was discovered beneath the clavicle. The left lung was also bound to the ribs, but less firmly than the right. It was emphysematous, and was completely gorged with blood in a fluid state. No tubercles could be detected in it.

The heart was pale and flabby; the right auricle and ventricle were greatly dilated; the parietes of the latter were about their natural thickness. All the valves were healthy.

Remarks.—I was at first inclined to attribute the venous pulsation in this case to the diminution of the column of blood occurring simultaneously with disease of the right side of the heart, of the existence of which there was sufficient evidence; but upon further reflection, I think it more probable that it was occasioned by the sudden effusion into the left lung, causing an obstruction to the free transmission of the blood, the right lung having been greatly condensed from previous disease. I offer this opinion with much diffidence, as it is contrary to the theory of Laennec and other celebrated pathologists, who attribute venous pulsation to regurgitation of the blood.

I have been led to the above explanation of this remarkable symptom, from a consideration of the character of the pulsation, which was a gradual elevation of the vein following each expiration, but was not synchronous with the arterial pulse; and the absence of the stethoscopic signs, which indicate either regurgitation or valvular derangement, and also the remarkable condensation of both lungs, which the post-mortem examination disclosed. The fluttering irregular pulsations which occurred during inspiration were probably the result of the auricular contraction, and perfectly coincide with the observations of Dr. Hope on that subject.

SUPERSULPHATE AND SUPER-ACETATE OF IRON.

To the Editor of THE LANCET.

SIR,—I have sent you an account of the effects which have almost uniformly resulted in the undermentioned diseases, from the internal exhibition of the solutions of the supersulphate and superacetate of iron. I am, Sir, your obedient servant,

J. PELHAM BUCKLAND.

84, Watling-street, St. Paul's,
Oct. 13, 1835.

The colour of the solution of the supersulphate of iron is dark-brown; the taste is exceedingly rough; it dissolves sulphate of quinine, and is decomposed by the same preparations as the sulphate.

CASE 1.—I was consulted in April 1832, by a gentleman who had been subject for a considerable time to periodical returns of neuralgia faciei. He had been affected with the disease in a greater or less degree uninterruptedly for three months previously to his consulting me, and during the whole of that time had taken the subcarbonate of iron in large doses. The paroxysms had now become very severe, and at each intermission the part was left so excessively tender, that he was unable to bear the slightest touch.

I commenced my treatment by giving him ℞x of this solution three times a day, and a gentle aperient every second night. The paroxysms in a few days became less violent. The dose was then gradually increased to half a drachm three times a day. He was completely cured within a month.

The effects produced by the increased dose were, entire loss of appetite, and excessive dryness of the skin, which the patient described as being drawn too tight upon the body. The secretion of urine was very small, the heat of the skin rather diminished. These symptoms arising from the too large dose of the medicine, were entirely removed in a few days by the daily use of warm cathartics. Since this case I have never given it in larger doses than ten minims three times a day. Early last spring, this patient had a return of the complaint, when the liq. ferri supersulphatis was given in smaller doses with success, and without any unpleasant results.

CASE 2.—I have given this solution in several cases of leprosy, with most beneficial effects. In cases of long standing were completely cured, and in others were nearly so, the strength greatly increasing.

CASE 3.—Night perspirations arising from general debility are very soon checked by its use. In one case I gave it to a gentleman who had been taking sulphate of quinine with sulphuric acid for two months without any benefit. In about ten days from the time of his commencing to take this preparation the perspirations had entirely ceased. This was in 1833, and he has not since had any relapse.

CASE 4.—*Paruria Mellita*, a person residing in Wiltshire, who has had this complaint for two years, took during the first eighteen months, among other remedies, various preparations of iron, the sulphate, tincture of the muriate, ammoniated iron, but did not receive the slightest benefit from either of them; for the last six months, during which he has been my patient, he has taken this preparation in doses of ten minims three times a day. He felt great relief from it within the first month, and is now gaining strength and flesh every day, and losing the other symptoms of the disease.

Remarks.—The medicinal properties of the solution of the superacetate of iron are similar to those of the supersulphate. It is much pleasanter to the taste, and is readily taken by children when mixed with sirup and water. I give this preparation with much benefit in muc-enteric diseases. From one to three drops three times a day in sirup and water, is the dose which I generally prescribe for children of from one to three years of age. In weak chlorotic patients also, this medicine is of great utility. The dose for an adult is from five to ten minims two or three times a day.

Every practitioner is aware of the numerous complaints in which iron may be exhibited with advantage. In all of them which have as yet fallen under my care, I have found these preparations to agree better with the patient, and occasion less nausea, than those generally used; I therefore have not considered it necessary to occupy more space in particularizing their effects in other instances, the above being quite sufficient to afford a general idea of their properties.

AN HERRIVOROUS MAN.—Anthony Julian, a native of Var, fell suddenly into such poverty during his youth, that he was compelled to eat plants. That which was at first painful food soon became an object of choice; and although in a few months his constitution was altered, he continued to live on this vegetable diet with the exception of a little bread, which he could not do without. The digestion was perfect, and his health increased in an extraordinary manner. *de Sc. and Arts of Varr.*

System der Chirurgie von Ph. Fr. von Walther der Philosophie, Medicin, und Chirurgie Doctor &c. &c. (A System of Surgery) by BARN WALTHER, 1 vol. Berlin, 1833. Reimer, pp. 418. (Imported by Schloss.)

WALTHER is one of the truly great surgeons who do honour to his father land, and his works on Physiology and several detached papers on Practical Surgery in the Journal published by Graefe and himself, have greatly contributed to the progress of the higher order of medical science in the northern states of Germany. To his lectures, he himself, however, attaches more importance than to his writings; they have been delivered regularly ever since 1802, and, enriched with improvements supplied by the entire range of medical literature, and by many years of meditation and experience they have arrived at a state of high maturity. At the medico-chirurgical school of Bamberg, the University of Landshut, Bonn, and Munich, he speaks with a becoming pride now, in his riper years, of having had for auditors many of the most distinguished German surgeons of the present day.

The volume before us is the first of a series intended to present the whole of his course and system of surgery. It develops the *general principles* of surgery, and constitutes that to the succeeding volumes, which general does to particular or topographical anatomy. The Professor has, from the first step in his professional career, followed the leading ideas that medicine not only reposes on natural philosophy, but that it is itself *natural philosophy*. This position being firmly embraced, he cannot admit that its practice as an art, or its utility to society, admits of its division. In every point of view, Walther's System of Surgery merits that name better than any other extant. Those who prefer natural grouping to the A B C arrangement, or who, like Gibbon, "can never digest the alphabetical order," will find in this logical and purely rational system, many charms, and some consolation, for the present form of medical writing which prevails in England.

The forms of disease treated in surgery are divided by the Professor into five classes. To the first belongs INFLAMMATION, its terminations and sequelæ (*phlogosen*); to the 2nd, WOUNDS, solutions of continuity (*traumen*); to the 3rd, DISPLACEMENTS OF

organs, changes of configu (ectopieen); to the 4th, MALFORMATIONS, producing destruction of function and deformity (*pseudomorphen*); to the 5th, FOREIGN BODIES, penetrating from without or generated within (*allenthesen*).

In the first chapter, that on inflammation, the adaptation of the treatment to the different forms of malady, is strikingly felicitous. The modifications of treatment, according to the character of the inflammation, where the habit of body is catarrhal, rheumatic, scrofulous, syphilitic, arthritic, or scorbutic, and according to the tissues or systems suffering, will be best appreciated by those who have had most experience in practice, and have seen on what slight causes success or failure depends. The indications for bloodletting in inflammation are thus stated:—

“Venesection is indicated with an urgency proportional to the intensity of the inflammation, the importance and vascularity of the organ, the danger of entire destruction or breaking up of its function,—to the phlegmonous character of the inflammation, the earliness and activity of the stage, the acuteness and tendency to spreading, the freedom from any dyscratic combination,—to the violence of the accompanying fever, the strength of the constitution, the richness of blood, the habits of the patient with regard to loss of blood.

“Redness of the face, the fulness, strength, and hardness of an incompressible pulse, high-coloured urine, dryness and heat of the skin, are indeed subordinate, but confirmative of the indications. Chronic inflammation frequently requires bloodletting, also dyscratic (scrofulous &c.) inflammation, if it assumes a dangerous appearance; only, in these cases, blood-letting cannot do all that is required; it can only cut short one element (the inflammatory) of the disease; the other (the dyscratic) element is not by that means arrested, but rather furthered in its development.

“Erysipelas, also, particularly of the face, bears and requires bleeding, keeping at the same time in view the origin and character of the fever, and the complications and likelihood of its return.”

Also in children a little advanced in age, venesection is necessary in dangerous inflammation. Menstruation, the lochial discharge, hemorrhoids, are by no means invariable counter-indications.

Suppuration and the other terminations and kinds of inflammation are afterwards examined in the most comprehensive manner. Wounds are defined as violent se-

parations of the cohesion of organic structures. They are examined according to their form, and the part or tissue injured,—in the skin, the muscles and tendons, vessels, nerves, and bones (fractures). Cuts, stabs, bruises, lacerations, gun-shot wounds, poisoned wounds, inoculated wounds (chancres, hydrophobic wounds, &c.), are treated in successive chapters.

General and ingenious ideas are occasionally met with like the following, in the first chapter of the class of “displacements,” the value of which will not be fully appreciated by every reader:—

“The organs of the human body are fixed in certain predestined localities. They can neither be developed, nourished, nor grow, and rightly fulfil their functions, unless they are placed in that precise local relation on which their insertion in the vascular and nervous systems, and their relation to the neighbouring organs,—by which they are supported in their functions,—in great part depend. As families of plants are confined in their geographical distribution to particular zones, to various degrees of latitude and longitude, to a definite elevation above the level of the sea, to certain climates, so is there for the organs of the human body a topical arrangement and normal position. Therefore, viewed in their totality, similar organs in the different classes of animals, always live in the same or corresponding places, and every displacement is also a correlative loss of dignity and destination for the dislodged organ.”

Intussusception, hernia, prolapsus uteri, dislocation, paraphimosis, belong to this class.

Malformations of every kind, harelip, cleft palate, imperforations, strictures, ectasies, aneurysms, varices, aneurysms by anastomosis (*telangiectasie*), curvatures, and club-foot, form, in separate chapters, the fourth division (*pseudomorphen*).

Further remarks on this work are unnecessary. The reader must have seen sufficient to enable him to understand the author's arrangement. Without extracting more than our limits will admit, it would be impossible to give a just notion of its intrinsic value. For condensation of philosophical reasoning, and combination of surgical science, and clarity of view, it surpasses any work lately published.

On the Power, Wisdom, and Goodness of God, as manifested in the Creation of Animals, and in their History, Habits, and Instincts.
By the Rev. WILLIAM KIRBY, M.A., F.R.S., &c. Vols. 1 and 2. London, Pickering, 1835. 8vo.

THE author commences his work by remarks on the opinions of the two well-known French philosophers, La Place and Lamarck, but more especially on those of the latter, as being pre-eminently the works of naturalists. Although we cannot agree with many of the ideas started by the latter in his "Philosophical Zoology," we nevertheless think they deserve the consideration of inquirers after truth. His main hypothesis of the gradual conversion of the lower into the higher order of organized beings, by the influence of external circumstances, assisted by "the lapse of ages," is not satisfactorily made out. He has certainly produced a few facts to show, that when an organ is not used, its power gradually declines until it may be said *not to exist*; and, *vice versa*, that when it is much used, what may be called its "natural" state is rendered more perfect. This is matter of common observation, and has been long known. Lamarck, however, has considered it more particularly than have the generality of physiologists; and although he has made some ingenious deductions from it, and some that are correct, we still think that every impartial man who has attended to the subject, will so far agree with Mr. Kirby as to perceive, that the French philosopher has by no means yet brought forward a sufficient number of facts to establish his main hypothesis. Lamarck perceiving that change of circumstances, assisted by time, will to a certainty produce *some* variety in the animal species, has conceived, that such change of circumstances, aided by an *incalculable extent of time*, may have produced *all* the varieties which we see in the organized world. The hypothesis is plausible at first sight, because it is not altogether unsupported by facts; but when examined more closely, it is obvious that by far the greater part of it, though not altogether "irrational," as Mr. Kirby calls it (page 24), has *no* foundation in observation, experiment, or reasoning, so that at best it can only be regarded as the flight of a hare's post. Leaving this point of the subject, no assurance may be called to the

fact, that Meckel* has shown that our life in the womb first resembles the life of an egg or an animalcule, and next that of a fish or a cold-blooded animal, which has *only a single heart*, till at length, as the time approaches for our appearance in the open light of day, our vitality assumes the character of the warm-blooded species, and we appear in the world with a *double heart*. Considering these facts, Meckel supposes that he perceives something like a tendency of matter to rise from the lower to the higher forms of existence. We do not think he has added (as he might have done), that not until long after birth does the child acquire what may be called the "true prerogative" of its species,—reason. This,—not exactly, as some have said, "built up from the external senses,"—is still something superadded or developed *after* the animal has risen to the top of the organic scale, and become warm-blooded. Animalcule, reptile, dog, its master. Such seems the ascending series.

Sir Charles Bell, in his "Bridgewater Treatise," is opposed to these ideas of Lamarck and Meckel. He considers the lowest animals to be as perfect in themselves as the highest. This is an argument that deserves consideration from those who engage in these difficult inquiries. The ant and the bear, and indeed some *reptiles*, such as the crocodile, seem often to have given proofs of sagacity which should make us hesitate whether it is right to consider those animals which will lie low in Lamarck's and Meckel's series, as so ranging in reality. The world is *one* vast piece of mechanism (some may say), every part of which is so arranged, as to fulfil the intentions of the incomprehensible Artificer; and it is absurd to consider one part to be higher or lower, more perfect or less perfect, than another. With regard to Meckel's above-stated observation, it seems to be the sole instance that we at present have of life beginning at what we call the "bottom" of the scale, and gradually ascending to the top. Conceiving it to apply not only to the human species, but to all the warm blooded species, it is still to be remembered that this all takes place *in* the body of the parent, and *not out of it*. There is, properly, at present, so far as we know, not a single example of such a tendency of

* "Anatomy."

matter as that which is supposed by Lamarck and Meckel, existing out of the parent animal.* Tiedemann, indeed, in his late work on physiology, supposes that our body after death becomes gradually changed, as decomposition advances, into myriads of animalcules, which again pass into vegetable and thence into animal forms of existence. And this may be the fact, so far as that animalcules are produced by decomposition, and that these, by their death, or, possibly, by their life, may contribute, rising among the vegetable juices, to the vegetation of the seed, by affording it nutrition, or *stimulating* it, assisted by air and water, to action. But it is not the fact (so far as we at present know), that each animalcule is *changed* into the seed, or even into a part of the seed. Much less is it a fact, that the lower orders of vegetables are changed into the higher, or into any form of animal life. True it is, that the vegetable, when dead, may,—as it were, after another death,—after chemical *decomposition* by the animal fluids,—become changed into a part of the animal again alive. But this is a very different thing from a vegetable actually growing into (changing into) an animal; or an animal of the lowest species changing into an animal belonging to a higher class in what is called the scale of organization.

Again, if it be said,—“But animalcules, which are *living* matter, are obviously produced from the fermentation of animal or vegetable infusions which are *dead* matter, and hence display the existence of a disposition in matter to rise from death to life,—from a lower to a higher state of being,”—we may reply, “That has been questioned.” Spallanzani conceived the *eggs* of the animalcules to float about in the air and elsewhere, and only to be hatched (so to speak) when they accidentally fell into a proper nidus. Such he conceived decomposing infusions to be. Knowing that some of the animalcules may themselves be kept for many years (as the wheeler for instance), and yet show signs of life on being moistened, it seems by no means impossible that

the eggs of those animalcules may float about in a dry state in the air, perhaps for hundreds of years,* and yet not lose the power of becoming living animalcules, should they chance to fall into an infusion suitable to produce such change. This seems to be the less improbable, because these animalcules often propagate by division, like vegetables, and the seeds of which we know may be kept dry without injury for years. Lamarck, however, and some other naturalists, seem inclined rather to believe that animalcules are actually *generated* by decomposition. But there is strong analogy against such a supposition. We have proof that no other insects or animals are so generated. At least such a phenomenon has never yet been discovered in others.

It seems, therefore, to follow from what has been said, that when the visible animals originated, some cause was in operation which is not in operation now; and the same may be said of the transmutation of the lower into the higher forms of existence, if, indeed, this was the order of creation.

We select the following observation with regard to life from Mr. Kirby's Treatise. It affords a specimen of the original views which are frequently to be met with in the work.

“Thus much, however, may be predicated of life, that both in the vegetable and animal, like heat, it is a *radiant* principle, showing itself by successive developments for a limited period, varying according to the species, when it begins to decline, and finally is extinguished: that sometimes also like heat, as in the seed of the vegetable and egg of the animal, it is latent, not manifesting itself by development, till it is submitted to the action of imponderable fluids conveyed by moisture or incubation.” —p. 40.

The reverend author thinks that the hypothesis of Mr. Mantell, viz., that the saurians were the mighty masters of the creation before the existence of the human race, is not altogether satisfactorily made out. “The supposed extinct animals all exhibit a relationship to those that we find now existing and many of them evidently fill up the vacant spaces in the general system, and therefore there is no cause to suppose they were originally separated from the present race.”

* Nor does there exist evidence that such a tendency has ever existed. “There are no fossil remains in the lower strata of the earth, of vegetables and animals, of oaks and lions, in miniature; or of creatures with organs half formed; while in the upper strata they are found in a state of greater perfection.” See “Allan's Discourses against Atheism,” Discourse 4, p. 186. This work was not known to us until after the present article was written.

* It is not necessary to suppose that they floated from their first origin, but that they possibly be borne up into the air, being left behind after their infusile may be carried up by the wind.

to their fellows." We do not, however, observe any new or striking arguments brought forward in favour of the notion that extinct animals were created at the same time as those which are at present in existence.

In chapter II. a great many ingenious arguments are advanced to show that America may have been stocked with men and animals from the old continents. Land connexions, subsequently swallowed up by the sea, "floating islands of matted wood," similar to those observed by Captain W. H. Smith &c., are urged as possible modes of transmission. The author, in the Appendix to the first volume, and elsewhere, has endeavoured particularly to make geological researches accord with the Mosaic account of the deluge. In aiming at this as a *general* principle, he is doubtless serving the cause of Scripture; but in urging the existence of coincidences to such an extent as he has attempted to carry them, we doubt much whether he has not overshot his object. This error the traveller committed who, in proof of the transmutation of Lot's wife into salt, announced that he had found the pillar in the desert. The expression relative to the sun standing still, and others of a similar description, show, that however plausibly we may interpret to the letter some parts of the most ancient records, we cannot do so in all. And if we cannot do so in all, to labour at parts shows our anxiety to be more prominent than our wisdom, for partial success must lead to rejections which the interpreters will not desire.

We leave the perplexing subject to make some remarks on the chapter "On Instinct." "An ingenious and acute writer, Mr. French (says the author), is the author of the hypothesis that instinct is the action of some *intermediate* intelligence employed by the Deity upon the animal exhibiting it,—an hypothesis (continues our author) which appeared in the first number of the *Zoological Journal*." It seems by another quotation, that Mr. French conceives "these intermediate intelligences to be *good* and *evil*, but acting under the control of Providence; and that such agencies act by impressions upon the conscious nature, but unperceived by the moral or intellectual faculties." The author remarks on this in common phraseology, "that these intelligences would be

called "*Angels and Demons*," the former being the cause of the *beneficent*, the latter of the ferocious instincts of animals. "It is further obvious, (he continues,) that Mr. French believes that the *same* animal is subject to the agency of *both* these powers; since, he has observed that in the phoca ursina species, the males manifest the most singular tenderness towards their young progeny, and at the same time a savage and persecuting disposition towards their females."—p. 233.

Mr. French might have gone farther, and said that as an attraction to the centre and a tendency to motion (the centripetal and centrifugal forces) seem to pervade all inanimate matter,* in like manner two opposing powers, benevolence and malevolence, selfishness and generosity, seem, though in different proportions, to pervade all organized animal matter. We say in "different proportions," for it is obvious that in some animals (man included) the benevolent principle is the stronger, in others the malevolent. Were we called upon to make two grand distinctions on this subject, we should say that herbivorous animals were inspired more particularly by the benevolent powers, and carnivorous by the malevolent; at the same time admitting that even the herbivorous are sometimes actuated by the malevolent influence, and the carnivorous by the benevolent.† There is little that is new in this opinion. Plutarch says, in his Essay on Isis and Osiris, that it was entertained by Zoroaster and the Egyptians. It was the opinion of Plutarch himself—if not in its details, at all events in its outline. It was the opinion of Bayle. Further, it is an opinion that prevails more or less among all educated nations even of the present day. The "Devil" we are told entered the serpent "in the beginning," and the serpent has since retained venomous and malignant qualities.

But the reverend author does not coincide with Mr. French in his opinions on in-

* Mr. Kirby has a remark somewhat similar to this as regards instinct and intelligence, which latter is considered a "principle of limitation."—P. 27, vol. 2.

† Having no space for details, we have said nothing about fair, necessity, or the obstinacy (or opposing power) of matter, suggestions of Plato; yet does Paley *indirectly*, in accordance with scriptural doctrine, admit the agency of one at least of these. We do the same, and in this way show how the benevolent is stronger than the antagonist power.

Not so the rose. The queen of flowers is perhaps the most accomplished of chemists, during life converting corruption into sweetness, and retaining comeliness and wholesomeness even after death, falling slowly only into inoffensive dust. The queens of birds and of humanity perish into odiousness.

Quaint enough is the following erection on scriptural theory:—

"It is singular that two classes should be placed in opposition to each other, seemingly so opposite in their character and most of their qualities, as the reptiles and birds—the one the most torpid, dolful, and hateful of animals, symbols of evil demons,—the other *vice versa*.

But in spite of this apparently striking contrast, a real affinity exists between birds and reptiles (in their general form &c. &c. of course is meant, each too being oviparous); and when we recollect that demons are fallen angels, we may apprehend why God has placed their symbols in the same series." (Page 441, vol. 2.)

To conclude. Though we differ from the author in some of his opinions, yet we acknowledge the work to be one of merit, and calculated to afford considerable pleasure in the perusal, to thoughtful readers. Many of the observations which it contains are at once original and judicious, and if the pursuit of truth does not always satisfy the reader by its success, the path at least affords food for meditation. The materials for thought are certainly supplied in his pages, which can rarely be said of "new books" in this age of literary vampation; and in casting yet further abroad a little of the seed which he has therein sowed, we shall probably cause some to alight in a soil that will afford it growth which it would not otherwise obtain.

The Principles of Ophthalmic Surgery; being an Introduction to a Knowledge of the Structure, Functions, and Diseases of the Eye; embracing new views of the Physiology of the Organ of Vision By JOHN WALKER, Surgeon to the Manchester Eye Institution. London: Taylor, 1834. pp. 195.

THE title of Mr. Walker's work is sufficiently explanatory of its nature. The structure and diseases of the eyelids, of the eyeball, the cornea, the iris, the ciliary apparatus, the choroid, the retina, the vitreous body, the posterior chamber, the anterior chamber, the lacrimal gland, and

the passages are successively and succinctly discussed. A vocabulary is added, explanatory of technical terms, with the German and French synonyms. This is exceedingly useful, nay, indispensable to the student, who will readily admit the fact when he finds that there are more than one hundred distinct diseases of the eye, each characterized by some hieroglyphic forged out of Greek, by the laborious wit or the dullness of the Germans. Three hundred technical terms are already employed by the ophthalmologists. In the name of common sense, and on behalf of the verbal memory of their brethren, we now entreat them to desist from further neological creations, which, instead of diffusing light, threaten us with the perplexities of chaos again. Let our translators resolutely resist the German verbiage. None sooner than ourselves are willing to acknowledge German genius whenever it appears; but we caution our countrymen against giving currency to the piles of incubrations which are retailed at the Leipsic fairs. A German Professor is an author, often a nonnomenclaturist, *ex officio*; and the dense stupidity of a German duncer surpasses any thing of the kind in nature.

The examination of the physiology of the iris, in which Mr. Walker comes to conclusions differing from those generally held, will afford a favourable specimen of his method of reasoning in physiology.

"It has been usual to refer the motions of the iris to a supposed connexion with, or dependence upon, the retina. Many facts may be advanced in proof, that the changes of the pupil are independent of the retina. They have no communication with each other—their nervous supply is totally different, the sensibility and mobility of the iris depending upon the ciliary nerves;—the retina communicates only with the optic nerve. In many cases of paralysis of the retina, the iris is perfectly active. The opposite condition is also frequently noticed of dilated and motionless pupil, without loss of vision. Either of these conditions is perfectly irreconcilable with the idea of the motions of the iris being dependent upon the retina: both form such an insurmountable objection, that they cannot be got over.

"In the most densely opaque cataract, where very little or no light can get to the posterior chamber, the pupil, instead of being proportionally dilated to the unexcited state of the retina, is as active and as much contracted as ever, which could hardly be the case if that activity depend upon the quantity of light sent to the retina.

"To explain this more clearly, we will

adduce two instances, in which the facts will speak for themselves. 1. A.B. is affected with cataract of both eyes. The lenses are so opaque, as to allow of scarcely any light getting to the retina, consequently he is unable to discern any object but very indistinctly. *His pupils will be as much contracted as those of any other person.* 2. C.D. has no cataract. His vision is perfect. He is placed in a darkened room, where there is so little light to affect the retina, that he is unable to discern any object but very indistinctly. *His pupils will be widely dilated.* In these instances the retina is similarly situated as to the stimulus of light; and yet we find the pupil dilated in the one case, and contracted in the other. The inference to be drawn from these facts is, that the exterior of the eye and iris are acted on by the light, and that the contraction of the pupil is the result of that action; and, consequently, that the latter is not influenced by the quantity of light sent to the retina.

"In the state of sleep the pupil is powerfully contracted, whilst the retina is unemployed, and in a state of complete repose.

"By means of the lenticular ganglion, which gives off the ciliary nerves, the iris is connected with the palpebræ, by the third and fifth pairs of nerves; and all its relations seem to be with the eyelids and not with the retina. It is very common to find them both simultaneously affected with disease:—thus, if there be paralysis of the third nerves, the levator palpebræ and the iris are both motionless. In the experiments of Magendie, when the fifth nerve was divided, in dogs and cats, in whom the arrangement of these nerves is the same as in man, the iris was paralyzed, and the eyelids could not be closed. I have seen disease, in which the eyelids and iris were both in a state of continued spasmodic action, a constant twitching and closure of the eyelids, and a corresponding rapid contraction and partial dilatation of the pupil, owing apparently to irritation affecting the fifth pair of nerves. Instances of this affection cannot be considered as by any means uncommon, since it is particularly noticed by Beer, to whom it could therefore be nowise strange.

"By reference to the facts of comparative anatomy, this view of the relation between the palpebræ and iris is strengthened and confirmed. Insects are devoid of either. In fish we find the iris perfectly formed (as a portion of the optical apparatus), but motionless and no eyelids. In the amphibia the iris is also present, with a feeble languid motion; and here we have the first rudiments of eyelids; these consist of folds of the common integument, with which the animal occasionally covers the eye, placed anteriorly and posteriorly, and resembling the third eyelid of birds and the mammalia. In birds the eyelids are perfectly developed, and the iris exceedingly active. Keiser

found that after cutting away the eyelids in birds, the contraction of the pupil accompanied every fruitless attempt to close the lids; so that it would appear that the motions of the iris are voluntary in them. Carus, from whose 'Comparative Anatomy' these facts are taken, asks, 'Does not this consonance of motion in the eyelids and iris, as well as the development of mobility in the latter at the same time with the first appearance of eyelids, go far towards proving its muscularity?' It may be taken equally as a proof of their mutual action and relation.

"In the mammalia we find the same striking analogy between the eyelids and iris. Before birth, as in man, the pupil is sealed up with the papillary membrane, and the eyelids are closed by a similar membrane; and in those animals which are blind at birth, both these membranes disappear together.

"From all these remarkable and striking agreements, it is not too much to draw the inference I have done, viz., that the sympathies and relations of the iris are with the palpebræ and not with the retina. I challenge the advocates of the latter opinion to bring forward such a string of facts in support of that view."

We recommend Mr. Walker's book as a very meritorious performance; every subject which he has discussed is treated clearly and with good sense.

An Introduction to Hospital Practice in Various Complaints: being a Clinical Report of Fever, Gout, Rheumatism, Cholera, Jaundice, Erysipelas, Insanity, &c., and Diseases of the Chest and Heart, with Remarks on their Pathology and Treatment. By C. J. B. ALDIS, M.A., M.B., and L.M., Inceptor Candidate of the Royal College of Physicians. London: Longman, 1835. 8vo, pp. 125.

PERIODICAL medical literature can render no much greater service to medicine than must result from the publication of carefully-observed and well-digested reports of hospital cases. Physicians and surgeons in large private practice can only present us with general conclusions, leaving us, too often, in ignorance of the facts and observations upon which those conclusions have been founded. It is for advanced students or young physicians, who cannot spend some hours daily in the hospital, to collect the facts which occur from the superintending care of

to lay before the public a full account of "the evidence," of which the more experienced practitioner can only report to us the "summing-up." In the hospitals the medical officers should themselves set the juniors to work, and arrange and complete the materials collected, the independence and honesty of the collectors being the guarantees for the fidelity of the reports. If they will be at no pains to perfect the documents produced, at least should they afford every facility to enable others to perfect them. However, there seems to be so much reason for the preservation of secrecy in British hospital practice, that there is no hindrance or obstacle which, with few exceptions, is not thrown in the way of reporting cases honestly and impartially, in the national medical charities of this country. In France, a greater compliment cannot be shown to an hospital medical functionary, however high and eminent his reputation, than to report his cases in the public journals.

There are sometimes, however, followers in the wards of our hospitals on whom the physicians and surgeons can depend,—as a lord can depend upon his amanuensis, or a prince upon his little foot-page; and now and then we have these *attachés* issuing reports or brochures of cases, "selected," judiciously selected, and fitted for publication, with the grand name of the hospital affixed to the title, and an equally grand name in the dedication. Yet such publications must contain much that is veritable, and ought, imperfect though they may be, to present us with much that is valuable.

Dr. C. J. B. Aldis is neither a foot-page nor an amanuensis. He is an M.A., an M.B., an L.M., an I.C.O.I.R.C.O.P.L. and a D. to his M. E. M. K. W. the 4th, P. and P. to St. George's H., and of all N.I.'s,—which latter series of initials being interpreted, means that Dr. Aldis is a Dedicator "to his Most Excellent Majesty King William the Fourth, Patron and President of St. George's Hospital, and of all noble Institutions.—What a simple thing is science! What grandiloquent personages are some of those gentlemen who follow in its wake! We will frequently furnish our readers with a specimen of these "selected cases" which Dr. Aldis has so kindly placed at our disposal to "the patient and the public." His present publication has certainly induced us to consider whether we may have enter-

tained of engaging him as a reporter at St. George's, notwithstanding the fact that he has been there for a "series of years" learning the occupation. Suppose his most gracious Majesty had met with the following case in our columns, which position it has missed, occupying, instead, a place in page 32 of the "Introduction to Hospital Practice,"—a work which is designed "to prevent numerous valuable facts from sinking into oblivion."

"Case of Infantile Remittent Fever.

"Charles Wellington, æt. 3½, admitted December 7, 1831. Pulse 120; skin warm and moist; bowels open and motions dark; urine clear; abdomen rather swelled; emaciated; voracious appetite; coughs and expectorates thick phlegm.

"Had the measles three months ago, which were of an irregular character, and he has not been well since.

"R. Hydrag. Submur. gr. ij;

Pulv. Jacobi gr. j. o. n.

Haust. Sennæ ʒss, omni mane.

Haustus Celacei ʒss, sextis horis.

Diatla Lactea.

"9. Prolapsus ani.

"Enema Aquæ Frigidæ ʒij, quotidie, P.

"14. P.

"25. The prolapsus ani has ceased; the injection has consequently been omitted; no cough.

"P. c. Hyd. Submur. et Jalap. alt. nocte.

Haust. Sennæ posteris diebus mane.

"Jan. 2, 1832. Cured."

This is *verbatim*. It constitutes case 17. Does Mr. Aldis seriously present it either to King William or the profession as an hospital report; or does he think himself privileged, as an inceptor candidate, to publish what the merest tyro in the profession, who possessed the same opportunities for observation in the hospital, would be ashamed to own? Look at the previous history of the case—"measles of an irregular kind three months ago." How precise! "Has not been well since." How clear a description of the premonitory symptoms and previous state of health!

The report of the 14th day is unique in medical records: "14th.—P." Probably Mr. Aldis shook his learned head as he wrote the algebraic fact of "P." A shake of the head stood for much with a *dramatis persona* in the "Critic," and may have been equally expressive *here*. But then we do not see it. Perhaps the printer, to whom the notice of

the significant movement of the head was new in "composition," omitted "a shake of the head" after "P.", in ignorance. At any rate it would prove profitable penny-a-line work to Dr. Aldis, to obtain a "P." engagement on the periodicals.

The greater part of the cases reported are very nearly of the same description. Thus the entire subject of *croup*, which the author describes as "cynanche trachealis," is dismissed in a single case, which occupies three-fourths of a page, while the sum of information on the spasmodic form is contained in the following extract, which embraces every word contained in the article under that head.

"*Spasmodic Croup*.—This is opposed to the former, which may be termed inflammatory croup. It usually attacks patients suddenly in the night-time, and is unaccompanied by the symptoms of pyrexia, which commonly distinguish the former. There is often an intermission of the disease. The warm-bath and antispasmodics compose the treatment."

We have seen, within the last few years, several works, British and foreign, on diseases of the heart. We beg the authors of those works to consider how absurd have been their labours, when they learn that Mr. Aldis has discovered that the diseases of the heart consist simply of hypertrophy and ossification, and that we could print every word which he has to say on the subject of the former in one page of our journal, the latter being concentrated in the following three lines, immediately after dismissing the cases of hypertrophy.

"The remaining diseases of the heart consist in ossifications, which may be palliated by medicine and repose, and life may be prolonged by avoiding excitement."

And it is to give encouragement to such piddlers in cases as Dr. Aldis, that our hospital doors are almost closed against the reporters for the public press!

Practical Observations on the Nature and Treatment of Nervous Diseases, with Remarks on the Efficacy of Strychnine in the more Obstinate Cases. By GEORGE RUSSELL MART, M.R.C.S. L. London. Churchill. 1835. pp. 185.

THIRTY-TWO more miracles performed by strychnine! Mr. Mart has come from H.M. Ship *Racoon* to the assistance of Dr. Turnbull, and discharged a very destructive

ambrosia against hemiplegia, paraplegia, amaurosis, nervous indigestion, the douloureux, and neuralgia. Like the production of Dr. A. B. and C. D. Turnbull, the present work is not,—Oh, fellow countrymen!—a list of the killed and wounded. It resembles, more, a Report of the Humane Society, and contains only a catalogue of the saved. The victims who used to escape from shipwreck offered gifts to Neptune, and the temple of the Ocean God contained many proud trophies of his power, which the priests exhibited with immoderate elation to the devout stranger: "Where are the memorials of those who perished?" was a question which overwhelmed them with amazement." We ask Mr. Mart, and we shall continue to ask all the proclaimers of new medicines—"To how many patients did you administer your drug without producing the least advantage from its employment?"

The author of the work on strychnine has "for many years successfully administered strychnine in paralytic complaints, as the relation of some very obstinate cases will prove." These cases are very clearly, and we have no doubt very fairly, related. The work is, indeed, one of the best yet published on strychnine, and goes as far to verify its efficacy as can any book which relates to successful cases only, and does not pretend to ascertain their duration. The following extract affords a favourable specimen of Mr. Mart's cases:—

"*Case 7.*—Thomas Linton, aged 42, had been two years in the *Racoon Hospital*, in Portsmouth Harbour, before the date of the author's appointment thereto. He was tall, thin, and had a sallow complexion, and was the most intelligent patient in the ward. He stated that he had not quitted his bed for twenty months, except on favourable days, when he was carried on deck for fresh air. The cause of the palsy was a blow on the loins by a fragment of stone, attended with considerable pain at the time, which in a day or two passed off. Sometime afterwards he became alarmed by a feeling of numbness extending along the thigh, and a sensation as though strings were tightly bound round the legs. These symptoms increased, and at the end of three weeks the man was deprived of motion of the legs, and became unable to stand. Every cure was tried, in vain. At length, however, the poor Linton received strychnine, and was considered 'an incurable case.' The treatment was continued for some time, and the patient recovered."

ministering some blue pill, and doses of purgative medicines; the state of the secretions required previous treatment. Afterwards, one-eighth of a grain of strychnine was ordered in the form of a pill twice a day, and a dose of a mixture containing diluted sulphuric acid taken at the same time. On the second day the pill was repeated three times, and the strychnine was gradually increased to a grain in twenty-four hours. When the treatment had been continued a month, no amendment occurred; but about this time a blister was applied over the part where the blow was received. On removal of the skin, one quarter of a grain of strychnine was applied twice a day. The blister was dressed daily in this manner till it healed, when another was applied in the vicinity, which was dressed with half a grain of strychnine sprinkled over the denuded surface twice a day, and also administered internally in pills containing a quarter of a grain four times a day. Six weeks from the commencement, the patient began to improve; convulsive jerks were felt in the legs, and a sense of pricking and other odd sensations were experienced; the toes would move involuntarily. An erect posture had been attained several days; the patient sat in a chair, and moved the legs in every direction. He continued to improve in various degrees, but the amendment was always more rapid after blistering. This treatment was continued four months, when he was so far recovered as to be discharged from the Hospital Ship, and had light work assigned him. Finally the cure became perfect, and he performed the duties of an able-bodied man."

Practical Anatomy of the Nerves and Vessels supplying the Head, Neck, and Chest, &c.—

By EDWARD COCK, Demonstrator of Anatomy at Guy's Hospital.—London. 1835. Schloss. pp. 249.

THE preface to this little work contains an apology from the author for adding one more to the long list of existing "manuals" of anatomy. The excuse, however, is unnecessary. The work is well executed, and we especially approve the plan on which the anatomical researches in the regions displayed is conducted.

There is no occasion for us to enter into a public examination of the contents of the volume, or to analyze its details, which are purely anatomical. Mr. Cock does not pretend to have made any discoveries; he directs attention for the manner in which the vascular and nervous system of the head, neck, and the thorax, and the mod which we have always

considered to be the only one that is really calculated to aid the student in his inquiries in the dissecting-room. Instead of commencing with the large trunks of the arteries and nerves, the author takes them up (at the point where dissectors must commence) at their terminal branches, and then follows them to the more deep-seated parts, and intersperses his descriptions with a variety of remarks and directions for dissection, which none but a practical anatomist could have given, and which will render the greatest assistance to the student while he pursues this difficult portion of anatomy, scalpel in hand. In short, the author makes his work say that which the demonstrator would describe *viva voce*, with the parts before him, and in the same order as that in which the parts present themselves under the knife; and this handy volume may be conscientiously recommended to all those who desire to lay that sound foundation for medical knowledge which can be derived only from a practical acquaintance with the structure and relation of the parts composing the human body. The work is issued with the usual extreme neatness of Mr. Schloss, whom we may take this opportunity of recommending to students as the publisher of some excellent and valuable plates of anatomy by Weber, especially his Anatomical Atlas.

THE LANCET.

London, Saturday, October 17, 1835.

THE remarks which we have recently offered to the profession and the public, on the fraudulent lecture and certificate system, have produced, it appears, the desired effect on some of the most guilty of the delinquent parties. There is no trusting them to discuss this question, except in favour of one side. As all the arguments, therefore, are with us; all the calumnies, all the falsehood, or, to speak plainly, all the lies, are to be found in the columns of our opponents. It is pretended by our voracious adversaries that we advocate the apprenticeship system, and that we contend for the proposition of totally abolishing the practice of lec-

being in public and private medical schools;—that, therefore, we have argued that every surgeon should be so well capable of supplying his pupil with a competent knowledge of every branch of medical science, and that the pupil should derive no other instruction with respect to instruction in medicine, than that which can be furnished to him by the gentleman to whom he is articulated as an apprentice.

It is not in our power to present any specimen to our readers as a *refined* mode of lying, because nothing more gross, more truly gross, in the shape of falsehood, was ever presented to the observation of intelligent men. What we have been seeking to establish—and this is as well known to our shallow-pated opponents as it is to the profession—is a system of education in medicine, which has its foundation in principles of justice,—a system which will necessarily confer on all practitioners of medicine, the privilege, *when they are competent*, of supplying their apprentices or pupils with a competent knowledge of the theory or practice of the science of medicine. Hence, on a variety of occasions, we have felt it to be our bounden duty, in justice to the public, and in justice, too, to surgeons who are engaged in private practice, to expose the enormous abuses which arise out of the certificate system, enforced and sanctioned as it is by the rulers of our colleges and companies.

But the exposure, it seems, is a source of grievous annoyance to certain of our empty-headed lecturers. We are glad of it. We had no desire to please them, and quite certain are we that, if our criticism on that subject had been consulatory to *their* feelings, a better proof could not be furnished that we had sacrificed the interests of the profession. When, therefore, our opponents are most liberal in giving utterance to vituperations and falsehoods, we derive the greatest share of satisfaction; for of what use is it to apply the lash, unless we can make the galled jades wince? The adversaries of a just and rational system of medical educa-

tion, know well enough that THE LANCET has ever been opposed to a compulsory system of instruction of any kind, other than what is demanded by the capacity of the pupil to undergo a searching public examination. To this extent our advocacy of restriction has reached. Beyond it we have not gone a single step. The system of compulsory apprenticeship, instead of being landed in this journal, has been denounced by us, as well also as has the disgusting humbug of "recognised" courses of "four months" and of "six months" duration. It has ever been the object of our labours to set both practitioners and students free from such odious and pernicious trammels, as far as may be necessary to suit the interests and conditions of persons against whom the "recognised" system may operate—if not as an institution of extortion, at any rate as a provision which must be attended with great disadvantage. By the Apothecaries' Act of 1815—a measure which has called forth so many pages of eulogium from the pen of the hired hack of the corruptionist—the student in medicine who desires to practise as an apothecary in England and Wales, must serve an apprenticeship to an apothecary for a period of "not less than five years." When, however, this self-same student makes his appearance in the metropolis, with the avowed object of obtaining his license at Apothecaries' Hall, he is required to commence his studies *de novo*, and certain rules are prescribed for his adoption, a compliance with the terms of which requires a residence of nearly three years in London. In short, had he been articulated to an attorney—had he been apprenticed to a carpenter or a fishmonger, he could not have been subjected to a more degrading, a more expensive ordeal. Is this a state of things which is calculated to give satisfaction either to the student, to the public, or to surgeons and apothecaries, whose articles are so unceremoniously imposed upon them in the "recognised" system of medicine?

Why, we ask, if the private practitioner be endowed with sufficient acquirements, and be gifted with an adequate share of industry, to convey to his pupil an adequate knowledge of the various branches of medical knowledge; why, we ask, is he discouraged from pursuing a course which might prove in the highest degree advantageous to his own interests, as well as to the professional and moral welfare of the individual who is placed under his charge?

And pray, who are the practitioners whose abilities are spurned by the Colleges, and whose acquirements are made the subject of vulgar ribaldry by MACLEOD and the rest of his ignorant clique? It happens, strangely enough, that they are gentlemen who have endured all the tortures and the costliness of the certificate system, and have been proclaimed by the ruling authorities to be perfectly qualified to undertake the duties of medical practitioners. And who are the lecturers? Why, persons who, in point of legal professional qualifications, possess no higher, no better claims on public confidence. Yet in the one case, a "certificate" of three months' attendance on oral discourses, delivered daily, during a single hour, is "recognised," is received as entitling the candidate to possess the license or the diploma; whilst a testimonial of attendance during "five years" at the bedside of the sick, in the dispensary, in the laboratory, and in the botanic garden, of an able surgeon-apothecary engaged during the five years not only in the ordinary duties of his profession, but in conveying instruction to the mind of his industrious pupil, is rejected with contempt and scorn, and the hospital and "recognised" functionaries command such dirty miscreants as their toad-eating hack MACLEOD, to hold up and exhibit the private practitioner to the public, as a person who has not a sufficient knowledge of his subject to instruct a pupil in the mere practice of medicine. No more truly extortionable of the system of "cer-

tificates," and "recognition;" and it is marked by this striking peculiarity, that there is not connected with it a single benefit, and even a tendency to counteract the considerable disadvantages. If the governors of our colleges and medical companies had been stimulated in the performance of their duty by a generous desire to make the path of study smooth and easy to the student,—to afford to the surgeon in private practice a just reward for his assiduity in cultivating the minds of his pupils, and to maintain the public health on a secure basis,—every encouragement and inducement would have been held out to surgeons and apothecaries, to excite them to undertake, with promptitude and perseverance, the labour of giving the best instruction to all those students in medicine who might be placed under their roof, or within the limits of their control. If lecturers, by the mere habit of lecturing in a slovenly and formal manner, can acquire in the course of years a knowledge of the science of medicine which is not enjoined by persons similarly engaged, surely common sense would suggest the propriety of adding to the greatest possible extent to the number of teachers, and of widening the surface whereon they might exercise their beneficial labours. It is not our object to contend that A or B is qualified to instruct a student adequately in the whole vast field of medical science; but we contend that every private practitioner should enjoy the right of obtaining for his pupil an examination before those men who have been empowered by Parliament to protect the public against the evil practices of incompetent or unqualified practitioners. When our dastardly and contemptible opponents can show that such a privilege as this ought not to be placed under the control of surgeons and apothecaries engaged in general practice, it is possible that the revilers may cease to disturb their virtuous feelings, by discontinuing a practice with which they have long been so familiar, that of a wholesale traffic in falsehood.

It is, however, after all, not only amusing but delightful to witness the shifts to which the corruptionists, their abettors, are driven to sustain their tottering cause even for only a few months longer. All their endeavours, however, will prove unavailing. The fiat of public opinion has gone forth against the extortioners. The entire system of corruption has been exposed. Within a few months from this date it will disappear for ever, and,—

“Like the baseless fabric of a vision,
Leave not a wreck behind.”

In the parish of St. Clement Danes, a smart contest is now existing for the office of parochial surgeon. There are two candidates for the situation, Mr. COSGREAVE, who has held it for nine years, and Mr. DUNN, a surgeon who offered himself as a candidate on a former occasion. The claims of Mr. COSGREAVE are founded upon past services; those of Mr. DUNN rest on the principle that the office of parochial surgeon is one of honour, and not one of emolument, and that it should not be permanently held by one individual, whatever his merits,—whatever may have been the value of his labours. From this doctrine, which is advocated so zealously by Mr. DUNN and his friends, we dissent entirely; nor can we conceive that one more injurious to the interests of the poor, or more derogatory from the character of the profession, can be advanced by a medical practitioner. We take the question, therefore, between the two candidates—regarding both of them as eligible in point of medical rank and skill—to stand simply thus,—that if there be no well-founded complaints, no instances of culpable neglect, no charge of want of ability in the treatment of the sick poor, to be sustained—*proved*—against Mr. COSGREAVE, that gentleman, upon every principle of equity, of justice, and of good policy, ought to be reappointed to the vacant office. On the other hand, if accusations, such as we

have stated, can be sustained, then should Mr. DUNN, decidedly, be entitled to a preference. Is it, we would ask, to be tolerated, that the sick poor of our parishes are to be made the mere stepping stones to emolument or wealth? Are they to be made objects of sport for the gratification of ambitious feelings? Really, on reflection, Mr. DUNN must himself perceive that he has advocated a doctrine which strikes at the very happiness and well-being of the poor, and that he himself, at the end of a year of excessive labour and devotedness to the cause of the afflicted applicants for parochial aid, may be made the victim of a principle which we are certain he has thoughtlessly advocated in the present contest. If Mr. COSGREAVE is to be rejected in the absence of sustained complaint, why is any other officer to be permitted to continue in his post? If fidelity of service be no security for permanency of occupation, then, indeed, we have mistaken reform for change, improvement for alteration. It is said that the contest is a party one, and that Mr. COSGREAVE is supported by the Tories. The medical treatment of the sick poor, a party question! The announcement is too frightful to dwell on. Humanity and faction have no sympathies in common. If the reformers of Saint Clement Danes are desirous of proving that their love of alteration is more ardent than their desire for emendation, they will support Mr. DUNN—in the absence of established complaints against the claims of Mr. COSGREAVE. But if, on the other hand, they are anxious to sustain their character for humanity, and of showing the public that they are determined to promote the well being of the suffering poor who are committed to their charge,—that they are above all considerations of angry party politics,—they will, at the poll, support that medical officer who, during nine years, has discharged his duties in the parish and to the afflicted with humanity, industry, and

ACCOUNT OF THE

PARISIAN INSTITUTIONS FOR MEDICAL EDUCATION.

SESSION OF 1835-36, COMMENCING IN NOVEMBER 1835.

In the first number of the Volume of *THE LANCET* for the present year, we gave, according to our annual custom, an account of the different schools of medicine attached to and near the London hospitals. The approach of a new session in the school of Paris, now induces us to lay before our readers a review of the medical institutions which are devoted to the instruction of students in the French capital, for the benefit of those gentlemen who may intend to visit that capital for the purpose of completing their professional education as physicians or surgeons.

In London the number of medical schools is at once very great and extremely perplexing. With each hospital is incorporated a school, and near to it are numerous teachers possessing theatres or rooms for lecturing, extensive changes taking place amongst them every year. In Paris there is but *one* school of medicine, the 'Faculté de Médecine de Paris.' This body is composed of a dean, two assessors, and twenty-four professors, who are all chosen by concours. The locale of the faculty is a handsome quadrilateral building, which contains a museum, a library, cabinets of botany, surgical instruments, and every other requisite for instruction, and an immense amphitheatre, in which all the lectures of the faculty are delivered, and which is capable of containing from 1500 to 2000 persons.

The instruction of the medical youths in Paris is confined, in a great measure, to the twenty-four professors who compose the school, no private teacher being permitted to lecture, without express permission obtained from the minister on the recommendation of the dean of the faculty. Dissections are not permitted to be prosecuted in any part of Paris, except in the two establishments devoted to anatomical purposes, which are attached to the institution of the faculty. However, the authority to teach is granted readily to any respectable medical man; and students, as we shall have occasion to notice by and by, may receive abundant private assistance in their anatomical studies, at the two immense establishments of Clamart, and the *Ecole Pratique*.

The medical session in Paris commences on the first of November, and terminates on the first of September. It is not divided, as in London, into Winter and Summer Sessions, but the greater part of the professors continue to lecture during the whole season. The following is a list of the professors of medicine, and the subjects upon which they lecture &c.

FACULTY OF MEDICINE—SCHOOL OF MEDICINE.

Anatomy.....	{ M. Cruveilhier (physician to <i>Salpêtrière</i> , and lately appointed professor of Pathological Anatomy)	Lectures delivered gratuitously to the audience.
Physiology	M. Bérard	Ditto.
Medical Chemistry	M. Orfila	Ditto.
Medical Physics	M. Pelletan	Ditto.
Botany	M. Richard	Ditto.
Pharmacy	M. Deyeux	Ditto.
Hygiene	M. Desgenettes	Ditto.
of Medicine {	M. Andral (physician to the Hospital <i>La Pitié</i>) and M. Dumeril.....	Ditto.
	{ M. Marjolin (surgeon to the Hospital <i>Beaujon</i>) and M. Gerdy (surgeon to the Hospital <i>St. Louis</i>)	Ditto.
	{ M. Richerand (surgeon to <i>St. Louis</i>)	Ditto.

Charité, *L'Hôpital de l'École* (the clinical hospitals), the *Hôpital des Enfants Malades*, the *Veneréal Hospital*, and the *Hôpital St. Louis*.

THE HOTEL DIEU.

This hospital is situated at a distance of about ten minutes walk from that part of the city in which the students generally reside. It contains one thousand beds, distributed in

nineteen large wards. The service of the hospital is performed by eleven physicians, three surgeons, nineteen internes (corresponding to our dressers), and 84 externes, and students in pharmacy, who act as apothecaries. The number of patients received during the year averages about seven-teen or eighteen thousand. The following table exhibits the days and hours on which the medical officers visit the hospital, with such other particulars as it is necessary for us to mention.

Surgeons.	Lecture Days.	Hours.	Fees.
M. Roux	Clinical Lecture every day except Thursday —	7 to 8 a.m.	None.
M. Sanson		6 to 7 a.m.	None.
M. Breschet		8 to 8 a.m.	None.
<i>Physicians.</i>			
M. Chomel	Mon. Wed. and Fri.	7½ to 8½ a.m.	None.
M. Caillard	—	8 to 9 a.m.	Lectures occa- sionally from the remainder
M. Recamier	—	7 to 8 a.m.	
M. Petit	—	8 to 9 a.m.	
M. Magendie	—	7 to 8 a.m.	—
M. Husson	—	7 to 8 a.m.	—
MM. Piorry and Bally ..	Clinique Tu. & Thurs.	7½ to 8½ a.m.	—
M. Guineau de Mussy ..	—	7 to 8 a.m.	—
M. Honoré	—	7 to 8 a.m.	—

The above hours are those of attendance during summer. In winter the time is generally one hour later. The clinical lectures commence immediately on the visit of the surgeon or physician.

The only physician at the Hotel Dieu, whose practice is much followed by the pupils, is M. Chomel, and it is but justice to say that the reputation which he has obtained as a clinical teacher is richly deserved. The other medical wards are comparatively deserted. However, valuable information may be collected by the more advanced student, in the wards of M. Magendie and M. Recamier, which always contain many highly interesting cases. Clinical surgery, formerly professed with such *éclat* by Dupuytren, is now taught by M. Roux; but the latter, though a brilliant

operator, will never, we fear, be calculated, as a lecturer, to sustain the reputation once possessed by the School of the *Hotel Dieu*, as the first surgical clinique in Europe. We should mention that a clinique of diseases of the chest is entrusted to M. Sanson, and that a highly useful course on the application of the stethoscope in diseases of the chest is given at three o'clock by an interne, M. Roger, in the wards of M. Recamier. During this course, which costs the moderate sum of one pound, the pupils have an opportunity of daily applying the stethoscope in a variety of thoracic diseases, under the direction of one who is fully competent to instruct them. Similar courses have been given at *La Pitié*, at *La Charité*, and at *St. Louis*. The operating day for the clinical patients is Saturday; for the other wards there is no fixed day.

HOPITAL DE LA PITIE.

Physicians.	Surgeons.	Hours of Visit and Clinique.
M. Andral .....	.....	8 a.m. every day.
—	M. Blandin ..	7 a.m., clinical observations 3 times a week.
M. Dr. Chatelet .....	.....	7 a.m.
.....	.....	7½ a.m.
.....	M. Lisfranc ..	8 a.m., clinical lecture daily.
.....	.....	7½ a.m., clinical observations daily.
.....	.....	8 a.m.

The *Hopital de la Charité* is situated to the south of the *Jardin des Plantes*, about twenty minutes walk from the *École de Médecine*. It contains more than 600 beds, and receives annually about 8 or 9000 patients. We are not aware that any fixed days are appointed for operating at the hospital, but the student has always sufficient notice of the most important operations which are to take place.

It is unnecessary to make any comment on the names of MM. Andral, Lisfranc, or Louis. The latter is the most minute observer of disease in France, and is chiefly followed by the English and American students. M. Lisfranc has long been the most popular teacher of surgery in Paris, but his wards are always so crowded, that we would

almost advise the English student to follow any other surgeon. M. Andral passes through his service without ever making a remark: his wards are therefore more fit for those who have already completed what is called their education, than for students who require the hand of a master to guide them. The neighbourhood of the hospital of *La Pitié* is perhaps the best situation in Paris, in which a student can fix his temporary abode. Comfortable board and lodging may be obtained at any of the *pensions* in the rue Copeau, rue neuve St. Etienne, rue des Postes, &c., for from sixty to eighty francs a month (from 2*l.* 10*s.* to 3*l.* 5*s.*). The dissecting-rooms at Clamart are within a few minutes walk, while, close to the hospital, indeed on the opposite side of the street, is the *Jardin des Plantes*, with all its *agréments* and its boundless scientific treasures.

HOPITAL DE LA CHARITÉ.

Physicians.	Surgeons.	Hours of Visit and Clinique.
—	M. Guérbois.	—
M. Fouquier.....	—	7 a.m., clinical lectures at the beds-side of the patient.
M. Maury.....	—	Idem.
—	M. Velpeau..	7 a.m., clinical lectures daily.
M. Rulhiér.....	—	—
M. Rayer.....	—	—
M. Bouillaud.....	—	7 a.m., clinical lectures three times a week.

The number of patients contained in this hospital amounts to about 500; its annual population is from 5000 to 6000. The operating days still continue, we believe, as in the time of M. Roux, to be Tuesdays and Saturdays. Students who propose attending the clinics of M. Velpeau or M. Bouillaud may dissect at the *École Pratique*. The consultations of M. Rayer on diseases of the skin are also well worth attending.

This hospital is the next largest in Paris to the *Hôtel Dieu*, but its situation, which is at the northern extremity of Paris, renders attendance on its practice very inconvenient for the student, except during the summer months. It contains more than 700 beds,

receives annually from 5000 to 6000 in-patients, and affords relief to more than 25,000 out-patients. The clinical lectures of M. Alibert and Biet are followed by all those students who desire to become acquainted with the various forms of cutaneous disease; while the lectures and practice of M. Lagol afford numerous advantages for the study of scrofula. Students who follow the other hospitals, which are situated more near the school of medicine, and the anatomical amphitheatres, will perhaps find it most advantageous to follow merely the clinical lecture which M. Alibert gives once a week, on Wednesday mornings, at 10 o'clock.

HOPITAL ST. LOUIS.

Physicians.	Surgeons.	Hours of Visit.
M. Alibert.....	—	10 a.m. Monday, Wednesday, Friday, and a Clinique every Wednesday.
M. Biet.....	—	9 a.m. Clinical lectures 3 and 4 times a week.
—	M. Gerdy.....	8 a.m. Daily.
M. Emery.....	—	8 a.m. Daily.
—	M. Jobert....	8 a.m. Daily.
M. Lugol.....	—	9 a.m. Clinical lectures only during the summer.
—	M. Richerand	Attends every two weeks.

THE VENEREAL HOSPITAL.

Surgeons.—M. Callier, M. Ricord, and M. Mance; attendance at 7½ a.m.—Clinical lectures occasionally given.

This fine hospital, containing more than 600 beds, for patients of both sexes, is situate in the Rue des Capucins, not very far from the School of Medicine. It affords the best opportunities for the study of the venereal disease; and although the number of students admitted to the practice is limited, M. Ricord, whose politeness to foreigners is proverbial, grants the latter every indulgence in his power. Thursday, being a kind of idle day at the great operating hospitals, is the day which is generally chosen by strangers and students for "a visit to the Venereal." M. Ricord from time to time publicly examines the whole of the female patients under his care, with the speculum, when a "turn up" takes place which visitors would certainly see in no other country.

HOPITAL DE L'ECOLE.

This small hospital, which has just been finished, occupies one side of the *Place de l'Ecole de Medecine*, immediately opposite the Ecole itself. It contains about 150 beds, distributed amongst medical, surgical, and obstetrical patients.

Physician.—M. Rostan; Clinical Lecture three times a week at 7 a.m.

Surgeons.—M. Cloquet; Clinical Lecture three times a week at 7 a.m.—M. Dubois; ditto at 8 a.m.

This hospital is specially destined for the instruction of students who have entered on their "fourth year," but every student is requested to attend the practice without discrimination. The clinique of M. Rostan is, perhaps, one of the most instructive that the student can follow. Not content simply with remarks which are full of interest, delivered at the bed-side, M. Rostan frequently selects a pupil from amongst the crowd which follows him, requests him to examine the patient, and requires a diagnosis of the nature of the disease, and a plan of treatment, with the reasons for its adoption. Thus a regular consultation is held in the presence of the pupils, who become accustomed to form a judgment for themselves, and are not induced or compelled, as is too often the case in clinics, to adopt implicit opinions which are given out by

admitted. We are not, however, to accuse the hospital functionaries of selfishness on this account. The number of beds appropriated to accouchements, in this small hospital, is not sufficient to satisfy the wants of French students themselves. Foreigners cannot, therefore, complain with any justice. It is right, however, to mention that all students (a circumstance which is not generally known) are permitted to attend the clinical lectures of M. Dubois, and to follow his visit through the wards, where he frequently makes some clinical observations, the only privilege reserved for the French student being that of delivering the women, and practising the toucher.

We may here remark, *en passant*, that midwifery is the only branch of medicine which is not well taught in Paris. Let no foreigner who desires to pay special attention to this branch of the science, think of remaining an instant in the French capital, but proceed at once to Heidelberg, or, still better, to Vienna. There are, indeed, numerous private teachers of midwifery at Paris, who give a course of lectures for five or six weeks, during which they deliver two or three women in presence of the class, and demonstrate the positions of the fetus and the mechanism of labour upon what are called "mannequins," i. e. a stuffed pelvis, with an artificial fetus. The pupil also has an opportunity of practising the toucher a certain number of times during the course, but as the same women are "touched" in nearly all the theatres, and frequently we believe by several different classes in the same evening, the state of parts is such that very little can be learned from them.

HOPITAL DES ENFANS MALADES.

Physicians.—M. Jadelot; at 10 or 11 a.m.; very irregular. M. Guersent; at 9 to 10 a.m. M. Baudelocque; at 8 to 9 a.m. M. Bonneau; ditto a.m.

Surgeon.—M. Baffos; at 6 to 7 a.m.

This hospital contains 560 beds, about 500 of which are appropriated to medical diseases. The service of the hospital is divided into four parts; viz: the acute diseases of boys; the acute diseases of girls; the scrofulous patients, and the skin diseases, principally comprising the itch. Each physician takes a division for six months, at the expiration of which he exchanges it for another. The great distance of this hospital from the school of medicine is, perhaps, the reason why it is comparatively deserted by the students. It is a rarity to see the physicians of the acute wards attended by more than four or five pupils; however, it affords a good opportunity for studying the diseases of children,

accouchement, which is the province of M. Paul Dubois, who is to French students upon their fourth year of study in medicine are not

some difficulty in feeling the stone, but having quickly afterwards succeeded in his search, he introduced a small forceps and grasped a calculus, which was so friable that it broke in the blades of the instrument; a portion was removed immediately, the remaining parts in the course of a few seconds. On introducing the searcher, another stone, of larger dimensions, was detected, and attempted to be grasped by the forceps several times, but without success, as it kept slipping from the hold of the instrument. Both the small and large forceps were several times employed, and a firm grasp having been obtained with the latter, the stone was about to be removed, when the incision was found to be too small to allow its passage outwards to be effected. The operator now introduced the knife and divided the right side of the prostate, when the stone was immediately removed; not more than two tablespoonfuls of blood were lost in the operation. The stones were of the lithic-acid species, with an outer coating of the triple phosphate. The first stone was about one inch and a half long and half an inch broad; the other was about two inches long and one broad. The operation lasted rather more than eleven minutes.

Mr. LISTON afterwards remarked that the second stone was so situated that he found it impossible at once to grasp it. The fact of the patient's not having been able to retain any urine accounted for the difficulty in seizing and disentangling the last stone from the fundus of the bladder. No parts had been cut beyond what was absolutely necessary, and the patient had lost less than three ounces of blood.

12. Going on very comfortably; catheter removed to-day; urine getting clear.

15. Some medicine had been given to open the bowels, which operated most unexpectedly in a copious manner, and left the patient in a very weak state. Stimulants were at once exhibited, but notwithstanding their employment he gradually sank, and died at an early hour this morning. We can only remark that eighty years is not an uncommon age to close the life of a patient whether near or soon after an operation, which in this instance was admirably performed.

GASTRODYNIA TREATED WITH CREOSOTE.

Dr. ELLIOTSON, in his last lecture, referred to the case of Catharine O'Keefe, aged 47, who was admitted into the hospital under his care on the 25th of August last. She stated on her admission that she was married, and the mother of four children. She has not menstruated since Christmas. She began about nine years ago to experience severe spasmodic pains in the stomach, occurring in paroxysms of two or three hours duration, and at intervals

of one or two days. These attacks occurred invariably a few hours after dinner. Blistering, bleeding, and the administration of mercury to salivation on several occasions, had produced no relief from her sufferings, though on two occasions she has been perfectly free from pain for six months, but this did not appear to be the result of medical treatment. About nine months since she began to experience pain, and a sensation of weight between the shoulders. She was also troubled with sour eructations, and a burning pain along the œsophagus. On her admission she was quite free from pain when the stomach was empty, but her sufferings commenced as soon as she had taken food. When the pain attacked her, she could only lie on her back, in which position, indeed, she always was most comfortable. The abdomen was very tender to the touch. The pain was always relieved by hot ingesta; her pulse was 60 and small; her tongue covered with white fur; the bowels regular, the urine clear; appetite variable; headache.

Dr. ELLIOTSON thought the case a favourable one for the administration of creosote; he therefore ordered her to have two minims of that medicine every six hours, and placed her on a mild diet.

27. She complains of pain in the left shoulder shooting down the inside of the arm to the elbow; there is also slight pain when pressure is applied, upwards from under the diaphragm. The pain in the stomach is undiminished.

29. The creosote was increased to day to four minims: the pain in the shoulder and arm is relieved; that in the stomach remains the same; bowels regular; pulse 80.

Sept. 8. Since the last report the pain has occasionally been very severe; a day or two ago she was attacked in the following manner; her skin became very hot, succeeded by a profuse perspiration, which was followed by cold shiverings, which, after a short time, gave way to the natural temperature. To-day the pain in the stomach is more severe; she has scarcely any rest at night; her appetite is gone. Pulse 78. Dr. ELLIOTSON considered that the medicine had not had a fair trial. It had been gradually increased to eight minim doses, and he now ordered ten minims to be taken every four hours.

17. The pain is less. She has noticed a considerable increase in the quantity of her urine since taking the medicine. She now takes fourteen minims every four hours, and oftener if the pain returns. She did experience much benefit from the medicine taken during the pain.

25. Has been improving. She is now almost free from pain, and the epigastrium is free from pressure. Her tongue is good, the pulse 70, and full.

Oct. 6. Her dose of creosote has been gradually increased to eighteen minims, with decidedly good effect. Indeed she is so much better as to be placed on the books as "cured," but there is occasionally a very slight pain in the stomach.

Dr ELLIOTSON remarked that this was a case which was not likely to be relieved by blistering, bleeding, or mercury. Aromatics, he observed, were generally employed with benefit, and pressure usually produced relief during the paroxysm. There was no doubt that the pain was exceedingly severe in these cases. He had never heard of a case in which an attack was fatal, but he thought such a result possible. As to the remedy administered, of course it would not be necessary to carry it to the extent in all cases to which it had been employed in the present instance.

CLINICAL LECTURES.

In commencing the clinical lectures for the session, Mr. LISTON remarked that a prefatory address was unnecessary, the lectures not having been discontinued during the summer, and he was now continuing, not commencing, a course. Twenty years ago, when he also was a pupil in London, not a single clinical lecture on medicine or surgery was delivered in the metropolis; whilst in continental schools, and in the once celebrated school of Edinburgh, the greatest attention was bestowed on that admirable method of medical instruction. Of late, however, a wonderful change had been wrought here. Pupils had been taught to appreciate clinical instruction, and the medical officers of the hospitals (many of them probably reluctantly enough) had yielded to the demand, so that at every London Hospital, large and small, clinical lectures were at least promised, both by physicians and surgeons. At this hospital, not the smallest, the students might rely on the promise being redeemed. He (Mr. L.) had for a series of years been engaged in delivering clinical lectures before he was requested to fill the situation of surgeon here. He had long been partial to this kind of teaching, and as it happened that he was not otherwise engaged at this school, they might be assured that he would give, at the least, his

lectures are given at this week, two medical, with punctuality.

LOCK HOSPITAL.

CASES OF GONORRHOEAL DISCHARGE, ACCOMPANIED WITH CHYLOIDOMA AND CONDYLOMATOUS ULCERATION.

CASE I.—*Amelia Doubleday*, aetat. 22, was admitted March 13th, under the care of Mr. WALKER. She has been married five years, and has two children. She has had her present complaints for three months, which began with scalding, and were followed in the course of a week by discharge and sores, which have lasted for three weeks. About six weeks since she took some medicine, supposed to be balsam of copaiba, three times a day for three weeks, which did her no good.

She has now a profuse thin yellow discharge from the vagina, there is a superficial gray sloughy surface of ulceration covering the entire perineum, the opposed surfaces of the nates, the integuments, labia, &c., particularly at the superior commissure and in the commissure between the nymphæ and labia. The nymphæ are much enlarged, the inner surface of the left is excoriated. Her health has been very good, and she has been pregnant three months. She was ordered to take a *Senna Draught*, and to have the sloughy ulcerated parts washed with *Black Lotion*.

15. *Washed Sulphur* ʒj; *Carbonate of Magnesia* ʒij; to be taken twice a day.

16. There is much less discharge, and the greater surface of the ulceration has healed.

21. She complains of headache to-day; skin hot, and bowels confined. *Senna Draught*.

22. *Black Lotion* and *Linseed Poultice* to the ulcerated parts.

23. *Vespere*. The abdomen has been very much enlarged to-day; there is great abdominal tenderness on pressure, which appears to be dependent upon hysteria. The tongue and pulse are natural. To take the *Chalk and Catechu Mixture* and a *Rhubarb and Magnesia Draught*, with ten drops of *Tincture of Opium*, early to-morrow morning. Omit the *Washed Sulphur*.

24. The draught has given her great relief, the bowels not having been painfully acted upon; there is much tenderness of the abdomen, but no pain. The tongue is furred, there is headache and thirst, and the pulse is natural.

She now took *Culoael* and *Opium*, which she continued with much benefit for some time. She then took *Plummer's Pill* and *Sarsaparilla*, until

May 8, when "the report in the case book" states her to be much improved, and that the *Plummer's Pill* was discontinued on account of headache. Some hemorrhoidal which have troubled her have

completely disappeared under the Confection of Black Pepper.

21. The gums are tumid and vascular and very tender; there is also a white sloughy spot of ulceration on the anterior part of each tonsil. This was ordered to be touched by the Nitrate of Silver.

29. The throat is quite well. The ulceration over the labia, perineum, &c., is quite healed.

From this period up to the time of her leaving the hospital "cured," no event occurred to retard her perfect recovery. She was delivered of a male child the day after our last date. The child had a slight erysipelatous blush over the right side of the neck and ear, which was removed by slight purgation with castor oil, and on the 24th June she went out quite well.

CASE 2.—Sarah Blake, ætat. 19, admitted, March 27, under Mr. WALKER. Her present symptoms came on about nine weeks since, with gonorrhœal discharge, scalding, &c. She has had condylomata for a period of five weeks. She has had only one connexion, nine weeks since. There is at present a profuse, thick, dark, yellow discharge from the vagina, with excoriation of the orifice. The condylomata are situated on the outside of each labium, between it and the thigh; there are some also on the perineum and nodes; some are in an incipient, and others in a full state of ulceration. The right tonsil of the throat is enlarged, and covered by a slight superficial ulceration. Her general health is good, the bowels are confined. The catamenia are regular, and commenced at fourteen years. A *Senna Draught* to be taken immediately, and a *Diluted Solution of the Acetate of Lead* to be applied to the parts ulcerated.

April 3. The vaginal discharge is less in quantity, but there is much excoriation of parts, with some ulceration on the right side of the orifice of the vagina. The right tonsil is less swollen; the ulceration covering it is healed; the bowels are quite regular. *Powdered Cubebs* ʒij four times daily.

12. The discharge has rather increased in quantity; the ulcerated surface has healed, but there is still some excoriation around the meatus urinarius. The right tonsil is looking better, and has a more healthy appearance; there is some vascularity about the fauces. The medicines were ordered to be continued.

17. Catamenia are present; the medicines are ordered to be intermitted; in other respects progressing favourably.

24. The vaginal discharge has been more profuse since the *cubebs* has been omitted, and she complains to-day of some headache. There is intertrigo in the commissure behind each labium, with considerable vascularity and excoriations of the vagina. The *Powdered Cubebs* to be resumed in ʒij

does three times daily. The vagina to be injected with a *Diluted Solution of the Acetate of Lead* in the proportion of gr. iv to ʒi.

31. The discharge has very much improved; there is still some vascularity, but less excoriation of the vagina. The *Powdered Cubebs* was ordered to be omitted, and a *Fusion of Cubebs* used instead, of ʒi to ʒij of boiling water, as an injection.

May 6. The discharge has become much worse since the internal use of the *cubebs* has been discontinued. The bowels are confined; the tonsils have nearly regained their natural size.

10. The symptoms remaining much the same, she was ordered the following vaginal injection:—*Muriate of Ammonia* ʒij; *Water* ʒj; to be used frequently.

15. The injection has been of great service, the discharge has nearly ceased, and what remains is of a pale-yellow colour.

21. The discharge has remained stationary for a few days. She complains of headache and loss of appetite. The injection to be increased in the proportion of ʒss to ʒj. *Calomel* and *Antimonial Powder*, of each two grains, to be taken to-night at bedtime.

29. On examining the vestibulum there is some slight vascularity, but all trace of discharge is gone. She was discharged cured.

CASE 3.—Bathia Mitchell, ætat. 24, admitted on the same day with the above patient. Her complaints commenced with discharge and scalding, which she has had for four months. She has had condylomatous ulceration for three months. Her throat has never been affected; there is at present an extensive condylomatous ulceration occupying the labia, which are thick, hard, and swollen, this extends also to the inside of the thighs, the perineum and nates, going behind the anus; there is a profuse thick yellow discharge from the vagina; the right tonsil is enlarged and slightly ulcerated; the health is quite good; the bowels are confined; the catamenial discharge, which commenced at sixteen, is regular; the same preliminary treatment of a purging *Senna Draught* and the *Black Lotion* to the ulcerated parts was adopted, and on the

29th, she began using the *Oxymercurate of Mercury Lotion* in the proportion of gr. ss to ʒi, and took *Washed Sulphur* ʒj twice daily.

April 1. She was ordered to take the *White Mixture* ʒiss * every night at bedtime, and to go on with her other internal and external medicines.

3. The condylomata are many of the ulcerations have ulcers occurred in the

* The *White Mixture* consists of Magnesia, sulphate of magnesia, water.

matous swelling, and were different from the common condylomatous ulceration, as being attended with a loss of substance, and presenting a depressed surface. The vaginal discharge is white in colour and small in quantity. The ulceration on the tonsil is healed; on the upper part there is seen a white elevation, having the appearance, but not the entire character, of a pustule; the bowels are regular. She is to continue the use of all her medicines.

8. The tonsillar ulceration has healed, the white pustular appearance upon it resembles a warty excrescence.

12. The condylomata are becoming flat, thickened, and have a bluish appearance; the vaginal discharge is diminishing; the white body on the tonsil is irregular upon its surface, and hard to the touch.

19. The condylomata are nearly all gone, leaving behind some few spots of discoloration. To continue her medicines.

21. The wart on the tonsil presents the same appearance; it is situated on the upper and inner part of the right tonsil, which is much enlarged, but not increased in vascularity; the left tonsil is also slightly increased in size.

24. She is convalescent, and is to leave the hospital.

She was re-admitted again with many of her old symptoms on Oct. 8th. She had been on the town for the last three months. She has now an abundant thick yellow vaginal discharge, which has lasted three weeks; and some condylomatous ulcerations for two weeks; the orifice of the vagina is vascular, and there is slight swelling and tumefaction of the left labium; there are numerous small circular condylomata, aggregated, but not confluent, over the region of the perineum, and on the inside of both nates; there is superficial ulceration, approaching to excoriation, of the skin around. The throat is preternaturally vascular, but she does not complain of any difficulty in deglutition. The right tonsil is enlarged, and bears the same warty growth (but smaller in size) alluded to when she was formerly in the hospital. Her general health is good, the catamenia are regular, and she has never been pregnant. She was purged with *Calomel* and *Rhubarb*, and *Senna Draught*, and the *Decoction of Tormetilla Bark* was ordered to be used as an internal injection and an external application. There was, however, no *Tormetilla Bark* in the hospital, and the *Saturine Lotion* was ordered instead. She proceeded with this for some time, and on going round the wards one day we learnt from the nurse that she had left her legs and was off.

Case 18, admitted 18th June, 1844. Cases under the care of Mr. WALKER. She was on the town four months;

her present complaints began with a discharge two weeks since; scalding of the urine, with swollen labium and sore, followed in a week afterwards. There is now a profuse gonorrhoeal discharge from the vagina, with much scalding in micturition. There is a patch of sloughy condylomatous ulceration in the commissure between the right labium and thigh, with much swelling and redness of the immediately contiguous parts, extending to the perineum and nates. Her general health is good, but the bowels are much confined; both tonsils are enlarged, more particularly the right one, around which there is some inflammation and ulceration; the catamenial discharge has been absent three months. *Black Wash* was ordered to be applied to the ulcers, and the *Acetate of Lead Lotion* to be used as an injection.

April 3. The vaginal discharge is less, and is white in appearance; the scalding in micturition is gone; the condylomatous ulcerations are nearly healed; the inflammation of the labium has subsided, leaving behind much thickening and induration of parts; the bowels have been regulated by the hospital *Senna Draught*; on the surface of each tonsil there is a superficial spot of yellow ulceration; there is an ulcer of an oblong form on the inside of the left labium, it is red and granular, and the edges are slightly elevated. This has formed since her admission into the hospital. Mr. WALKER ordered the *Black Wash* to be applied to it.

12. There is to-day less thickening and induration of the labium. The condylomata have been healed some days, but have left behind them a blue thickened appearance of the skin. Both tonsils are enlarged and swollen, and covered with superficial white ulcerated surfaces; the ulcer on the labium is less inflamed, but still florid.

19. The tonsillar and labial ulcerations present much the same appearance as at the last report. The *Red Lotion* was ordered to be applied to them.

24. The inner labial ulcer is much in the same state; the tonsils (particularly the right one) are larger; the general ulcerative surface is healing; some small open patches are still left.

30. The ulcers are looking better, the margins are tumefied. The *Nitrate of Silver* was ordered to be applied to them.

May 8. The inner labial ulcer is nearly healed; there is much vascularity of the vestibulum; the thickening surface left by the condylomata is nearly gone. The right tonsil is much enlarged, and bears some slight ulcerative marks upon it. The yellow vaginal discharge continues. The *Solution of the Acetate of Lead* gr. vi to ʒj, to be used as a vaginal injection. She continued to lose many of her bad symptoms, and the report on the

29th was, that the white ulcerative ap-

pearance on each ~~it~~ ^{it} was gone, but that there was much pain on deglutition. The labial ulcer is improving under the occasional use of the *Nitrate of Silver*. The catamenial discharge has not appeared for five months. To continue the use of her medicines.

appearance. Her medicines were ordered to be discontinued, and on the following day she was discharged cured.

Mr. Wardrop's work on "Blood-letting" will be published on Monday next.

June 4. The tonsils have now lost all trace of ulceration, and present their normal appearance. The vaginal ulceration has healed, and the surface (with the exception of an increased vascularity) presents a healthy

Errata. In Mr. Skey's lecture, page 65, col. 2, ~~Page 65~~ for *pathology*, read *physiology*.—Page 67, line 42, for *talk of many diseases* read *talk of curing diseases*. Col. 2, line 30, for *how*, read *not*.—Page 68, line 30, read *endeavour*. Page 72, col. 2, line 26, erase the *not*.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37' 44" North, Long. 34° 45" West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Oct. 5	58.25	35.50	29.55	29.36	—	W.	Fine throughout the day.
6	61.25	38.50	.63	.61	—	S.	Fine throughout the day.
7	57.75	44.75	.82	.72	—	N.E.	Dull morning; afterwards fine.
8	58.	41.25	.69	.46	0.05	E.	Some rain, but generally fine.
9	50.	41.50	.23	28.80	0.2875	S.W.	Rain morning and night.
10	42.	36.25	28.95	.63	0.2625	W.	Frequent rain during the day.
11	47.50	33.	29.15	29.08	—	N.W.	Fine throughout the day.

Oct. 14, 1835.

W. JACKSON.

Thermometer .. Highest .. 76.50 .. the 3rd and 4th.
Lowest .. 36.25 .. 17th.
Mean 53.02708.

Barometer Highest .. 29.95 .. the 2nd.
Lowest .. 28.87 .. 30th.
Mean 29.56233.

Number of days of rain, 19. Quantity in inches and decimals, 4.43125.

Winds.—1 East; 5 West; 0 North; 12 South; 1 North-east; 7 South-east; 2 South-west; 2 North-west.

So much rain has not fallen in September since 1829, and the mean of the barometer was lower than at any time since 1831, while the maximum was below that of any period in the same month during the last twelve years. The month was colder than that of September 1834, and the mean temperature was below the average of the last twelve years. Thunder was heard on the 9th, 23rd, and 26th. On the two former days lightning was seen. On the evening of the 9th, the most brilliant Aurora Borealis which has appeared here since the 7th of January 1831 was observed;—the whole N.W. quarter of the heavens was illuminated by a pale yellow light, from which rays of near colour shot forth, extending beyond the zenith. These appearances continued a space of nearly two hours. On the 13th, the Aurora was again seen, and was of a red tint, and reached nearly to the zenith, but was not so long as on the 9th. The Wind on both occasions was fresh. These phenomena were succeeded by rain.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, OCTOBER 24, 1835.

[1835-36.]

PATHOLOGICAL ANATOMY.

PATHOLOGICAL Anatomy is treated in this country with a degree of neglect which can be explained only on the supposition that the importance of its study is generally unknown. We have, indeed, a few distinguished men amongst us who labour to support the national reputation on a level with that of other European nations, but the great mass of medical men, through the imperfect precepts of their teachers, or an ill-founded fear of inability to acquire a sufficient knowledge of morbid anatomy, or under the culpable reflection that if they simply tread in the steps of their fathers they will do well enough,—this class of the profession continue to practise medicine purely in an empirical manner, and would never contribute to the advancement of the science were each to realise the Spanish compliment, and live a thousand years. With such examples, however, before them as are to be found in the “high places” of medicine, what have we to expect? Yet that it is time such a state of things should cease, and that farther and more extended efforts should be made to place medicine on a footing with the other sciences, who is “conservative” enough to deny? “Exact” we may never call the science, but we are satisfied that a searching examination into the operation of those causes which have retarded the progress of the science is enable us to show the ignorance with which it

has advanced, and the imperfections which are everywhere confessed to exist, depend not so much on the impossibility or the difficulty of raising medicine to an equality with the precise sciences, as on the manner in which it has hitherto been studied, and the obstacles which have been thrown in its path by those very persons who are most interested in the perfectibility of medicine. The mathematic and algebraic arts are based on fixed principles, and their elements, if we may so call their symbols, are passive and obedient agents in the hand of the professor who works them. But what would be the consequence if $x^2 + 2xy + y^2$ could say to the unfortunate algebraist, “Nothing know you of your business. My root no longer shall you work. I will depart to S. or to L.” Or what answer could we expect from a mathematician were we to require him to determine distances with but two angles, and without a side of the triangle? It is thus with medicine. The great mass of the community, so long as they remain in ignorance, will resemble the refractory symbols of the square root, and counteract every effort at a solution of the grand problem of medicine; while those who neglect pathological anatomy, commit an error analogous to trigonometrists who would say “Give me two angles and I will find you the side.”

The practice of medicine consists of four parts:—1. The observation of external phenomena, or symptomatology. 2. The observation of internal phenomena, or pathological anatomy. 3. The study of the connexion between the signs and their causes.

4. And, finally, the administration of medicinal agents, or therapeutics.

Of the four different parts, the first and last require the least degree of talent for their cultivation. Any person can observe and note down symptoms. Symptoms can never be observed too closely, for although several external phenomena may present themselves which are, apparently, of little note or value, they should, nevertheless, be observed. They are abnormal appearances, and although the relations between cause and effect may now be hid, it may at some future time be discovered. Thus the sudamina and rosy spots which so peculiarly characterize typhoid fevers, were no doubt observed many years ago, but the idea that they were insignificant phenomena led to their neglect; whereas now they form a very principal element in the distinction of that species of fever.

The administration of medicine, or the therapeutic portion of the art of medicine, does not, we have said, require the exercise of much talent. The statement demands a few words of explanation. We fear, from the nature of things, that this, the practical part of medicine, will ever remain empirical. The efficacy of medicines in disease can never be established by *a priori* reasoning. We can, therefore, only administer them with caution. We here speak of new medicines, and not their effects; but to advance medicine by observation of the effects of medicinal agents, it is obvious that we should previously be thoroughly acquainted with the three other branches of medicine, especially with the doctrine of symptoms, and with morbid anatomy. In a word, that our diagnosis of disease should be as perfect as it can possibly be made. Without this perfection of diagnosis, the practice of medicine, instead of advancing with the experiments made in a therapeutic point of view, will naturally retrograde in direct proportion to the number of those experiments, for this simple reason, that a confusion of results is the consequence, and that it is impossible to see clearly through a multitude of conflicting statements. Hence, next to a careful ex-

amination of the patient at the bedside, the most important branch of medicine is pathological anatomy, and we trust that some persevering effort will be made to place this too long-neglected branch of medical education on a proper footing. There is not so much an absence of good works on pathological anatomy amongst us, original or translated as the want of a system of instruction, and of constant and efficient attendance in the dead houses of the hospitals. It is unnecessary to dwell on the common observation, "that pathological anatomy is of no use, unless connected with symptomatology." It is certainly studied with most advantage in cases where the pupil has been made acquainted with the previous history of the patient, has observed every stage of the case with care, and having become fully possessed of a knowledge of the external signs is ready to compare and examine them in connexion with the appearances which present themselves after death. This is the true way of learning morbid anatomy, and we earnestly recommend the rising generation of practitioners to avail themselves of every opportunity of this kind which may offer. They may be assured that thus (independently of the feelings of confidence in the practice of the profession, which will arise from a consciousness of knowledge of the nature of the changes that take place in the internal and invisible surfaces, nearly as complete as of those which pass before our eyes) the whole aspect of medical science will become changed, and the profession will rise in an instant from the depths of quackery to the rank of a noble science. In our hospitals, men of tried merit should preside, whose duty it should be to arrange the clinical cases, and examine the bodies of those who die. In some of the continental hospitals, there are young men expressly appointed and paid to fulfil this duty, and we believe, lodged in the hospitals, who not being distracted by the cares of an enormous practice, can devote their attention to the instruction of the pupils to an extent which non-resident hospital functionaries are not disposed to, and never will, give.

We are induced to make these remarks at the present moment, under the impression that we could not choose a more fitting time or place to draw the attention of pupils and conscientious observers to the subject.

ON THE NATURE OF
INFLAMMATORY FEVER.

By HENRY SEARLE, Surgeon, Kennington.

THE term "inflammatory fever," when properly applied, refers only to that general excitement which is preceded and accompanied by local inflammation. The terms "symptomatic," and "sympathetic fevers," "pyrexia," and "constitutional irritation," are used, synonymously, to designate inflammatory fever.

Whether inflammatory fever ever occurs idiopathically, has been a question of some controversy. It is admitted by some to occur, though seldom, in so simple a form as in the synocha of Cullen; but its appearance in the more complicated form of synochus, from which it in a few days becomes modified into typhus, is very generally acknowledged. It is however by no means proved that fever takes place without the existence of local disease as its exciting cause. Broussais, Clutterbuck and others, are opposed to the doctrine of idiopathic fevers; while Dr. Southwood Smith's dogma is—"There are no fevers but idiopathic fevers."

Inflammatory fever may assume a mild or a severe form. The former is simple, consisting in a general excitement of the nervous and vascular systems: the latter is more complicated, being, in addition to the local phlegmasia, accompanied by more or less disturbance of the brain, liver, stomach, or other organs; so that the worst cases may more resemble typhus than simple pyrexia.

The different grades of inflammatory fever do not always correspond to the degree of inflammation, since it frequently happens that, in cases in which no predisposition to fever exists, even an acute inflammation is unattended by any constitutional irritation; and, on the contrary, in cases in which the predisposition is very great, the slightest inflammatory disease gives rise to considerable pyrexia. It may therefore be inferred that the predisposing causes play a greater part in the production of inflammatory fever, than the inflammation itself.

The causes of inflammatory fever admit of being arranged into *exciting, predisposing, and secondary or perpetuating causes.*

Of exciting causes.—Those inflammatory affections which are the most painful, are the most productive of fever; and the pain of inflammation depends upon the texture, mechanism, and office of the parts, together with the intensity and extent of the inflammation. Thus, for example, which are not easily swelled,—parts which are easily compressed by the pressure of their contiguous parts, and organs which

are subjected to sudden compression and distention—as serous membranes, ligaments, and synovial membranes of large joints, the fauces, and the bladder—when inflamed induce more or less pyrexia. Severe and painful injuries also, as compound fractures, burns, &c., frequently produce considerable fever.

The more intense and extensive the inflammation, the more acute the fever: when, however, the pain is so acute as to overwhelm the powers of the whole frame, instead of a high degree of fever, the consequences are, as in very acute gastritis, a low pulse, and cold perspiration.

The *predisposing causes* are always general, depending upon the nature of the constitution and the state of the health at the accession of the local disease, and especially upon the management of the muscular power during its progress.

It is doubtful whether inflammatory fever ever arises in the absence of a predisposing cause, it being essential to the occurrence of this fever, that the frame be in an excitable state, which state is inversely proportionate to the muscular power. It is true that a very severe and painful injury often produces, even in a strong constitution, a certain degree of febrile excitement in a few hours; but may not this be ascribed to the sudden, although not considerable, exhaustion of the muscular power occasioned by severe pain? This, however, is, at most, an extreme case, and does not affect the general rule—that the lower the grade of muscular power, the greater the excitability of the nervous, and vascular systems, and, consequently, the stronger the predisposition to inflammatory fever. Hunter observes that "in inflammation, when the constitution is strong, then it will commonly be the most manageable, for strength lessens irritability." And according to Abernethy, "irritation is debility excited." Numerous eminent physicians and surgeons, however, are of opinion that there is no absolute debility when the febrile action is characterized by a frequent and firm pulse. A frequent pulse, in the absence of inflammation, is an admitted sign of debility; and the annexed table will show that the frequent, although energetic pulsation in fever, is indicative of excited action under reduced power.

That functional alliance exists between the nerves of sensation and those of motion, which, in the rising period of life, and in disease, places their respective powers in inverse relations. For example, very young infants possess the least degree of muscularity, and the greatest degree of sensibility of frame; and as the former increases, the latter diminishes, until the muscular system becomes fully developed, when they balance each other; this harmony is maintained so long as health is preserved, not only during the middle or stationary period of life, but

during that of decline, for, as the muscular power declines, the sensibility also becomes impaired. Again, women and persons of delicate frame, whose muscular system is not well developed, are highly sensitive; and whenever the muscular power is greatly reduced by venesection, spare diet, anxiety of mind or disease, the sensibility is proportionally increased. On the other hand, whenever sensation is accumulated by superexcitation, as by the influence of fear, excessive pain, &c., the muscular power is lowered. Instances may, however, be adduced, in which certain depressing agents, as intense cold, marsh miasma, opium, &c., diminish both the sensibility of the nervous, and the power of the muscular systems.

This law of inverse action obtains between the nerves of sensation and those of voluntary motion only. It does not involve those of involuntary motion, for the contractility of the heart and arteries always corresponds to the sensibility of the

nervous system, as the pulse faithfully indicates.

In accordance with these views, the following table is intended to exhibit a kind of analysis of inflammatory fever, by showing that, according to the condition of the muscular system, is the sensibility of the nervous; and that, according to the combined conditions of these two systems, the circulation becomes modified, so as to correspond respectively to them in the unexcited and the excited states of the body. Inflammation is made the chief exciting cause, in order to show by the pulse that inflammatory fever takes place inversely to the muscular power. Miscellaneous temporary exciting causes are also given, merely to afford an example of temporary general vascular irritation. At the lowest part of the table are exhibited exceptions to this law of inverse action between the nervous and muscular systems, showing that the nervous and the voluntary and the involuntary muscular systems are, under certain powerful agents, all depressed together.

CONDITION OF THE MUSCULAR SYSTEM.	SENSIBILITY OF NERVOUS SYSTEM.	EXAMPLES.	PULSE.
Least muscularity ... Highest degree.	Unexcited	Infants in health	Very frequent and small.
	Excited by inflammation	Infants with enteric ... not very fevered	Regular, small, and tense.
	Excited temporarily, as by spasms, &c.	—	Frequent, small, and tense.
Little muscularity ... High degree.	Unexcited	Persons of delicate frame	More frequent, full, and less soft.
	Excited by inflammation	—	Very frequent, small and tense.
	Excited temporarily, as by spasms, &c.	—	—
Considerable muscularity..... Moderate degree.	Unexcited	Robust persons in health	Natural.
	Excited by inflammation	Ditto, without pyrexia	Moderate, often slow and oppressed.
	Excited by inflammation	Ditto, with inflammatory fever	Very frequent, to hard, becoming
Ditto, suddenly reduced in power by loss of blood &c.	Very high degree.	Ditto, with inflammatory fever	Very frequent, to hard, becoming
Ditto, reduced in power	High degree	Unexcited	Ditto, considerable
Every degree of muscularity reduced in power....	Low degree	Depressed by marsh miasma, intense cold, opium, &c.	Exceedingly irritable, and therefore predisposed to inflammatory fever—viz. <i>mental anxiety, and the habit of inebriation.</i>
		Depressed by marsh miasma, intense cold, opium, &c.	Few persons, comparatively, are of perfect health. Consumption impairs the energy of the muscular system.
		Depressed by marsh miasma, intense cold, opium, &c.	the heart and bloodvessels.

The comparative view of the various conditions of the nervous and muscular systems, given in this table, greatly tends to illustrate the nature of inflammatory fever, and shows, at the same time, how much it hinges upon the deficiency in muscularity, or upon the sudden reduction of muscular power.

In infants, as is well known, a mere spark of internal inflammation will ignite the whole frame. In all persons except the aged, in whom sensibility has become much impaired, and even in those to a certain extent, the predisposition to pyrexia under exciting causes is proportioned to the deficiency in muscularity. Those, on the contrary, who are muscular and strong, will sometimes have a phlegmasia during several weeks, un-

accompanied by any constitutional excitement, so long as they observe their usual regimen, and are not subjected to such medical treatment as will deprive them of their muscular power.

There are other circumstances besides the sudden reduction of muscular power which will render a muscular frame exceedingly irritable, and therefore predisposed to inflammatory fever—viz. *mental anxiety, and the habit of inebriation.*

Few persons, comparatively, are of perfect health. Consumption impairs the energy of the muscular system, and the heart and bloodvessels.

whole frame morbidly sensitive. The mind becomes charged with apprehensions, and the feelings become readily irritated, the heart becomes subject to palpitations, and the bloodvessels sometimes allow hemorrhages to take place by transudation; the functions of the several organs of the body, particularly those of digestion, become deranged. In this predisposed condition of the frame, an attack of inflammation is very liable to occur, and which will certainly induce an acute form of pyrexia, which, if not soon subdued, will be accompanied by the wildest kind of delirium, grave functional lesions, and other signs of low typhoid fever.

The habit of *inbibition* produces a conditional kind of predisposition; for unless it be suddenly and greatly restricted, it does not generally create a predisposition to fever. The drunkard, when deprived of his accustomed stimulus, is deprived at the same time of his power, his muscular system becomes tremulous and feeble, and his whole frame irritable. If, then, he be subjected to privation during an attack of inflammation, he will, under this exciting cause, be highly susceptible of fever, which will be characterized by greater nervous than vascular disturbance, by delirium tremens, and generally by the absence of the hot skin of fever. The strictly antiphlogistic treatment almost invariably converts the disorder into a highly dangerous form of fever.

Secondary Causes.—During the existence of inflammatory fever, all considerable derangements of the visceral functions tend to perpetuate it, by giving support both to the predisposing and exciting causes. For example, an imperfect function of the brain and spinal marrow will prevent the due distribution of the nervous energy to the muscular system; an imperfect function of the lungs and of the other excretory organs, prevents that purification of the blood essential to the proper function of the nervous system; an imperfect function of the digestive organs deprives the body of its due nutrition so requisite to the maintenance of muscular tone. Derangements of the visceral functions not only become secondary causes of fever by reducing the muscular power, but frequently an additional source of excitement to the whole frame, especially to the inflamed part, thereby perpetuating both the local disease and the general vascular irritation. If an inquiry be made as to the origin of these functional derangements, it may be mostly to that system of treating inflammation, which suddenly reduces all muscular power. Sometimes a large and robust frame too near the action, aggravates both the inflammation and its accompanying

This view of inflammatory fever is not offered as entirely new, for it is universally admitted that a delicate and sensitive condition of body is favourable to pyrexia under the existence of inflammation; but notwithstanding the admission of this principle, it is most strangely lost sight of at the bed-side; and why? because the antiphlogistic is the fashionable system of treating inflammatory diseases, before which any principle, however sound, and although recognised, must fall prostrate, rather than be allowed to violate or interdict a system so sacred as the antiphlogistic. It is, however, hoped, that by invoking a more close attention on the part of the medical profession to the real causes of inflammatory fever, that their relative importance will be more duly estimated; that it will be seen that although the exciting cause, inflammation, is a *sine qua non* in inflammatory fever, yet that the predisposing are, in most instances, the causes which have the greatest influence in the production of fever, and, therefore, that the treatment should be so adapted that, while attempting to remove the exciting cause, it should not, at the same time, be calculated either to increase or to produce the predisposing causes of inflammatory fever.

INTESTINAL OBSTRUCTION

FROM

RAW WHEAT.

To the Editor of THE LANCET.

SIR,—Permit me to transmit to you the report of a case, wherein a fatal result was near occurring, from a habit on the part of the patient of eating raw wheat. I am, Sir, your obedient servant,

J. L. MCCARTHY, M.D.

Macroom, October 14, 1835.

On Thursday, the 8th instant, I was sent for to visit John Leary, *etat.* 35, living at Toames, three miles from hence, a steward in charge of a farm belonging to a gentleman of the name of Penrose. I found the man in bed, labouring under the most agonizing pains, which he referred to the anus, rectum, and loins. He was bathed in sweat; his countenance expressed the greatest anxiety, but he suffered no headache nor delirium. His tongue was coated with a thick white fur, but moist; there was no affection of the chest or of the respiratory faculties, nor any complaint of the stomach, but he had much thirst, urgent desire to urinate, and evacuate the rectum, without ability to effect either. The abdomen felt quite soft on pressure, except over the pu-

during that of decline, for, as the muscular power declines, the sensibility also becomes impaired. Again, women and persons of delicate frame, whose muscular system is not well developed, are highly sensitive; and whenever the muscular power is greatly reduced by venesection, spare diet, anxiety of mind or disease, the sensibility is proportionally increased. On the other hand, whenever sensation is accumulated by superexcitation, as by the influence of fear, excessive pain, &c., the muscular power is lowered. Instances may, however, be adduced, in which certain depressing agents, as intense cold, marsh miasma, opium, &c., diminish both the sensibility of the nervous, and the power of the muscular, systems.

This law of inverse action obtains between the nerves of sensation and those of voluntary motion only. It does not involve those of involuntary motion, for the contractility of the heart and arteries always corresponds to the sensibility of the

nervous system, as the pulse faithfully indicates.

In accordance with these views, the following table is intended to exhibit a kind of analysis of inflammatory fever, by showing that, according to the condition of the muscular system, is the sensibility of the nervous; and that, according to the combined conditions of these two systems, the circulation becomes modified, so as to correspond respectively to them in the unexcited and the excited states of the body. Inflammation is made the chief exciting cause, in order to show by the pulse that inflammatory fever takes place inversely to the muscular power. Miscellaneous temporary exciting causes are also given, merely to afford an example of temporary general vascular irritation. At the lowest part of the table are exhibited exceptions to this law of inverse action between the nervous and muscular systems, showing that the nervous and the voluntary and the involuntary muscular systems are, under certain powerful agents, all depressed together.

CONDITION OF THE MUSCULAR SYSTEM.	SENSIBILITY OF NERVOUS SYSTEM.		EXAMPLES.	PULSE.
Least muscularity ... Highest degree.		Unexcited	Infants in health....	Very frequent and small.
		Excited by inflammation	Infants with infantile fevers....	Rapid, small, and tense.
		Unexcited	—	Frequent, small, and soft.
Little muscularity ... High degree.		Excited temporarily, as by emotions, pain, &c.	Persons of a lean frame	More frequent, fuller and less soft.
		Excited by inflammation	—	Very frequent, small and tense.
		Unexcited	Robust persons in health....	Natural.
Considerable muscularity.....	Moderate degree.	Excited by inflammation	Ditto, without pyrexia....	Moderate, often slow and oppressed.
Ditto, suddenly reduced in power by loss of blood &c.	Very high degree.	Excited by inflammation	Ditto, with infantile fevers....	Very frequent, full and tense.
Do., reduced in power	High degree ...	Unexcited	Ditto, convalescent.	Frequent, full, and soft.
Every degree of muscularity subdued in power...	Low degree	Depressed by marsh miasma, intense cold, opium, &c.	Every description of persons in the first stage of idiopathic fever &c.	Slower, weaker, and sometimes slower than natural.

The comparative view of the various conditions of the nervous and muscular systems, given in this table, greatly tends to illustrate the nature of inflammatory fever, and shows, at the same time, how much it hinges upon the deficiency in muscularity, or upon the sudden reduction of muscular power.

In infants, as is well known, a mere spark of internal inflammation will ignite the whole frame. In all persons except the aged, in whom sensibility has become much impaired, and even in those to a certain extent, the predisposition to pyrexia under exciting causes is proportioned to the deficiency in muscularity. Those, on the contrary, who are muscular and strong, will sometimes have a phlegmasia during several weeks, un-

accompanied by any constitutional excitement, so long as they observe their usual regimen, and are not subjected to such medical treatment as will deprive them of their muscular power.

There are other circumstances besides the sudden reduction of muscular power which will render a muscular frame exceedingly irritable, and therefore predisposed to inflammatory fever—viz. *mental anxiety, and the habit of inebriation.*

Few persons, comparatively, can endure *mental anxiety*, and a small degree of perfect health. *Concussion* impairs the energy of the muscular system, and the tone of the muscles, and the heart and bloodvessels.

whole frame morbidly sensitive. The mind becomes charged with apprehensions, and the feelings become readily irritated, the heart becomes subject to palpitations, and the bloodvessels sometimes allow hemorrhages to take place by transudation; the functions of the several organs of the body, particularly those of digestion, become deranged. In this predisposed condition of the frame, an attack of inflammation is very liable to occur, and which will certainly induce an acute form of pyrexia, which, if not soon subdued, will be accompanied by the wildest kind of delirium, grave functional lesions, and other signs of low typhoid fever.

The habit of *inebriation* produces a conditional kind of predisposition; for unless it be suddenly and greatly restricted, it does not generally create a predisposition to fever. The drunkard, when deprived of his accustomed stimulus, is deprived at the same time of his power, his muscular system becomes tremulous and feeble, and his whole frame irritable. If, then, he be subjected to privation during an attack of inflammation, he will, under this exciting cause, be highly susceptible of fever, which will be characterized by greater nervous than vascular disturbance, by delirium tremens, and generally by the absence of the hot skin of fever. The strictly antiphlogistic treatment almost invariably converts the disorder into a highly dangerous form of fever.

Secondary Causes.—During the existence of inflammatory fever, all considerable derangements of the visceral functions tend to perpetuate it, by giving support both to the predisposing and exciting causes. For example, an imperfect function of the brain and spinal marrow will prevent the due distribution of the nervous energy to the muscular system; an imperfect function of the lungs and of the other excretory organs, prevents that purification of the blood essential to the proper function of the nervous system; an imperfect function of the digestive organs deprives the body of its due nutrition so requisite to the maintenance of muscular tone. Derangements of the visceral functions not only become secondary causes of fever by reducing the muscular power, but frequently an additional source of excitement to the whole frame, especially to the inflamed part, thereby perpetuating both the local disease and the general vascular irritation. If an inquiry be made as to the origin of these functional derangements, it may be mostly that system of treating inflammation, which suddenly reduces all under frame too near, aggravates both and its accompanying

This view of inflammatory fever is not offered as entirely new, for it is universally admitted that a delicate and sensitive condition of body is favourable to pyrexia under the existence of inflammation; but notwithstanding the admission of this principle, it is most strangely lost sight of at the bed-side; and why? because the antiphlogistic is the fashionable system of treating inflammatory diseases, before which any principle, however sound, and although recognised, must fall prostrate, rather than be allowed to violate or interdict a system so sacred as the antiphlogistic. It is, however, hoped, that by invoking a more close attention on the part of the medical profession to the real causes of inflammatory fever, that their relative importance will be more fully estimated; that it will be seen that although the exciting cause, inflammation, is a *sine qua non* in inflammatory fever, yet that the predisposing are, in most instances, the causes which have the greatest influence in the production of fever, and, therefore, that the treatment should be so adapted that, while attempting to remove the exciting cause, it should not, at the same time, be calculated either to increase or to produce the predisposing causes of inflammatory fever.

INTESTINAL OBSTRUCTION

FROM

RAW WHEAT.

To the Editor of THE LANCET.

SIR,—Permit me to transmit to you the report of a case, wherein a fatal result was near occurring, from a habit on the part of the patient of eating raw wheat. I am, Sir, your obedient servant,

J. L. MCCARTHY, M.D.

Macroom, October 11, 1835.

On Thursday, the 8th instant, I was sent for to visit John Leary, *etat* 35, living at Toames, three miles from hence, a steward in charge of a farm belonging to a gentleman of the name of Penrose. I found the man in bed, labouring under the most agonizing pains, which he referred to the anus, rectum, and loins. He was bathed in sweat; his countenance expressed the greatest anxiety, but he suffered no headache nor delirium. His tongue was coated with a thick white fur, but moist; there was no affection of the chest or of the respiratory faculties, nor any complaint of the stomach, but he had much thirst, urgent desire to urinate, and evacuate the rectum, without ability to effect either. The abdomen felt quite soft on pressure, except over the pu-

bic and left iliac regions, where distention of the bladder, the sigmoid flexure of the colon, and the rectum, could plainly be perceived.

On making an examination per anum, I found its verge considerably swollen and inflamed, with great contraction of the sphincters, and so tender and irritable, that it was with much difficulty that the patient would allow me to proceed with the examination. He said he had been ill during the last three days; that during the first and second days of his attack, he only felt occasional fits of pain in the anus and loins, but that for the last sixteen hours, or thereabouts, he was in extreme agony, with but occasional slight intermissions. He had not had an anal evacuation for the last four days, and from ten o'clock p.m. on the previous evening had not passed any urine up to the time when I saw him, which was one o'clock p.m. on the following day. He said to me, that being for some time previous to his illness superintending the thrashing out of a large quantity of Mr. Penrose's wheat, he had, as was often his habit, eaten some of the grain as he proceeded, and to that he attributed his illness. He went on the second day of his illness to the Macroom Dispensary, where he was ordered a dose of castor oil, but no effect followed its exhibition.

Having by mistake omitted to bring a catheter with me, I sent home for one, and in the mean time proceeded to examine the rectum internally. With considerable difficulty I introduced my little-finger, well oiled, into that cavity, and found it extremely distended. It was, in fact, completely blocked up with a hard mass of undigested wheat. The agony which the patient suffered from this exploration, forced me to desist for a short time, when I determined on attempting to extract some of the wheat from the bowel. I accordingly procured a small egg-spoon, and having well oiled the handle, introduced it into the rectum, and detached and brought away from the mass about two ounces of semi-masticated wheat. By this means I obtained a little more room, so that I was enabled to force into the rectum a few small pieces of mutton suet, which I allowed to remain until they had melted. This had the effect of lubricating the part and softening the contents of the cavity; so that on a second attempt with the spoon-handle I succeeded in clearing out about ten ounces more of the wheat, the patient all this time complaining of almost intolerable suffering. Having desisted for a time in order to allow him some rest, he felt an urgent desire to go to stool, but the attempt was unsuccessful, owing to the tenderness and constriction of the anus. He was, however, able to urinate, and voided about two and a half pounds of fluid.

On making my next examination, I found

that the attempts to evacuate the bowels had brought down more of the wheat into the rectum, which was again filled to distention, but the mass was not so hard as in the first instance; and on again operating, I succeeded in removing about twenty ounces more. The patient now expressed himself as much relieved. I had by this time in all brought away about two pounds of wheat.

As I found his pulse full, quick, and bounding, I bled him to xxxv , when he became faint. I then had the rectum staped for about an hour, and gave him a draught containing an ounce of Castor Oil, fifty drops of Tincture of Henbane, and an ounce of Cinnamon water. Half an hour afterwards an enema was administered, followed by a purgative draught. Six hours afterwards I found him free from pain, and in a sound sleep. His bowels had been much affected by the enema and medicines, and an immense quantity of wheat, with some white starchy stuff, had passed from his bowels. The anus continued tender for a few days, but by keeping the bowels soluble with small doses of the Magnesian salts, he perfectly recovered.

SALIVARY CONCRETION IN THE SUBMAXILLARY DUCT.

To the Editor of THE LANCET.

SIR,—Should you consider the following case worthy a page in your widely-circulated and valuable Journal, the insertion of it will greatly oblige your obedient humble servant,

W. A. ELSTON, Surgeon.

Braybrooke, Northamptonshire,
Oct. 20, 1835.

James Whitehead, a young man about twenty years of age, called on me, Sept. 4, for my advice respecting a swelling on the right side of his neck, of which he had been the subject at times for four years, but which within the last week had considerably increased in size, and become exceedingly painful.

On examination, I considered it, from its situation, to be an inflamed and considerably enlarged submaxillary gland. It was very painful on being touched, and the patient was the subject of a high degree of fever. I ordered eight leeches to be applied to the tumour, and gave him a calomel bolus and a black draught, with a continuation of a saline aperient mixture. On the 10th I saw him again, and found the swelling still painful, and somewhat increased. I ordered the leeches to be repeated, and the purgative medicines to be continued. Five days after this, on feeling

plained to me of pain under his tongue, and on examination there appeared to be an enlargement at about the termination of the submaxillary duct of the right side, and on applying my finger I could distinctly feel a small hard substance. I was at once apprized of the occasion of all the external swelling and violent pain which the man had complained of for so long a time, and, by means of a probe, gently dilating the orifice, and with a small pair of forceps, to my great satisfaction I extracted from the duct a salivary concretion moulded to the shape of the canal, of about three quarters of an inch in length; the moment this plug was removed, his mouth was almost filled with pus of a bloody character, and some clear saliva. He experienced immediate relief, and the swelling was at once reduced from the size of a large hen's egg to a mere trifling enlargement, and it is scarcely necessary to add, that in the course of a few days the man felt himself quite well. There was for the first two or three days a frequent discharge, but after this time he could perceive nothing particular either of the pain or discharge.

I felt much interested in the case, for, on inquiry, I found that he had perceived slight pain and swelling at times for four years previous to this date, and occasionally had had severe pain; and that he scarcely ever sat down to a meal without an almost sudden enlargement of the gland, and particularly so within the last six months, which swelling he could always disperse by pressing on it a short time with his finger.

The sympathy existing between the nerves of smell and taste was, in this case, most beautifully illustrated; for, according to the patient's account, he could never pass a savoury smell without feeling this sudden enlargement, and pain, and he said he had dined but a few days previous to my seeing him from a meal which, to use the man's own words, "always used to make his mouth water," but which in this instance, in consequence of the outlet of the duct being completely closed, had produced so violent a distention of the gland, as at once to set up such a degree of active inflammation, as shortly afterwards led to the discovery of the nature of the disease, and to his relief from suffering.

AUSCULTATION IN VESICAL CALCULI.

To the Editor of THE LANCET.

In the last number of your issue the description of the method intended to facilitate the removal of vesical calculi. A sort of catheter, ap-

pears to be the principle of this invention. Without wishing to engage in any discussion about so trifling a matter, I may, in justice to truth, positively affirm having six years ago applied to Monsieur Charrière of Paris, who made me a long catheter, the handle of which I had topped in the shape of an olive, so as to adapt itself to the ear. I made several experiments on the dead subject with this instrument, and was quite satisfied how easy it was thus to distinguish any and various foreign bodies in the human bladder. I have shown this simple instrument (or spoken of it) to many surgeons in France, in Italy, and in London; nevertheless I am far from accusing Mr. Brookes of taking advantage of the thoughts of another person; and if I am induced to write these lines, it is to corroborate his opinion of the usefulness of such an instrument. The hand of the most talented operator has sometimes deceived his senses. I saw Baron Dupuytren cut for stone where none existed. My friend Professor Roux nobly confesses the same error. I could mention other similar mistakes, but the examples already given are more than enough to prove the utility of using the ear in the examination of the bladder. The hand assisted by the ear will no longer commit such direful errors; nor will patients, operated on for stone by MM. Civiale, Heurteloup, Amussat, &c., be sent away in full security as perfectly cured, with calculi or fragments of stone in their bladder, such cases now being generally known to have occurred. Hoping, Sir, that surgeons will not henceforth neglect this sign in the diagnosis of diseases of the bladder, I have the honour to be, Sir, your obedient servant,

CLAUDICUS TARRAL.

Lawson's Bedford Hotel, Paris,
October 8, 1835.

THE LANCET.

London, Saturday, October 24, 1835.

IN regulating the government of our public, endowed hospitals, no neutral, no middle path between right and wrong, can by any possibility be pursued for any length of time. The circumstances which arise out of their management, must necessarily be productive of good or of evil. Either the inmates of the hospitals must derive advantage from the method of managing those institutions, or their condition must become

absolutely and necessarily deteriorated, from the neglect or want of skill of the medical officers. It is not often that disease will linger in its career. The constitution, on being attacked by an insidious and daring foe, requires all the auxiliary aid which it is in the power of the profession of medicine to afford, in order to remove suffering and ward off the threatened danger. In some cases the malady requires to be watched hourly. In others a visit made daily by the medical attendant, may be sufficient to satisfy the claims of the afflicted. But it is always observed in our public institutions, and even in private practice, that the presence of a physician or a surgeon, who, by his mild and gentle demeanour, and calm and steady firmness in the hour of agony and danger, can ensure the confidence and the favourable opinion of his patient, is enabled to furnish a degree of solace to the mind and feelings of the sufferer, which cannot be derived from any other source,—the inspiring smile, and the hopeful and benign assurance of the skilful medical attendant, often carrying with them an influence which is far superior, as an anodyne, to the effect temporarily resulting from the administration of the most powerful drug.

In the conduct of our hospitals, therefore, every person of ordinary observation and reflection would imagine, *a priori*, that in each of our endowed medical and charitable establishments, there existed an office occupied by a resident medical practitioner of highly-gifted attainments in medicine and surgery, who was fully adequate, on all occasions, to meet the emergencies which must arise in such establishments from the ravages of maladies of a serious character, and by the admission of injuries resulting from accidents of a dangerous and alarming description. Still, however, in this, the thirty-fifth year of the nineteenth century, we find it to be our duty to announce to the members of the medical profession, and to the British public, that the largest, the wealthiest, the most splendid of our endowed

public hospitals, are still destitute of resident surgeons. A fact of this description is not only a stain on the character of the nation, with respect to the general policy of the laws, but it is also a stigma on its reputation for humanity.

It is true, of the minor establishments, we know, full well, that there are persons who are denominated "house-surgeons;" but they are headless lads, who have bought themselves into "office." We know equally well also, that there are medical officers attached to the various hospitals, but amongst these how many individuals are there who disgrace the profession to which they belong, by throwing into their dirty coffers the money which is viciously and basely obtained from aspirants to the office of house-surgeon,—money which is cunningly enticed often from the most inexperienced students, at a horrible sacrifice of the welfare of the patients, and to the utter perversion of every principle of that pure benevolence to the existence of which the hospitals owe their foundation! In *St. Bartholomew's Hospital*, for example, the office of house-surgeon is sold, sold, like an ox or a calf in the neighbouring market! WILLIAM LAWRENCE has been one of the sellers, too, within the last year, and pocketed the cash which he obtained from the purchaser with as little remorse or shame as his brother traffickers on the same day bagged the produce of their cattle sales in the Smithfield pens. Shame, shame, that such practices should be perpetrated in a temple dedicated to the divine purposes of charity! In one institution, as our readers have recently seen,—in the hospital which belongs to the *London University*,—the office of house-surgeon has not been converted into an object of barter, of odious and mercenary barter, but has been made a prize for successful intellectual competition. It has been conferred on To its possessor, therefore, —not the insignificant —scarcely be faithfully

purchase, but those which belong to the well-qualified and experienced members of the profession. But will it be believed that in *Guy's Hospital* there is no house-surgeon, either in name or in substance, and that a like deficiency also exists in the other great hospital of Southwark,—the hospital of *St. Thomas*,—the two establishments commanding, at the same time, pecuniary resources amounting to, if not exceeding, the sum of ONE HUNDRED THOUSAND POUNDS PER ANNUM? Both hospitals, it must at the same time be remembered, are liberally stocked with physicians and surgeons, whose friends and relations in the medical corporations have so contrived affairs that the hospital functionaries are enabled to draw their salaries from the pockets of those medical students who have the misfortune to be the victims of the ticket-and-certificate system. With only one hundred thousand pounds per annum, the funds of those hospitals are too poor to allow adequate salaries to be paid out of them to resident surgeons.

"Ah!" but some of the corrupt and pettifogging tribe will assert, "there is a resident apothecary in each establishment." True enough. So, too, there are resident pestles and mortars, resident mops and resident sponges,—pieces of convenience which are as much at the disposal of the resident apothecary, as the resident apothecary is at the disposal of the non-resident physicians and surgeons. The apothecaries are, in reality, nothing more than pharmacians.* They regulate the dispensing department, and in some instances of *great emergency*, prescribe, perhaps, a dose of rhubarb, or twenty drops of laudanum. But do the apothecaries operate in cases of surgery? Do they dare cut down upon and divide the stricture in cases of

strangulated hernia? Can they find the sheath of an artery, and tie the vessel, in a case of dangerous hemorrhage? Do they attempt even to reduce a dislocated limb,—to adjust the divided ends of a broken bone, or relieve the brain, by means of the trephine or elevator, from the pressure of a piece of bone in a fractured cranium? In short, the apothecaries of our hospitals are the mere servants of the medical officers in matters of dispensing, although they probably go through the formality of an occasional walk along the wards, in order to report any newly-occurring peculiarities in the cases, on the arrival of their masters, who, being particularly industrious and attentive, generally contrive to visit the hospital at irregular hours on two days in each week. Such a system of management one could almost conceive to have been projected by some crafty wily undertaker, who, having engaged to execute by contract the funeral business of the hospital, saw that it would be rendered profitable in proportion to the number of "black jobs" which he should have to execute. That a mode of management so fraught with evil is on the point of terminating for ever, we are well assured, and although this is the best consolation that the mind under the circumstances we have stated can receive, yet an indemnity against future wrong-doing can have no tendency to mitigate the sorrows and sacrifices which the misgovernment of our hospitals has produced during so many successive generations.

The advantages which would necessarily arise from the appointment of a resident surgeon of first-rate abilities to each of our great hospitals, would, in the course of a few years, be incalculable. The sick poor would be efficiently treated, the students would derive perpetual opportunities of improvement from an ample supply of clinical instruction which he does not now possess the means of obtaining, and the facts and observations which practitioners thus favourably circumstanced must be enabled to re-

* We make no attack on the professional character of the gentlemen who hold the office of resident apothecary in these establishments, and we feel pleasure in stating that the apothecary of *Guy's Hospital*, is not inferior to any, but that the business of the hospital is executed with in-

cord, would contribute in a pre-eminent degree to promote the general diffusion and advancement of the thoroughly investigated principles of medical science. As the affairs of our medical institutions are *now* conducted, the responsibilities are so numerous, from their being separated into so many divisions, that there is scarcely a more difficult task to be executed than that of tracing out those links in the chain of circumstances which point to the source of a particular instance of management. Occasionally, indeed often, it happens, that a patient is attended by a physician, a surgeon, an apothecary, a dresser, and a nurse, each undertaking to execute certain duties, but no one acknowledging that the responsibility of the case rests on his own or her shoulders. When Sir ASTLEY COOPER so ably filled the office of surgeon in *Guy's Hospital*, he was so much annoyed by the occasional interference of the physicians with cases of surgery in which he had operated, that he was induced to recalcitrate, and express his great annoyance at the presence of some of the medical officers who were dangling at his heels, and not only interfering with, as that celebrated surgeon has more than once stated in public, but absolutely retarding and preventing the speedy cure of his patients. On one subject of abuse, where there was also a division of the responsibility, arising entirely in consequence of non-responsibility in the proper quarter, the worthy baronet expressed himself thus in the warm and stirring language of indignation and truth. We quote from his 54th Lecture on Surgery in *THE LANCET*, Fourth Edition, page 192, Vol. 2, 1823-24.

"At the present time, however, a surgeon must be either grossly ignorant, or shamefully negligent of the duty which he owes to the character of his profession, and to the common dictates of humanity, if he persists in giving mercury for this disease. Let those persons who suppose that gonorrhœa can be cured by mercury, go round our wards and see whether mercury has any effect on that disease. Look, gentlemen, at 100 patients in our foul wards, many of whom come into the hospital with syphilis and gon-

orrhœa; and many, I am sorry to say, who have only gonorrhœa, but who are invariably carried to those wards. What is the miserable treatment of these patients? You are aware, gentlemen, that I scarcely ever enter the foul wards of *St. Thomas's Hospital*. When a particular case demands my attention, I have the patient removed to the clean ward. I will tell you why I do not enter these wards, gentlemen. I abstain from entering them, *because patients under gonorrhœa are compelled to undergo so infamous a system of treatment that I cannot bear to witness it.* To compel an unfortunate patient to undergo a course of mercury, for a disease which does not require it, is a proceeding which reflects disgrace and dishonour on the character of a medical institution. No consideration shall induce me to repress my feelings on this subject: no authority shall restrain me from giving full expression to those feelings. As long as I continue a surgeon of *Guy's Hospital*, I will endeavour to do my duty; but I care not whether I continue a surgeon of that hospital another day. *I do say that the present treatment of patients under gonorrhœa in these hospitals, by putting them unnecessarily under a course of mercury for five or six weeks, is infamous and disgraceful.* The health of a patient is, perhaps, irremediably destroyed by this treatment, and, after all, not the slightest effect is produced by it on the disease. If he is cured of his gonorrhœa at all, he must be cured by other means. If you go to a patient with gonorrhœa in the foul wards at the end of his course, and ask him how many times he has rubbed in, he will generally answer 'Twenty-eight times.' If you ask whether he is salivated, he will tell you that he spits *three pints a-day*; but ask him whether his gonorrhœa is cured, and he will reply, 'No, I have the disease still upon me.' His disease is not in the slightest degree affected by the mercurial course to which he has been so unpardonably subjected, and it will soon after be necessary to cure him by injections or other means. When so infamous a practice prevails, I cannot satisfy my own feelings by resorting to milk-and-water language; every man of common feeling and honesty is bound to speak out on such occasions."

It is impossible to read this language without entertaining respect for its author. The denouncement of the odious system was honest, bold, and unflinching. In this instance, when *THE LANCET* had existed only about six months, one of the first efforts salting from the existence of the medical press, became possible. During ten years, *THE LANCET* denounced the mercurial

tem of poisoning patients with mercury,—patients whose diseases required not one grain of mercury,—without producing the slightest effect on the ruling authorities of the establishment. At length the denouncement of the shameful abuse was published in this Journal, and along with it some strictures of our own, written in exact accordance with the views of the lecturer, and in less than ten days after the “infamous system” was made public, Sir ASTLEY, at the conclusion of a lecture, thus addressed his class:—

“I believe much good has already resulted from my observations on the abuse of mercury, and I am happy in being enabled to state that the venerable wards of *Guy's Hospital* are about to be opened UNDER NEW AND IMPROVED REGULATIONS. I have spoken to the treasurer (MR. BENJAMIN HARRISON), and I have the satisfaction of stating that the custom of making patients spit three pints a day will no longer be a PART OF THE SYSTEM, but that the venerable wards will be opened under NEW AND IMPROVED AUSPICES.”

Private remonstrance in attempting to correct this horrible abuse of one of the most powerful, and, at the same time, one of the most poisonous of our medicines, was utterly unavailing. Publicity, however, had the effect of shaming the ruling party, or parties, into the adoption of a rational system of treatment. We appeal to all the students who attended *Guy's Hospital* from the year 1816 to the year 1822, and we ask them whether they ever witnessed more distressing scenes than were to be seen in what were called the “foul wards” of that institution. Sufferings of the most dreadful description were caused by the use, the criminal use, of mercury, administered, in fact, for the cure of a local malady over which it had no remedial power, but produced, by its continued employment, often for a month and six weeks together, a train of not less frightful or destructive in its nature than the very worst of the most terrible diseases of the human frame, and with which every medical disease has

often been confounded,* even by discriminating practitioners.

The calamities, therefore, that originated in the abuse which Sir ASTLEY COOPER so feelingly and justly denounced, must, during so many years, have existed to a frightful extent. But where was the RESPONSIBILITY? Oh! it was *divided*. And, in reality, the distinguished complainant and surgeon was not responsible for the treatment of his own patients. There was a gentleman *who ruled over the establishment*. That gentleman was Mr. BENJAMIN HARRISON, and even that important functionary ought to have acted in conjunction with forty-nine associate governors.

Now, we put it to the common sense and the good feeling of the profession, and to the governors of *Guy's Hospital*, not omitting Mr. HARRISON himself, whether so destructive and cruel an abuse, attended with such unfortunate and fatal results, as the one named by Sir ASTLEY COOPER, could have existed for twenty weeks, instead of nearly twenty years, in *Guy's Hospital*, if there had been a resident surgeon in that establishment, and that surgeon had been made responsible for the proper, the scientific treatment of the disease with which the suffering patients were afflicted. Where there exist these mysterious and confounding divisions of responsibility in medical charitable institutions, there are always observable in them evidences of neglect or mal-treatment. Few or no facts are collected in them that may be added to the existing stores of medical knowledge; instances of proffered aid are regarded as so many uncalled-for interferences, professional jealousies are excited, and as each practitioner seems to feel that the credit of a cure cannot be the reward of his exertions, neither will the cause of death be attributed to his supineness or his want of ability.

But let us turn our attention from the hospitals which are receptacles for the sick poor, to the metropolitan institution of

CHRIST'S HOSPITAL, the maintenance of the health of whose inmates is regarded as an object of the greatest importance with respect to the high objects of moral and intellectual attainment. In this establishment one disease has continued its destructive ravages for a long series of years, not only uncured, but almost unrelieved or unchecked. In this single instance we observe all the mischiefs which arise out of injudicious appointments, in the first instance; and, secondly, from the inpolitic division of responsibility amongst the medical officers. Since the year 1820, Dr. ROBERTS, Dr. CLEMENT HUE, Mr. ABERNETHY, Mr. LLOYD, and Mr. FIELD, who has lately resigned the office of apothecary, have been the medical attendants of the children; and, in addition, there was, on one or two occasions, a visiting medical committee appointed, which embraced Mr. LAWRENCE, Mr. BRODIE, and others, the personal friends, and, for the most part, the colleagues, of the officers of the establishment. Who, then, is responsible for the ravages which the ringworm has committed in this establishment,—for the sufferings which the poor children have endured,—for the bodily restraints to which they have been subjected,—for the imperfect education of which they have been the victims? It will be answered, that the whole of the medical officers are responsible. Ay! When it is thus divided, the portion which each has to bear presses so lightly that it is scarcely felt to be an inconvenience, and even that portion is blown away by the mere breath of either officer who alleges "that he could not cure the patients because the medical management of the children was not placed entirely under his control,"—a statement which is rendered perfectly justifiable by the circumstances connected with the duties of each of the medical officers. Disastrous enough have been the consequences. The UNDYING RINGWORM has pursued its course; the children have long been kept on a most unwholesome diet; the

unfortunate boys have been tortured by the endless application of plasters and unguents to their scalps: and, what is still worse, the mental soil has, in numberless instances, been left entirely unimproved and uncultivated. These facts are most lamentable, but there is one which is also most extraordinary. The labours, the discoveries, the observations, of the medical officers of *Christ's Hospital* have not contributed one solitary page of information to our stock of knowledge on the subject of ringworm. So far as the labours of those officers are concerned, the members of the medical profession in this country are just as wise on the nature and treatment of ringworm, as they were on the first day that that malady made its appearance in the institution. We say, therefore, fearlessly and unhesitatingly, that if a succession of resident surgeons,—that is, supposing the first had failed or died,—had been appointed, no such omissions or results as those which we have stated, could have been observed or recorded.

With these views and impressions operating on our feelings, we look forward with the utmost anxiety and apprehension as to what may be the rules of management for the medical officers, after the coming election of a resident surgeon to *Christ's Hospital* has terminated. It is of no use to appoint a competent practitioner, and then bind and manacle him. His mind must be left at liberty to act with the utmost freedom from the exercise of any controlling influence on the part of those medical officers who now belong to the establishment, and for whose talents and zeal the "undying worm" has proved itself to be more than a match.

This journal is published nominally every Saturday; but, in reality, it is in the hands of our metropolitan readers every day on Friday. The election of a resident surgeon to *Christ's Hospital* has taken place on Friday the 23rd of the month, and the opportunity, therefore,

last words to the governors on the subject of appointing resident surgeons to our hospitals generally, and of the mischances that have happened, particularly from a division of medical responsibilities, in the institution over which we know it is their desire to exert an efficient salutary control. The candidates for the vacant office are about twenty in number, that is, if all can be called "candidates" who have issued letters of solicitation, without entertaining the hope of obtaining a single vote. From what we have been enabled to observe, we may state that the actual candidates may be divided into two portions; the one party having the fullest and most substantial claims to the confidence of the governors; the other part consisting of persons who have no title to the respect of the electors, although, as regards *confidence*, it is quite evident that they possess enough of it—in themselves. The candidates placed in the two divisions stand thus,—Mr. PLUMBE on one side,—a score of opponents on the other. Here, then, is a contrast presented by the claimants for the office, and it would be quite useless to institute a comparison, for there is in reality nothing to compare, unless the shadow be classed with the substance,—unless the inexperience of youth can be made to maintain a parallel with the matured knowledge of a twenty-years' assiduous devotion to the labours of an arduous profession. Some of the candidates, we understand, have been educated at *St. Bartholomew's Hospital*, but we will not do the governors the injustice to believe that even a thought will be entertained of taking another gentleman from that school to place him in the office of medical attendant in *Christ's Hospital*. No such folly, such pernicious folly, can be committed by rational and benevolent men. The teachers of *St. Bartholomew's Hospital* may be men of excellent and of first-rate ability in the profession, but the many years has that they are in-

capable of curing the disease called "ring-worm,"—that the suffering children of *Christ's Hospital* have received from the hands of Dr. ROBERTS, Dr. HUE, Mr. ABERNETHY, and Mr. EUSEBIUS LLOYD, (the present consulting surgeon of *Christ's Hospital*), who all have been, and still are, lecturers and practitioners in *St. Bartholomew's Hospital*, little or no relief from the persecuting malady with which they are afflicted. All of these gentlemen have held office, have been consulted, or are still holding office, in *Christ's Hospital*, and their efforts in the attempt to cure the heads of the afflicted children, have been utterly and signally unavailing. The masters, the *instructors* of youth, have failed, and shall it be said that the apprentices, the *instructed*, shall be selected, in the hope that inexperienced youth can accomplish, in the treatment of disease, obstacles which are not to be surmounted by the ripened knowledge of experience and age? No such selection can be made by the governors. A choice of that kind would, in reality, be little less than a solemn mockery of the complaints which have been so loudly made by the parents and guardians of the distressed and tortured children. There may be amongst the governors two or three mischief-makers who may be swayed in their choice by the interests of party, rather than by the dictates of reason, and whose love of intrigue may be superior to that of works of benevolence; but confidently assured are we that an overwhelming majority of the governors will be influenced in the selection of a candidate by an earnest, noble, and generous desire to spare the interesting objects of their solicitude every torment which can be averted by the judicious exercise of medical skill. No consideration of a less rational or humane tendency can by any possibility determine the choice which is about to be made by a large body of independent English gentlemen. They are called upon to act as parents on this occasion, for the children are placed entirely under their guardianship. On reflection they must

perceive that it is their paramount duty to get rid of the scourge which has so long pestered hundreds of the scholars, and in furtherance of that duty we now once more earnestly express a hope, THAT THE GOVERNORS WILL NOT BE INDUCED TO ELECT THE RESIDENT MEDICAL OFFICER FOR A LONGER PERIOD THAN ONE YEAR. Whatever may be the entreaties of the candidates, or the petitions of their friends, THIS LIMIT, relative to the time of holding the office, SHOULD BE RESOLUTELY FIXED, and not departed from under any pretence whatever. At the end of the year, if the state of the children do not indicate that a confirmed progress towards the improvement of their health has been made, the surgeon who has been allowed a twelvemonth's trial, should instantly give place to a successor in his office. In acting with decision and promptitude, the governors discharge no more than their duty towards the children; whereas if their conduct be marked by the slightest evidence of snipiness in matters of such vast importance as the health and education of the pupils, they cannot justly be excused from an accusation of culpability.

In contending for the superior claims of Mr. PLUMBE, we trust that the character of this Journal will fairly permit us to refrain from remarking that we are influenced by no partial or unworthy motive. He has proved by his published works, by his success in the important medical offices which he has already held (those of senior surgeon to the St. Giles's Infirmary, and of senior surgeon, for many years, to the Metropolitan Infirmary for Children), that he is capable of maintaining a first place in the rank of medical practitioners, and that in his knowledge of the nature and treatment of diseases of the skin, his superior is not to be found amongst the physicians and surgeons of this metropolis. His claims to the favourable opinion of the governors are founded on his talents and experience. His title to the support and recommendation of this Journal has an other foundation

The duties of the Governors, with regard to the medical care of the children, must not terminate with the appointment of PLUMBE. After he has been installed in his office, that gentleman must be left free to act. He must not be hand-bound. He should be entrusted without restraint with the care of the health of the children, which would necessarily place their medical and dictetary management under his control. With such an arrangement there would be no *shifting of responsibility*. If the mode of treatment should fail, the Governors will at once be enabled to trace the failure to its right source, and other professional aid must be sought for and obtained. It is high time that all forbearance or dalliance with such an insidious and destructive foe as the ring-worm should terminate. From the number of communications which we have received on the subject of this election, we know that the parents and guardians of the children are awaiting, with the most intense anxiety, the result of the contest. A respectful and generous reliance is bestowed by their relatives on the judgment and benevolence of the Governors; and as for the afflicted children, their hands are raised towards their benefactors in piteous mood, expressively, though silently, hoping that the hour of redemption from their prolonged sufferings is at last drawing near. They who can remain unmoved in the presence of such a scene, and who can suffer their judgment or their motives to induce them to vote for the candidate whom they do not believe to be the best qualified and the most capable to protect the scholars from the further destructive ravages of the disease, must have their feelings steeled against all the finer sympathies of human nature. We hope and believe that persons of this description are not to be found amongst the benevolent Governors of *Christ's Hospital*.

A letter appeared
Thursday, October
"Christ's Hospital"

"ROBERT BENNINGTON." In this letter the writer observes,— "In the London establishment, the disorders affecting the scalp, formerly so troublesome, have, I understand, disappeared." *Disappeared!* Why not say *cured*, if such be the fact? But is it not strange that Mr. BENNINGTON, the medical attendant of the branch establishment at Hertford, should undertake to give an account of the state of *Christ's Hospital* in London? The time has been conveniently chosen for writing this delusive canvassing letter; but we feel confident that the Governors are not to be deceived by any such efforts, and that on the day of election they will conscientiously and honourably record their votes in favour of that man who by his researches, his experience, and the devotion of a great portion of his professional life to the consideration of the diseases of the skin, and who, by his discriminating and prudent recommendation to the Special Committee of *Christ's Hospital*, has proved that he is pre-eminently qualified to occupy the office of resident surgeon in that great national establishment.

It is a curious fact that Mr. JEAFFRESON, of Framlingham, in a letter which was published in *THE LANCET* of March the 14th, 1835, page 872, while speaking of the qualifications of Mr. BENNINGTON, who had been his apprentice, refers, in proof of the first of those qualifications, to the fact that *during his apprenticeship* Mr. BENNINGTON had "*read the works of PLUMBE on the history and treatment of ringworm.*" The governors of *Christ's Hospital* have now the opportunity of choosing between the PRECEPTOR and the PUPIL. To suppose, for one moment, that they would prefer the latter to the former, while yet Mr. PLUMBE is scarcely forty years of age, and therefore in the prime of life, would be anticipating that he would display a perverseness which would indicate to the public that all lay interference in the elections of our

public institutions should cease and be abolished for ever.

THE contest for the office of surgeon in the parish of St. Clement Danes, after the votes had been recorded by ballot during three days, terminated on Wednesday last, in the election of Mr. COSGREAVE, by a majority of 103 votes over his opponent. We do not blame Mr. DUNN for having offered himself as a candidate on this occasion, but we condemn the principle by the advocacy of which he endeavoured to sustain his claims to the confidence of the rate-payers. On every account we rejoice in the election of Mr. COSGREAVE, because we are satisfied that he has discharged his duty to the poor with humanity, industry, and skill; and better proof of this assertion cannot be offered than the fact that although our office is in the centre of the parish, and situated within two hundred yards of the workhouse, not a single complaint against the parochial surgeon has been made to us in the course of the nine years during which Mr. COSGREAVE has filled the situation. If such a man is to be rejected because another person thinks that *he* ought to occupy the post, there would be an end to the respectability of the profession, to the humane treatment of the poor, and to the stability of all useful and efficient reforms.

WE regret that we have not space in the present *LANCET* which will allow of our offering a few additional words to the "recognised" lecturers. They contend that we are unjust in our remarks, and that the existing system is not one of robbery and delusion. We must appeal from their verbal decision to the experience and feelings of the pupils. By some of the lecturers our opinions and views have been wholly misrepresented. We thank them for their falsehoods.

The Anatomy of the Regions interested in the Surgical Operations performed upon the Human Body, &c. In a series of Engraved Plates, on India Paper, the size of Life. By J. LEBAUDY, M.D. London: Bailliere, 1835; 4to, pp. 32.

WE cannot consider the present volume (which is priced at the sum of one pound four shillings), notwithstanding the freshness of its title and appearance in some parts, to be any other than the atlas of the *Journal des Connaissances Medico-Chirurgicales*, which is sold at the bureau of the journal, Rue de l'Ecole de Medecine, next door to the Hotel Herisson, for the much more modest sum of six francs. M. Lebaudy is an excellent artist himself, and his plates have been designed and engraved with much accuracy by some of the best artists in Paris. We have, therefore, no objection to make against the surgical value of the work, but must protest against the high price which has been set on it in an English dress. We know that the *Journal des Connaissances* owes the immense circulation which it has obtained in a short time, to the cheap and inadequate price at which it was originally published,—five shillings per annum. It is, therefore, not very unlike an imposition to take the atlas of that journal, paste the words "Published in London and Paris by J. B. Bailliere," over the real title of the plate, and sell it, with thirty-two pages of description, at such an unconscionable increase on the original cost. We should certainly advise a reduction in this respect, and also in another, that of the number of the plates, for instance, plate 18, which, though suitable enough in the journal that originally contained it, is misplaced in a work on surgical anatomy.

On Blood-letting.—An Account of the Curative Effects of the Abstraction of Blood; with Rules for employing both Local and General Blood-letting in the Treatment of Diseases. By JAMES WARDROP, M.D., Surgeon to the late King, &c. London: Bailliere. 1835. post 8vo. pp. 148.

THE lectures on the above subject, which were made public some months since by their eminent and experienced author in the pages of *THE LANCET*, elicited expressions of admiration from the most intelligent medical practitioners in all parts of

the country, not only in consequence of the novelty of many of the doctrines which were then enforced by Mr. Wardrop, but also from the philosophical views and the strictly physiological and pathological principles on which his opinions were founded. The extensive practice which naturally attends the professional fame of an able and accomplished surgeon, speedily affords him gratifying opportunities of learning the extent of favour with which his published doctrines, far and wide, have been received. Prompted, therefore, in the present instance, by an assurance of the feelings of interest which his labours in diffusing a correct knowledge of the principles of blood-letting have excited, the author has here combined, in a series of uninterrupted pages, all that he had to communicate on the subject, with something in addition, as we learn from the preface to the edition before us, with a quotation from which we shall be content in noticing the volume, for further extract would be useless on an occasion in which the author has simply strengthened the arguments, not enlarged the opinions, he had previously employed:—

"Embracing some of the most important subjects of discussion in medical science, the following observations were not submitted to the profession without the exercise of much care and deliberation; and the favourable reception which they obtained has induced the author to collect and publish them in the present form. In accomplishing this labour, however, he has not failed to use his best endeavours to render the work more comprehensive, by dwelling at greater length on some points, and by giving additional cases illustrative of several interesting topics.—Charles Street, St. James's Square, October, 1835."

The volume is most conveniently indexed by side-notes in each page.

A Practical Treatise on the Diseases of the Uterus and its Appendages &c. By Madame BOIVIN and A. DUCIS. Translated, with copious notes, by G. O. HENNING, &c. London: Sherwood, 1834; 8vo. pp. 559, plates.

THE original of this translation

for several years before the

and its value is full

Boivin was a woman

La Chapelle, and in

composition of her work she has been ably assisted by Monsieur La Duges of Montpellier, who, by-the-by, composed a great part of the late Madame La Chapelle's work, also. A good standard treatise on the diseases of females was always a desideratum, not only in this country, but in most of the continental states; indeed we cannot say that the want is yet satisfied, unless we allow, with some physiologist, whose name we forget, that "the uterus makes the woman." Were the latter proposition true, Madame Boivin's work would be almost perfect, for nothing can exceed in fidelity her description of the natural structure of the uterus, and the various morbid changes to which that organ is liable. However, as she professed to confine her attention to diseases of the uterus, we cannot reproach her for limiting the range of her investigations.

We are relieved from the necessity of noticing the present translation in detail, by the copious extracts which have been already long given from the original. We shall therefore content ourselves with again repeating that the work of Madame Boivin and Monsieur Duges on the diseases of the uterus is indispensable to the library of every practitioner; and that Mr. Hemming has shown a sound discrimination in rendering it into our own language for the advantage of those who are not familiar with the original. We should mention that the work contains forty-one plates, from drawings on stone, and executed with sufficient accuracy. It would perhaps have been better had the plates been kept separate from the letterpress, as in the original work, and thus afforded English readers an opportunity of purchasing either separately.

Jardine's Naturalist's Library Entomology.
Vol. III. *British Butterflies.* By JAMES DUNCAN, M.W.S. Edinburgh: Lizzars. London: Hignley. 1835. pp. 216.

MR. HIGGLEY has issued two more volumes of his very interesting scientific work,—the second devoted to the class of pigeons, (entitled) to the British Pigeons, which require to be seen, and it is ensured to be a work which those

are published. Nothing so cheap in the way of information has yet come from the press. Each plate of the seventy in these two volumes is coloured, and with remarkable fidelity. An exception exists here and there in the portraiture perhaps. In the "wood pigeon," for instance, we detect one, but the faults altogether are very rare. A memoir of Werner is prefixed to the volume on Butterflies. The selection of the biography of this philosopher to enlarge the bulk of a work on butterflies is somewhat odd. The man of rocks and metals seems to preside heavily over the memorials of such feather-weight objects. Werner, however, had one thing in common with as great a man in the latter way. As the enthusiasm of the latter led him to believe that butterflies carried language on their wings,—for he desired his mistress, when they crossed her path, to read thereon words of affection from himself,—so Werner fancied "that stones could speak," and demanded from them the history of the whole world. Such, indeed, was his notion of the science, that he even, says Cuvier, "endeavoured to trace the laws of military art to those of geology, and if his account was to be received, every general should have commenced his career by studying for some time at Freyburg," where Werner held the post of professor, and inspector of the cabinets. It is only these excessive enthusiasts who achieve the highest results in science.

There is a very curious fact in the history of Werner, which is worthy of being noted among men of science. He wasted no time over pens and ink. He constructed no manuscripts for the diffusion of his fame. He left the simple facts which he discovered to work their own way, as they could, into general circulation. It was enough for him to detect them, and divulge their existence by word of mouth. He would not write. He hated the scribbling art with an intensity unmatched,—with an abhorrence so great, that it is hardly unreasonable to ask if he knew "the way," while the curious may ask with laudable eagerness to see his autograph, if he ever left one.

The following extract from the *Eloge*, pronounced by Baron Cuvier before the University of France, will be read with interest, not only from the singular details which it contains relative to this circum-

stance, but from other characteristic acts which are calculated to engage the attention of the readers of a work of tuition. Whatever is not new in this account is worth reviving:—

“Strangers who happened to visit Werner at Freyberg, and expected to enter into conversation with a mineralogist only, were surprised at his continual discussions on tactics, politics, and medicine. They were sometimes tempted to regard them as allied to the reveries of a maniac. Indeed, we may admit that there must have been something of exaggeration in generalizing to such an extent the relations of a single object; but the disciples of Werner hurried with enthusiasm upon a field of inquiry which he described to them as so vast and fruitful as to embrace all these topics. A mineralogy which was purely mineralogical, would perhaps have disgusted many of them; but they devoted themselves with ardour to a mineralogy which seemed to present them with a key to all nature: and even although, on a final analysis, there might only remain to them the foundation of the science, would they not still have reason to rejoice at the pleasing illusions which had been the means of leading them thither? Some individuals who have since risen to the first rank among the mineralogists of Germany, had wished to hear him, only for the purpose of obtaining a summary knowledge of mineralogy; but having once listened to him, that science became the profession of their lives. It is to this irresistible influence that the scientific world has been indebted for those laborious observers who have removed from the globe the last veil that concealed her mysteries. Karsten and Wiedman in the cabinet—Humboldt, Von Buch, Daubuisson, Hermann, and Freylenben, on the Cordilleras, amidst the flames of Etna, in the deserts of Siberia, in the mines of Saxony and Potosi—have been led on by the spirit of their master. They always ascribed to him the honours that resulted from their labours; and it might be said of him, what could formerly be said with truth of Linnaeus only, that nature was every where interrogated in his name.

“Few masters have enjoyed in the same degree the pure and unreserved gratitude of their scholars; but no one, perhaps, had ever so much deserved it by his paternal regard for them. There was no sacrifice which he would not make for his pupils. His time and strength were at their service; and if he knew that any of them were in temporary

need, his purse supplied their wants. When his audience became too numerous for each to see conveniently the objects which he exhibited, he divided the students and repeated the lecture. His door was at all times open to them; he took his meals usually with some of them, as if he wished that no opportunity should be lost for their instruction. Such a master might well entrust the care of his reputation to his scholars; and it is, in fact, by them that it has been established. In this point, also, resembling Socrates, to whom he has been compared in so many other respects, nothing can be known of his views but from the notes that have been taken of his lectures. Whether it was that he became satisfied with the ascendancy which he acquired by his powers of speaking, or that the vivacity of his imagination could not submit to the restraint and tediousness of writing, it was only with the greatest difficulty that he was induced to prepare for the press one or two pamphlets and a few articles for the journals, though he engaged in oral discussions as readily as could be wished, and for hours together would utter the boldest and best-connected ideas. Nothing, however, could make him take up a pen. His antipathy for the mechanical act of writing, was rendered amusing by its very excess. His letters are extremely few. The tenderest friendship, the most profound esteem, could scarcely extort one from him; and at last, in order that he might not reproach himself for his want of politeness, he ceased to open such letters as were sent to him. One author, who was desirous to have the opinion of many scientific men respecting a voluminous work, circulated his manuscript among them. During its progress the packet was lost. After a thousand researches, it was at last disinterred from under a hundred others in the house of Werner. To carry this matter to the extremity, he did not even reply to the French Academy when it placed him on the list of its eight foreign associates, which is adorned with all the great names of which Europe has been able to boast for more than a century. Perhaps he did not even know that this honour had been conferred on him, unless he chanced to learn it from some amanuensis. This insurmountable antipathy to writing caused him to infringe the laws of etiquette, which next to his studies affected him most. In everything else he is said to have observed the slightest courtesies of social life with as much punctuality as he attended to the varieties of minerals. His little eccentricities, at which he was the first to smile, in no respect unpleasant in their nature, whatever is most elegant and amiable in disposition, and in the accommodation of his scholars, was ever ready to be shown.

by attending to his foibles. But these peculiarities posterity has to lament, as they have thereby been deprived of valuable works, which no one else for a long time can execute so well. It is said that the first sheet of his great work on mineralogy was sent to press, but that he could not undergo the fatigue of correcting the proofs. His whole life was thus spent in ignorance of all that was going on at a distance, without reading the journals of literature, and without even ascertaining whether envy had occasionally made him the object of her attack. His life might have been expected to be prolonged for a considerable time; for of all the methods which he had studied, that of taking care of his own health had not occupied him least. But the misfortunes of Saxony escaped his foresight, and destroyed his peace, and his resulting anxiety produced a complication of diseases, to which no cure could administer a remedy. He died in the arms of his sister, on the 30th of June 1817, aged 67, at Dresden, whither he had gone in the hope of some alleviation of his sufferings."

The Clinique Médicale, or Reports of Medical Cases. By G. ANDRAL, Professor to the Faculty of Medicine, &c. Condensed and translated by D. SPILLAN, M.D., &c. London. Renshaw. 1835. 8vo. Parts I. and II.

WE recommend this translation as a production which presents two advantages that are not often found in combination in medical works. In the first place the original (which, as we have before said, is too well known to require comment) is the best system of medical pathology extant; and in the second, the translation, which seems to be executed with accuracy and care, is moderate in price. Generally speaking, the English translations of foreign works are published at unreasonable prices. Their circulation is thus necessarily limited, and the good example of many excellent continental works prevented from exercising the influence on medical literature and practice which it is desirable that it should obtain. The price of this translation will, when it is completed, hardly be higher than

of the original, and he must be a hardy man who will contend that a translation is more for his labours than the original translated.

produced with great accuracy, and is well economised.

Observations on the Principal Medical Institutions and Practice of France, Italy, and Germany, &c. With an Appendix on Animal Magnetism and Homeopathy. By EDWIN LEE, M.R.C.S., formerly House-Surgeon to St. George's Hospital. London. Churchill. 1835. 8vo. pp. 216.

THE contents of this volume are justly described in the preface as presenting "an impartial and not inaccurate sketch of the actual state of medical and surgical practice in France and Italy," with some "notes on German Institutions, less copious, but calculated to convey some idea of the state of practice in that country."* The author might have given other qualities to his sketch with advantage, because the great bulk of his matter is not new to this country; but he does not seem to be a gentleman of much originality or expansiveness of view, or one who is likely to handle an old subject, or newly arrange the points of a stale topic, in a more vigorous or attractive manner than his predecessors, and we willingly excuse his abstinence from the attempt. He would certainly have failed in the effort. His dedication, however, of a volume devoted to an exposition of the free medical institutions of the continent, to one of the most narrow-minded and illiberal functionaries of the close hospitals and colleges of Great Britain, was a mistake of which he should not have been guilty, and certifies very early in the book more respecting the deficiencies in its character than there is any occasion to denote here. Even as it is, Mr. Keate must have received his copy of the volume as a diseased child receives into its unwilling hand a cup of detested rhubarb. But impartiality and accuracy are excellent qualities, and having said thus much respecting the absentee virtues, we express contentment with the labours of Mr. Lee in that respect. His volume will prove useful to medical students who visit the continent, and afford them a fair extent of introductory knowledge respecting the institutions which supply the means of professional learning in the quarters specified. Scattered through its pages we find

* Mr. Lee's grammar cannot be much praised. How many languages are studied by Englishmen in preference to their own? "German institutions" do not constitute a "country." Such blunders are frequently made.

was impossible to judge. In confirmation of this, he alluded to the case of a girl who had been received into *Guy's Hospital*, while the catamenia were present, and which were arrested suddenly by the affusion of cold water, followed immediately by a severe attack of pleurisy, attended with numbness and œdema of the inferior extremities; but so soon as the uterine disturbance was corrected, the pleurisy and other symptoms induced by the arrest immediately disappeared.

Dr. JOHNSON adverted to the fall which the patient had received, and said he had requested the advice of an eminent physician-accoucheur and pathologist of this metropolis, whose letter in reply to that of Dr. Johnson was read, but it simply and briefly attributed the sufferings to spinal disease.

The PRESIDENT (by the special request of Dr. Johnson) gave his opinion on the treatment; he suggested that perfect rest for months should be enjoined, and that a nourishing diet should be allowed, and anodyne injections used; but during the time the catamenia were present, he would strongly recommend that the patient should move about, as a sluggishness of the uterine functions at that time, he had found, greatly contributed to increase the debility. He could easily conceive why the stimulating preparations of iron had not proved beneficial. These he never prescribed under similar circumstances, for he had found that such stimulants naturally increased the irritation, and thereby kept up the pain, suffering, and disturbance. The same objection, however, was not to be urged against the diffusible stimuli, and from the carbonate of ammonia, rendered palatable to the patient, he had derived in his practice great benefit as a stimulant.

Dr. RYAN, in addition to this treatment, recommended small doses of strychnia, and the introduction of metallic sounds into the uterus; in the use of which instruments he had seen much benefit derived when cautiously introduced into the uterus, commencing with small-sized bougies, and gradually increasing them; for while the patients were suffering from dysmenorrhœa, he had ascertained by examination at the time, that the parts were much contracted.

Mr. CLARKE observed, that whatever merit attached to this plan, was due to Dr. Macintosh, who introduced the practice.

Mr. COSTELLO remarked that this formed one of the improved plans of treating urethral diseases, which he hoped shortly to lay before the Society.

Mr. STRERRON then exhibited to the Society some diseased preparations of fungus hæmatodes, attacking different structures in the same individual, and the Society shortly afterwards adjourned.

LONDON UNIVERSITY MEDICAL SOCIETY.

Oct. 16, 1835, Mr. CHIFFENDALE, President.

MOLLITIES OSSUM.

(From a Correspondent.) — A paper on mollities ossium was this evening read to the Society by Mr. PIPER, and followed by an animated discussion, in the course of which several theories on the pathology of the disease were advanced. Mr. HAYMES thought that proof that phosphoric acid was superabundant in the system, had been afforded by analyses of the bones of persons who had died from this disease, and that their insoluble phosphate became by this means converted into a soluble superphosphate, which was thus, with much greater facility, removed, by the absorbents diminishing, more or less rapidly, the quantities of earthy material. Mr. PACKMAN advanced an opinion that the disease arose in consequence of deteriorated function of the peristœum, its arteries having lost their healthy secreting power, while the absorbents still continued to remove the portions of earthy matter that had already been deposited. Mr. BRENT endeavoured to follow up this view, and supposed the *reason* of the peristœum being unable to secrete a healthy deposit (in cases where immense quantities of common salt had been habitually swallowed by the patients, as has been said to have frequently been their custom) to be either the result of sympathy with the stomach and other organs of digestion, so greatly debilitated by the salt, or else that the salt itself soon became absorbed into the circulating fluid, and re-acting upon the phosphate there, as well as on that contained in the osseous structures, produced two partially soluble salts, the phosphate of soda and the muriate of lime, which were immediately taken up by the vessels. He added that the disease might, on the other hand, arise from deficient action of the kidney, that organ becoming unable properly to separate the salts from the blood, which, by accumulation, would have the tendency of giving rise to the soluble salts. The phosphoric urine, he argued, was a sufficient proof that the urinary organs were disturbed. Messrs. KANE, and other gentlemen, who were present, were of opinion that the subject, which contained many interesting points, until the period of the meeting.

NORTH LONDON HOSPITAL.

CARIES OF THE OS CALCIS.

AMELIA CALLOWAY, aged 17, was admitted, May 12, under the care of Mr. COOPER. About three years ago a swelling appeared under the ankle of the right leg on its internal side. Sometimes it was very painful, but she continued to move about until the week previous to her admission. Some time last March the swelling broke. She had experienced a little relief at a dispensary, until a short time before her admission, when she got much worse, and her general health suffered considerably.

14. Pain so violent in the ankle that she cannot sleep; poultices have been constantly applied to the swelling.

June 20. She has been more free from pain since the last report, but has complained occasionally of sleepless nights. She has been taking small quantities of iodine, which, depriving her of her appetite, was discontinued, and sulphate of quinine, with infusion of roses, was given instead. On introducing the probe into the sinus, it is felt to penetrate deeply into the cancellous structure of the os calcis.

Aug. 1. Mr. COOPER being out of town, Mr. LISTON to-day removed a portion of the os calcis with a small trephine, scooping out a portion of the cancellous structure of the bone. The part was stopped with lint, and a poultice was applied.

Sept. 21. A small piece of bone exfoliated a month ago, since which time the wound has been gradually healing, and is now nearly closed.

Mr. LISTON remarked on this case, that the disease was most frequent in the heads of bones and in short spongy bones. It also sometimes occurred in the cancelli and shaft, and in flat bones, between the tables. The cause of the disease was external injury and incited vascular action; suppuration in the cancellated texture frequently following very slight incited action in persons of a scrofulous habit. Great suffering generally is experienced during the progress of an acute abscess to the surface. An enlargement usually ensues from the addition of new bone, which is arranged in nodules on the outer table, and sometimes extends to the bones which are articulated with the bone that was diseased. There is one or more cloaca leading to the ulcerated surface, the discharge proceeding from which is purulent and fetid. The soft parts around the bone are condensed so as sometimes to form a bony shell. The os calcis is the bone most frequently affected with this disease, probably on account of its position. This disease is not infrequently met with in various points; it

sometimes commences in the bursa, sometimes in the substance of the bone. It varies much in extent and degree. The softening and disease are not always limited to one bone, but affect the synovial apparatus between the astragalus and the other bones. The prognosis is various, according to the extent of the disease.

In treating this complaint, Mr. LISTON remarked in continuation, that it is necessary to remove partially or entirely the part diseased, or to bring on such a change of action as will throw it off. The first object may be accomplished by trephining, as in the case in question, by scoops, saws, or forceps; the second can be effected by the potential cautery, the red oxide of mercury being generally preferred by the lecturer. Mr. LISTON exhibited several specimens and drawings from various cases, showing the different kinds of the disease.

DISTRESSING SICKNESS CURED BY CREOSOTE.

Dr. ELLIOTSON, in a late lecture, related the following case, which shortly since occurred in his private practice. Mrs. P., a lady, residing near town, when apparently recovering from an attack of sore throat, was seized with incessant retching and vomiting, accompanied with debility and depression, both of mind and body. This distressing state continued for a week, during which period no food of any description was retained in the stomach. There was no pain on pressure, and no other inflammatory symptom. Wine, brandy, and even soda water, were all immediately ejected. The pulse was extremely feeble, and almost imperceptible, and she had frequent fainting fits. Two-grain doses of hydrocyanic acid, though repeatedly administered, had an effect in stopping the vomiting. She was supported during the week by nutritive glysters containing white of egg and milk. It was after a week, during which the above symptoms continued undiminished, that Dr. ELLIOTSON was requested to see the patient. He ordered her two minims of creosote, to be given every two hours, and increased if the sickness continued, but to be diminished if it ceased. The first dose was thrown up, but a second, administered immediately after, remained on the stomach. The next dose, given in two hours, came up. Another was administered and retained. The vomiting had entirely ceased on the next day, without any increase having been made in the dose of the medicine, which was therefore now diminished in quantity, and, shortly after, entirely discontinued. The patient rapidly recovered, and is now in good health. Dr. ELLIOTSON has had repeated opportunities (besides the cases already published in THE LANCET) of trying the effects of creosote in vomiting, but

as the details would present mere repetitions, we refrain from giving them. The medicine has certainly sustained in his hands a high character. The judicious directions, however, which Mr. TAYLOR affixed to the cases published by that gentleman in a recent Number of THE LANCET, should be carefully observed by those who make trial of the creosote.

LITHOTOMY.

Thomas Smith, aged 6½ years, was admitted, Oct. 15, under the care of Mr. LISTON. He has manifested symptoms of stone from infancy, the most marked symptoms being a pulling at the prepuce, and violent pain while making water, which dribbles from him, soiling his clothes. During the time of micturition he is very restless, tossing about in every direction. These symptoms very much increased as he became older. Mr. LISTON having sounded him and detected a stone, the boy's friends being anxious that the operation should be performed immediately, he was cut on the day of admission. The boy being held between the knees of an assistant, a small curved staff, with a groove a little on one side, was introduced, and held firmly by another assistant, towards the arch of the pubis. The incisions were made in the usual way with a common dissecting scalpel, and the bladder was reached. The staff was then withdrawn, and the stone extracted with a small pair of forceps in forty seconds from the first incision. On the 21st he was doing exceedingly well.

OPERATION FOR CATARACT.

Margaret Lake, aged between seventy and eighty, presented herself at the hospital on the 15th of October with cataract of both eyes. Mr. LISTON operated on the right eye, the pupil being previously dilated, by dropping in a little solution of extract of belladonna. Having covered the left eye with a bandage, he made steady the right one with his left hand (Mr. L. frequently impresses on the pupils the necessity of practising with both hands alike, as, for instance, in this operation on the left eye, in cutting for fistula ani on the right side, and various other operations), he then introduced the cataract-needle with his right hand, about a line or so from the junction of the sclerotic coat with the cornea, and reclined the cataract, gently disentangled it, and withdrew it cautiously. The eyelids were then closed, and a small piece of lint dipped in cold water, and a bandage, were applied to the eye. Mr. LISTON remarked, that in the generality of cases this was the preferable operation.

ST. BARTHOLOMEW'S HOSPITAL.

OSTEO-SARCOMATOUS TUMOUR OF THE LOWER JAW — OPERATION — EXCISION OF THE BONE.

On Saturday, Oct. 17, an interesting-looking girl, of about sixteen years of age, was led blindfolded into the operating theatre. On being secured on the table, the disease evinced itself by a tumefaction in the situation of the left side of the under jaw-bone. Mr. STANLEY intended, in accordance with the joint approval of his colleagues, to remove the morbid growth by extirpation of the diseased bone. He commenced by an incision extending from the symphysis of the chin to the articulation of the jaw, on the left side, in a curved direction, according with that of the shaft of the bone. On reflecting the integument, the external facial artery was wounded. This was secured by Mr. LAWRENCE, who assisted the operator, who then proceeded to dissect cautiously through the buccinator muscle and the coverings of the maxillary bone, about an inch inferior to the duct of the parotid gland; in accomplishing this, several small branches of the external maxillary artery were divided, and successively secured by the assistant. After carefully exposing the whole shaft of the bone to above its angle, Mr. STANLEY separated the muscles which were attached to its inferior margin as well as its internal surface, by means of a common scalpel; and having thus cleared away all the soft parts, the morbidly enlarged bone formed a conspicuous object. At about a quarter of an inch on the right side of the symphysis, Mr. S. commenced to saw through the jaw-bone with a small straight saw, and after making a groove in it, the short bone forceps were applied, but ineffectually. On exchanging them, however, for others with longer handles, the bone was at once cut through. A similar process was adopted at the angle, with the same success, and the detached portion of bone was then removed by separating the lingual and other muscular branches which confined it to the soft parts in its neighborhood. After securing a few bleeding vessels, and cleaning the parts adjacent to the face and the wound, the edges were approximated, and confined by means of three sutures and some strapping. The poor girl bore the operation with admirable fortitude, though it lasted more than half an hour.

After the removal of the patient, Mr. STANLEY came forward and stated that this was a case of osteo-sarcoma, originating in the cancellous structure of the maxillary bone, and by its growth destroying the two lamellæ which form the external and internal surfaces of the bone, and the tumour which he

tion. He did not consider this morbid development to be of a *malignant* nature, inasmuch as it wanted those symptoms which usually attend that class of diseases. Some practitioner, who had visited the patient in the early stages of the disorder, plunged a knife into the tumour, but *no bleeding resulted*, nor did the formation of the tumour cause any pain or constitutional derangement. Still, however, it was *desirous* in these cases to practise extirpation, in consequence of the rapid growth of this fungus, and the displacement of parts occasioned by it.

A section of the morbid parts was made, and the specimen handed round to the pupils. It presented a fibrous structure, of a radiated form, including in its interstices a matter resembling albumen. The patient is doing very well.

STRANGULATED FEMORAL HERNIA.—SPHACELUS OF THE INTESTINE.—DEATH.—Mary Bradshaw, *ætat.* 59, whose appearance rather indicated the age of fourscore years, was brought into the hospital on Sunday the 6th of September, for the relief of an incarcerated femoral hernia, which had been in a state of strangulation for a period of ten days.

Mr. LLOYD, considering all the circumstances of the case, determined to operate at once, and therefore at once resorted to the knife. On an *exposé* of the contents of the sac, the intestine was ascertained to be in a state of gangrene, and adherent to the mouth of the crural ring. Under these prejudicial circumstances, it was determined merely to divide the stricture and permit the mortified gut to remain undisturbed in the sac. The edges of the wound were therefore approximated, and the patient was removed to bed, with, however, an exceedingly unfavourable prognosis. The pulse gradually degenerated, and on the succeeding Wednesday evening, although brandy, carbonate of ammonia, strong broths, eggs, &c., were liberally supplied, the patient expired. On a post-mortem investigation the peritonæum exhibited decided evidence of inflammatory action having pervaded that tissue; the strangulated intestine was in a state of complete sphacelus, and had become adherent to the interior of the sac and the mouth of the ring.

ST. GEORGE'S HOSPITAL.

DISEASE OF THE ANTRUM.

This disease was admitted into the hospital at a late time since, under the name of "Dyspepsia." Eight years previous to its being first stated to be a disease, it had been bruised

on the left side of his face and nose. During the two last years the swelling and pain of the part had increased, and several minute portions of the bone of the antral cavity were discharged at different periods through the left nostril. The treatment of the case was very simple. An opening was made through the superior maxillary bone over the alveolar processes into the cavity of the antrum. A probe was introduced, and dead bone was felt. The day after this operation the man was in a high state of febrile delirium, which was subdued by rest and antimonials, combined with Dover's powder. During the man's stay in the house, Sir B. BRODIE (at the request of his pupils that he would render the case one of instruction) made the following clinical observations thereon:—

"Here, then, gentlemen," he remarked, "we have an instance of injury of the face; at the end of eight years afterwards, portions of dead bone are discharged from the neighbouring parts, and, I may add, that they will certainly continue to be discharged for some time to come. This case leads me to speak to you of diseases of the antrum generally, and to draw your attention to the present patient, whose circumstances are interesting to the surgeon. No clear account is given of the diseases of the antrum by surgical writers.* Such cases are rare; I have, however, seen several instances of inflammation of the superior maxillary bone. I believe that in these cases the inflammation is not dependent on local causes, but is produced and caused in the same manner as rheumatic inflammation.

"Inflammation of the lining membrane of the antrum may terminate in suppuration. The cavity of the bone may be transformed into an abscess, and pus may be discharged. I conclude that such must have been the case here. Generally, when the disease runs to this height, the cause is local, and is frequently to be found in a diseased tooth. A person has a bad tooth, a molar, a cuspatus (if the fang be large), or a bicuspid. He does not like to lose it, and he puts up with the pain and inconvenience until the pulp of the tooth becomes dead and irritates the membrane lining the alveolus, like a piece of dead bone, sooner or later. Inflammation and suppuration take place, and the matter does not escape. It may present under the gum, but sometimes it is lodged at the bottom of the alveolar socket. The bone above is absorbed, the periosteal lining of the alveolus, and the membrane lining the antrum, ulcerates; the bone becomes dead, matter collects in the cavity, and the patient suffers great torture. When the antrum is affected, there is a dull constant sense of pain over the part, with lancinating

* Some of them will stare at this.

pains shooting through the cheek. There is slight effusion under the skin of the cheek, with œdema and redness. The patient may remain in this state for a length of time. The matter is discharged from the nose or not, according as the aperture may be open or plugged up. If the former, the patient feels relief from the discharge. In these cases there is generally some dead bone, but there is no difference in the symptoms, so far as my experience goes, whether dead bone be present or not, but the former is the more tedious. You may apply leeches to the part, and put the patient on the usual antiphlogistic treatment; but this does not strike at the root of the disease. The first thing is to draw the diseased tooth, which will in some cases open to you a free communication with the antrum, when the patient experiences immediate relief. Sometimes you will find the discharge from the part very trifling, and in some cases there is none at all. If this should happen, the plate of bone between the alveolar process and the antrum is very thin, and may easily be broken down by a sharp-pointed instrument, and the two cavities laid open into one, when you may explore the antrum with a probe, and if you find dead bone there, you must wait until it has exfoliated. When you have made a free opening, keep the patient quiet, and keep a catheter or bougie in the opening, to prevent it from closing up. Through this you should inject the antrum with a syringe, very frequently. If the discharge come away through the nose, well and good. If it do not, you will know that the opening between the turbinated bones is closed, and the case may become troublesome. Suppose that the alveolar socket is filled up with dead bone. You must then make an opening. You would not make it through the jaw, because that is a bad place. Raise up the cheek, and then with a scalpel divide the membrane above the alveolar process of the molar teeth, and, having exposed the bone, make a circular opening in it, with a strong trocar-shaped instrument. The instrument must be strong, or else it will break instead of the bone. I used a pair of strong sharp-pointed scissors in this case, the other day, because I had no other instrument at hand, when I introduced my little-finger into the antrum, and was enabled easily to hook out every piece of dead bone. There is a plug in this wound, to keep it open, and it is frequently syringed out.

"Some writers describe a polypus of the antrum, and have given descriptions as to how it is to be tied and extracted. This is perfectly hypothetical. I never met with a case of the kind, and I do not believe that I ever shall.

Malignant diseases, such as fungus hæmatodes and carcinoma, affect the antrum. They grow from the inner lining membrane

of the cavity. They at first cause but little pain, and show no symptoms by which they can be recognised; but by-and-by the tumour enlarges, pressing outwards on the cheek, upwards on the orbit, and downwards on the palate bones, extending itself, in fact, in every direction. The bony substances of the antrum and alveoli become destroyed, and the teeth drop out. The tumour increases, the walls of the antrum ulcerate, and the fungous growth protrudes. The cheek now becomes affected, and the eye may be pushed out of the orbit, causing blindness, or the roof of the mouth may be broken down, and the tumour press upon the tongue and nose. The growth of the part now becomes more rapid; there is a profuse discharge, and occasional bleeding from its surface; the patient becomes weak, gradually sinks, and dies. I do not know anything more distressing than the death-bed of a patient in this disease. There is a paper on this subject by Mr. TRAVERS in the *Medico-Chirurgical Transactions*. Such cases are, unfortunately, not rare. I suppose it must have been the occurrence of these cases which led to the idea of polypus of the antrum. Some have supposed that these may be removed by being turned out, or by the application of the actual cautery to them. DESSAULT I believe it is who had a case of this kind in which the patient remained free from the disease for three months; but you know that a malignant disease may return after twelve months. I tried the method of proceeding by turning out the tumour; the cheek bulged out, and the bone had been absorbed. With a scalpel I cut down upon it; the tumour was soft, and broke down, but I turned it out. There came on most frightful hemorrhage, and I plugged the antrum with blue lint, hoping that it might slough out. It did so partially, but the patient was not cured, and he died soon afterwards."

The perambulation of the hospital is in regular periodical progress for the session. From the senior surgeon down to the deputy-assistant surgery man, and from the apothecary's sub-assistant down to RODERICK MACLEOD, all are at their posts, and there will continue—*pro tem*. At present, "one o'clock" finds them all on the move. Notice of every operation, autopsy, and inquest, is punctually posted up. Clinical lectures are given by Dr. SKYMOUR every Saturday, at four p.m.; by Dr. WILSON on pathology, every Monday at half past two p.m.; by Mr. WALKER on some surgical case, on Thursday at a quarter before 4 p.m.; Sir B. Brodie every Tuesday at one p.m. on a surgical subject. These, "clinical lectures," as they are called, are the only ones which are ever any "interesting."

● ADVICE TO HOSPITAL PUPILS.

On opening the "Clinical Course" on surgery, Sir B. BRODIE addressed the following remarks to the junior pupils:—

"I propose to commence a course of clinical lectures, and in each lecture I shall speak to you of some one case in the hospital, and in order to investigate some of the important cases fully, I may perhaps deliver you three or four lectures upon one subject. This, however, I shall not do frequently. To explain to you these cases, however, is only one object of a clinical lecture. To know surgery well, it is necessary that you should know anatomy, chemistry, and materia medica, for these only will give you a clear insight into its practice. On entering an hospital to study cases, it is not merely necessary to study them to enable you to pass an examination at the College and Hall. You should observe and study the cases for yourselves. That is the only way to extend your information. When I examine a young man at the College, I esteem the knowledge which he has acquired by inquiring for himself, much higher than that which he has acquired by lectures. The explanation of hospital cases is of great service. The clinical observations which we make to you at the bed-side of the patients, can be heard but by few; I say you should therefore notice the cases for yourselves. I advise you to go round the hospital frequently. Go round with the surgeons, the house-surgeons, and even with the dressers and senior pupils, for those gentlemen have seen more of hospital practice than you, and can therefore give you much information on many subjects with which you are as yet unacquainted. There are always to be found cases of greater or less importance in the wards; but of these the latter should more particularly attract your attention. Many will pass by cases of cut fingers, or sores, or little fractures, as trivial affairs; but will you not continually meet with such cases in private practice? Make it your business, therefore, to understand them. Your first attention in the hospital should be directed to these, after which you may proceed to those of greater importance, which are only made up of minor effects. In a compound fracture, for instance, you have two minor points, a wound and a simple fracture, making up a greater one—a compound fracture. If you do not understand either of these minor ones, how are you to understand this? If in going round the wards you are told of a swelling sore, go and look at it yourselves, and be any thing about it that you can. Ask the house-surgeon, or the more experienced surgeons, you may depend upon them so much as I found

this very much to be the case when first I began to lecture on surgery, and I soon discovered that there were a great many subjects to be treated of in my lectures, a knowledge of which I had yet to acquire. Be very minute in your observation of symptoms, as you may otherwise omit much that is valuable in the diagnosis of a case. There is only one way in which you can study cases sufficiently to remember them, and that is by taking notes of them for your own use, once or twice daily, or at certain periods, as may be necessary to impress the facts on your memory. I have been in the habit of keeping notes of many cases. When I commenced practice, I took down notes of every case. Now I take down fewer notes, and only those that are important. I have many volumes of these notes by me, and do you suppose that I find them useless? Do you think that I consider them as waste paper? By no means. On the contrary, I derive very great advantage from a reference to them. Take notes of cases then, and take them fully: there are no opportunities for study so useful as those which occur in an hospital. Years of private practice will not yield you the same advantages. Let me therefore urge upon you most strongly, not to neglect your hospital studies."

INGUINAL HERNIA, NOT STRANGULATED NOR REDUCED.—OPERATION.—DEATH.

WILLIAM HARRISON, admitted Sept. 14th, at 12 o'clock at noon. Sir Benjamin Brodie being absent, Mr. Cutler, the junior assistant surgeon, took charge of the case. On examination, there was found a punctured wound at the upper and inner part of the left thigh, on a line even with the base of the scrotum; and a large tumour of the left side, of the usual size, and occupying the usual situation, of inguinal hernia. The man stated that he had been afflicted with "the windy rupture" for fourteen years, but that up to the present time he had been always able to return it easily. Four days ago he met with a fall, when a metal spike ran into his thigh, and at the same time he received a blow from an iron rod over the part now occupied by the hernial tumour. These he stated to have caused the descent of the hernia, which has been down ever since. Mr. Cutler saw him immediately on his admission, and after examining the case, he requested the opinion of Mr. Keate (who was going round the hospital at the time) upon it. The surface of the skin covering the tumour was red; and, in the opinion of some gentlemen present, crepitated upon pressure, indicating inflammation of the cellular tissue beneath. We could not, however, detect any symptom of the kind. The lower part of the tumour was harder (Mr. Keate supposed it to contain omentum) than the upper, which was elastic, and was driven

down, upon the patient attempting to cough. A probe introduced into the wound of the thigh did not pass to any distance under the skin. There were no very urgent symptoms present; there was no vomiting or hiccup, and Mr. Cutler, we were told, was rather doubtful as to the tumour being a hernia at all. Yet it seemed very evident to every one else in what the disease consisted. Mr. Keate remarked that there were no urgent symptoms present, but that eventually the operation must be performed. The man was then we believe put into the warm-bath, and the taxis was employed, but ineffectually. He had been twice bled before his admission.

At 3 p.m. Mr. Cutler performed the operation, assisted by Mr. Hawkins. The layers of fascia were successively divided upon a silver director, until the sac was opened, and a large knuckle of healthy intestine from the sigmoid flexure of the colon protruded. Mr. Cutler pushed his finger up to the external abdominal ring, and declared that the intestine was not strictured by it, but that it was *quite free*. Mr. Hawkins pushed his fingers down to the bottom of the sac, and passed them completely around the gut; but, after further manipulation, the intestine was not reduced, but left extruded from the abdomen, and the wound was united by sutures. After the man had left the operating theatre,* Mr. Cutler made some remarks on the case to the pupils present, the precise meaning of which we were unable to comprehend. Indeed we doubt whether any of the pupils who witnessed the operation were able to understand why it was performed; nor was it until in a conversation between Mr. Cutler and Mr. Lane, when the latter gentleman made some general remarks upon the case to those around him, that any one could account for the circumstance of a hernial sac being simply opened and sewed up again. Mr. Lane said that the contents of the hernial sac consisted of a portion of the sigmoid flexure of the colon uncovered by peritoneum; that it had become attached by longstanding inflammation to the base of the sac which rested on the contents of the scrotum, and, by its posterior surface, to the anterior and inner surface of the muscles at the superior part of the thigh. These old attachments not being able to be broken down, the intestine was prevented from being returned into the cavity of the abdomen. It therefore follows that the statement of the man, previous to the operation, that he had been always able to reduce

the swelling, until the preceding four days, was untrue. Immediately after the operation he was ordered, *Calomel*, five grains; *Compound Extract of Colocynth*, ten grains, to be taken immediately.

On visiting him in the evening, six hours after the operation, he was found much easier. The tongue was moist, the pulse 80 and compressible, and he complained of no fixed pain. The bowels had not been relieved, and he was ordered *Sulphate of Magnesia*, two drachms; *Infusion of Roses*, one ounce and a half, every three hours: and Soda Water for common drink.

Sept. 15. At half past twelve Mr. CUTLER saw him; the bowels had not been opened, and he had passed a restless night; the tongue was dry, and furred in patches; the pulse 85, and full. There were also general pain and tension over the whole abdomen (which had been fomented with warm flannels), and severe headache. He had been ordered three grains of calomel every four hours. On finding the patient in this state, Mr. CUTLER appeared anxious to "draw off the wind" from the belly, as a means of relieving him from the severe tympanitic tension under which he laboured. The man was ordered to lie on his right side, whilst Mr. CUTLER introduced an elastic tube into the rectum. This came in contact with the hardened feces, but did not bring away any "wind." A catheter was then introduced, and forced through a mass of feces, and a stilette was passed through the catheter, but no evacuation followed. Two stomach-pumps (Weiss's and Read's) were now procured, and an œsophagus tube was introduced, and warm water was attempted to be injected per anum. The mechanical action of Mr. Weiss's instrument not being understood, it proved to be of no avail, and Mr. Read's was used instead; about a pint of water was injected, which the patient was unable to retain, and which served only to wet the draw-sheet on which he lay. Every method of drawing off the wind having failed, the man was left at rest, and the calomel ordered to be continued. The patient frequently complained of faintness, and vomited a little after the attempts at "drawing off" were discontinued. He was allowed beef-teen for diet. Mr. Cutler's reasons for acting as described, were founded upon his having followed a similar course in a "stone case," with great success; but doubts may fairly be entertained of the propriety of irritating the mucous membrane of the bowel near to the seat of a half-strangulated irreducible hernia which had undergone a tolerable degree of manipulation scarcely twenty-four hours before. The justice of this opinion is somewhat confirmed by the fact of the bleeding the man in the operation which was performed on himself, to the

Vespere.—The

* The man was lifted from the operating theatre to his bed in Drummond ward, but owing to some great neglect he was, before the operation, walked into the theatre. The porter and surgery-men are new in their vocation, and like machinery on the first night of a pantomime, they work very "stiff."

opened; there is less tension and pain over the abdomen since the bleeding, and pressure can be borne. The blood is highly cupped and buffed; pulse 80 and small; tongue moist; has not been sick since the morning; slight singultus; countenance anxious.

16. He was again bled last night to the amount of six ounces; the blood is highly buffed and cupped; and has been again bled by the house-surgeon to twelve ounces this morning, the blood being as much cupped, but less buffed. The pulse is 100 and small, the tongue moist, and countenance less anxious, but the bowels have not yet been opened. He passed a restless night, and is still restless; there is less tension and pain of the abdomen. His diet is beef tea. He was ordered *Calomel*, three grains; *Compound Extract of Colocynth*, ten grains; to be taken immediately. The prognosis of the case has now become unfavourable.

Temper.—He is worse than at the morning visit; the bowels have not yet been relieved. Since the morning he has taken two doses of castor oil of one ounce each. Pulse quick and full, 100; abdomen tense and painful; countenance anxious; he is very restless. Soda water for drink.

17. On visiting the hospital this morning, his bed was vacant, and his body about to be removed to the dead-house. He sunk gradually, and died about twelve at noon. Purgative medicines, colocynth and calomel, calomel and opium, and croton oil, had been administered to him, but without the least effect, and from the time of the operation until the hour of his death, the bowels were never relieved. The last medicine he took was port wine.

Autopsy twenty-four hours after death.

On opening the cavity of the abdomen, the general appearance presented by the coats of the intestines, was that of severe inflammation. On examining more particularly that portion of the sigmoid flexure of the colon which was extended through the abdominal ring, it was found to be deeply injected with blood, the red vessels appearing very prominently through the thin tunics of the bowel. It was not strangulated, and was returned very easily into the cavity of the abdomen by Mr. LANE, who was present. There was no band connecting it to the bottom of the sac, and nothing but a thin adhesion between one of the appendices epiploicae, and the posterior part of the sac (which might easily have been broken down) prevented its complete return within the external ring. These are the only pathological points in the case which were examined. The cavities of the peritoneum were not examined.

The appearances which the external ring presented appear that it had been affected by severe in-

flammation of the bowels, following a blow over a portion of extruded intestine. These symptoms were followed by constipation, hiccough, and vomiting. The operation was performed to relieve these latter, which it failed to do. The constipation was attempted to be relieved by purgatives given only by the mouth, the few injections that were administered being too mild (consisting principally of castor oil and sulphate of magnesia) to be of any service; whilst the severe inflammation was combated by four general venesections, of no great amount, the first of which was only performed twenty-eight hours after the patient had been in the hospital. Had the operation not been performed, and the venesection and purgation been pushed to a greater extent, and had a generally holder line of practice been adopted, the termination of the case would probably have been different.

Some doubts, we believe, were entertained as to the propriety of holding an inquest on the body. It was, however, eventually determined that one should be held,—when the assembled jury with an ignorant coroner at their head (on what evidence we know not), returned a verdict of “Died from Mortification.” The morbid appearances afforded no ground whatever for the verdict, and a gentleman of competent anatomical and surgical acquirements, who also carefully examined the parts implicated in the hernial protrusion, informed us that he could discover nothing approaching in its pathological appearance to either sphacelus or mortification.

LOCK HOSPITAL.

CASES OF GONORRHOEAL DISCHARGE ACCOMPANIED WITH CONDYLOMA AND CONDYLOMATOUS ULCERATION.

CASE 5.—Margaret Gawlor, ætat. 18, admitted, Nov. 17, under the care of Mr. WALKER. She has been on the town three months, and has had a discharge from the vagina nearly the whole of that time. The condylomata, with which she has been affected, have been present for two months. The vaginal discharge was preceded by a scalding in passing her urine. At the commencement of her complaint she took six calomel pills, one every other night; this affected her mouth, which is somewhat sore now. There is at present a profuse, thick, yellow discharge from the vagina, which exhibits some preternatural vascularity over the vestibulum and orifice. There is an irregular gray sloughy ulceration over a patch of confluent condylomata, elevated much above the surrounding skin, and presenting more or less a warty character and appearance, occupying the entire margin of

nal discharge for the last five days, and the scalding is almost gone. The gums are sore and tumid, but there is little pyalism. Medicines to be continued.

10. The condylomata have all gone. The gums are very tender, and at the back part of each side of the jaw they are ulcerated. She says that the vaginal discharge has returned. The pills to be continued, and the strength of the injection to be increased.

26. She is much better; the vaginal discharge is pale and small in quantity. The vestibulum is blue and vascular; pyalism continues; the gums are florid, but not so much ulcerated. The same plan of treatment was persevered in until the 7th of August, when she was discharged cured.

CASE 7.—Ellen Trevelyan, ætat. 20, admitted Nov. 20th, 1831, under the care of Mr. WALKER, with condylomatous labium, gonorrhœa, and bubo. The history which she gives of her present complaints is very imperfect. She has been married ten months, and says that soon after her marriage she had scalding pain in voiding her urine, which has gone off and returned again several times since, but she has remarked no discharge until six weeks since. She has had a bubo and condylomatous affection for one month. She has had no connexion for three months, and has only taken a little opening medicine. She has at present a very abundant thick yellow discharge from the vagina, with much scalding pain in passing her urine. There is enlargement and thickening of the left labium with superficial condylomatous ulceration along its inner margin, and there is one insulated condyloma at the inferior extremity of the right labium. The bubo is in the left groin, of the size of a walnut, and not at all painful; the inner surface of the throat is slightly vascular; the tonsils are enlarged, more particularly the right, general health good; tongue furred; bowels confined; catamenia regular. She has never been pregnant.

22. She was ordered to take the *White Martine* tinct twice daily, and to use the *Saturine Lotion*.

28. The vaginal discharge is nearly gone, and the scalding is much diminished. The labial inflammation remains the same. A few spots of lepra have appeared on various parts of the body within the last few days. To take *three grains of Calomel and three grains of Rhubarb* at bed-time, and to use the bath twice a week; a Blister to be applied over the bubo.

She says that the discharge from the vagina has stopped, but that some little remains. She complains of great pain in the throat, but does not advert to any soreness. The bubo is very small, and the eruption on the

skin is of the *tubercular* character, and does not partake of the characteristic appearance of *lepra*, there being a circular deposition on the cutis, though under a slightly desquamating surface. Those spots which first appeared on the skin, are now so far advanced as to have left only a brown syphilitic stain on the skin. Some of the characteristic symptoms of the case bear now an apparent resemblance to a secondary eruption, succeeding to condylomata; although the ulceration at the inferior margin of the right labium does not partake of all the characters of condylomata. To continue her medicines.

Dec. 2. She is much better to-day, the tubercular eruption is thicker on the skin, partaking of a mixed character of *lepra* and tubercle, some patches having the distinctive characters of each, whilst others assume the appearance of an intermediate variety which has been named small psoriasis. There is one leprous scab with some surrounding redness under the right scapula. The case exhibits specimens of the three varieties of eruption, of simple stain on the skin, *lepra*, *psoriasis*, &c. On closely questioning her, we learnt that about three weeks since, she remembers having a sore on the lower extremity, which bled.

6. The eruption is increasing, there are light yellow scabs over the scalp around the roots of the hairs. There are several well-marked spots of *lepra* on the skin, but fewer of *psoriasis*. Some of the glands of the neck are swelled; she is very weak and low, with some disposition to syncope. Many of the symptoms being now severely aggravated, and the decided syphilitic character of the disease not to be doubted, Mr. WALKER determined to put her on a mercurial course. She was ordered to apply the *Black Wash* to the ulcers, and to rub in half a drachm of the *Mercurial Ointment* every night.

13. She is very much improved in health; the syncope and trembling subsided soon after she commenced taking the mercury; there is now incipient pyalism, with a copious taste in the mouth. The cuticular eruption has much subsided, and some of it is desquamating. The excoriation and ulceration of the labium have healed, and the thickened appearance of the parts has gone down. *Blue Pill* five grains; *Extract of Henbane* two grains: to be taken in a pill twice daily.

20. Her improvement has been very rapid. The eruption over many parts of the body has quite gone, and in others there is only a scabby stain left; there is but little thickening of the labia left; she complains of some pain over the epigastric region soon after taking the pills; there is free salivation present; there is slight puffiness over the left cheek, and the gums behind are found to be slightly ulcerated. She was ordered

Blue Pill four grains, *Extract of Hemlock* three grains, in a pill twice daily. The *Black Wash* to be continued, and the *Alum Gargle* to be used to the month.

Jan. 5. The eruption is very nearly gone, and there is but very little remaining thickening of the left labium; the right labium has more of its natural feel and appearance; the discharge from the vagina is only small in quantity and temporary in its appearance; the tonsils are much diminished in size; the pyalism still continues. A lotion of *Oxymercure of Mercury* gr. j, to ℥j of water, to be used, and the injection to be persevered in. She continued the use of these remedies for some time, and was made an out-patient for a few weeks, when she discontinued her attendance at the hospital, being quite cured.

five. The operation was somewhat delayed in consequence of the unusual smallness of the nerves surrounding the artery; but, ultimately, not the least branch of nerve was included in the ligature. An amputation above the knee, for strumous disease of that joint, was afterwards performed by Mr. B. Cooper. On the 7th, lithotomy was performed upon a man aged about forty-five or fifty years, by Mr. Key; the patient is likely to do well. The convenience and advantage of the students at this hospital would be much served, if surgeons were to attend on operation days with more exactness as regards time, than they sometimes observe; much thumping of boards and panels, and other sources of unsuitable noise, would then be spared, which is painful to the patient and derogatory to a scientific audience.

LONDON HOSPITAL.—On the 3rd instant the operation of lithotomy was performed at this hospital upon a boy about ten years of age, by Mr. Luke. Some difficulty was experienced in the extraction of the stone, owing to its magnitude, as it measured in the longitudinal direction an inch and a half; transversely about an inch. The calculus was of the cystic oxide kind. The patient did well.

GUY'S HOSPITAL.—On the 5th instant the operation for tying the femoral artery was performed at this institution by Mr. Key, upon a man of about the age of thirty-

CORRESPONDENTS.

Many reports of Societies, papers, and answers to Correspondents, are unavoidably omitted this week from want of space.

ERRATUM.—In the account of the Parisian hospitals, page 129, the paragraph under the head of "HOPITAL DE LA CHARITE," beginning with the words, "This hospital is the next largest in Paris," should have been placed, in arranging the matter for publication, under the table immediately below, which is headed, "HOPITAL ST. LOUIS." Will our readers be so kind as to mark this transposition with their pens.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37' 44" North, Long. 31° 45" West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Oct. 12	49.50	49.50	29.64	29.58	0.15	N.W.	Fair in morn; afterwards rain.
13	57.50	50.	.74	.65	—	S.W.	Dull, with slight misty rain.
14	55.50	42.50	30.03	29.93	—	N.W.	Dull, but no rain.
15	55.50	47.	.12	30.09	0.00625	N.	Dull, with some little rain.
16	53.50	45.50	.13	.06	—	N.	Heavy, but no rain.
17	52.50	40.	.03	29.99	—	E.	Threatening, but no rain.
18	50.	28.	.02	.51	—	E.	Fine throu

Oct. 19, 1835.

THE LANCET.

VOL. I.]

LONDON, SATURDAY, OCTOBER 31, 1835.

[1835-36.]

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON

DELIRIUM TREMENS,

DELIVERED BY

DR. ROOTS,

On Monday, October 26, 1835.

I HAVE selected a case, gentlemen, for my first discourse with you, which I consider to be one of very considerable importance in a practical point of view; and although, perhaps, some of you did not see the patient, yet I observe many present who watched the case very attentively throughout its progress. It was a case of affection of the brain and nervous system. I shall read to you the report of the clinical clerk, detailing as I proceed the principles on which I was induced to treat it, and afterwards speaking of the disease generally.

Henry Grey, a man above the ordinary stature and rather of a robust habit, aged 39, was admitted on the 9th of August, with a statement by his mother that for the last twenty years he has been subject to fits. In those fits he usually falls down suddenly, becomes perfectly insensible, and experiences convulsive movements of the limbs, and in that state he remains for a few minutes, or perhaps even for a quarter of an hour. She states that he neither bites his tongue, nor froths at the mouth, but discharges large quantities of flatus from the stomach when the fit is over. It is added, that occasionally, instead of falling down, he walks some distance in a perfectly insensible state; and since the occurrence of a very bad fit which happened twenty years ago, he has dragged his right leg after him, at the same time suffering of weakness in both legs. He died a half ago, after having received no medication for three successive days, similar to the case of the patient, but stated it

then to have been more severe. It appears that he has been lately in very difficult circumstances, from poverty, which had acted much on his mind, though on Thursday the 6th of August, three days before admission to the hospital, he contrived to drink a bottle of wine. On the next day he did not appear to his friends to be perfectly rational. On Saturday he fell down in a fit, and from that time he has had delirium. The irrationality increased from the time he had the fit. He was admitted on a Sunday, (I did not see him then,) and his skin was hot, and his forehead pale, and perspiration stood upon it; he was continually delirious, talking incoherently, and repeatedly uttering the same words again and again. His face is stated to have been flushed, and the pupils to have been contracted, contracting still further on the application of light. His eye was so bright, his countenance not his natural aspect. His speech was accompanied by laughter, as his own jokes. He says that he feels no pain any where but in his feet. The head is free from pain. Now the reason of his complaining of his feet you will see in a moment. The medical man who had visited him before he came into the hospital, had very properly directed his feet to be put into warm water; and into warm water they had indeed been inserted, for they had actually been boiled, and now presented complete masses of blisters. Every one of his toes had some portion of the cuticle separated from it, and he seemed fully aware of their condition. His tongue he puts out after a little solicitation; it is very slightly coated, and rather dry; there is no tenderness of the abdomen, but it is rather tumid at the lower portion, and he discharges a good deal of flatus per anum. His bowels were operated on by medicine before his admission, and he was bled twice, and had leeches applied to his head. His pulse on admission was 120, full, and admitting pressure.

Well now, when Mr. STONE saw him in this condition on his admission into the hospital, considering, and very properly considering, the state of his pulse, he ordered sixteen ounces of blood to be taken from the arm, directed a cold lotion to be applied to

the head, and had three grains of calomel given to him every six hours. The report next day states that he passed a very restless night, that he was delirious and raving at intervals; his head and skin were very hot, but yet they were copiously bedewed with perspiration. He complains of nothing but his feet, and asks every body who goes near him to loosen the straps. You ought to be informed that he was brought to the hospital in a strait-jacket, and remained in one ever since, and had been fastened to the bed by leather belts. The tongue is now pretty clean; the pulse 120, and rather jerking. He continues in much the same state, raving, and talking indecently and lewdly all the day. Now it was at this time that, happening to be at the hospital, though it was not my day, I was requested to see him. I do not know that it would have been absolutely necessary, even if there had been proper people to sit by his bedside, to have confined him as he was confined: indeed, it is quite impossible here to have people employed for that purpose in the case of every such patient, for a dozen similar patients may be in the hospital at the same moment; it therefore became necessary to confine him in another manner,—in the manner I have stated. Well, on carefully examining the case, and finding there was heat of the head,—finding that the pulse bore a considerable degree of pressure, and that the tongue, though not much coated, was still a little drier than one would have expected in the disease—in the true disease, (of which I shall speak by-and-by,)—finding these things, and taking the history of the case into account,—its occurrence after intoxication or excessive drinking,—excessive, when compared with the abstinence which he had previously been obliged to undergo,—taking also into consideration the nature of his delirium, which, although he talked, and hallooed, and raved, was, notwithstanding, not difficult to subdue; and finding, in addition, some tremor in the hand, and some tremulousness in the tongue, I pronounced the case to be, and now present it to your notice as, a case of *delirium tremens*,—that description of delirium tremens which has been considered by some authors as the second species of delirium tremens, namely, delirium tremens with high vascular action in the membranes of the brain, or in a portion of the brain itself, or in both; or, in other words, irritation of the brain,—with inflammatory or congestive action going on in that organ.

Perfectly agreeing, therefore, with the propriety of Mr. Stone's treatment as regarded bleeding the patient, but knowing that *further* bleeding should be had recourse to only most cautiously, I did not hesitate, under those circumstances, to repeat the bleeding *moderately* and *locally*, by ordering eight ounces to be taken with the cupping-

glasses from the occiput, and directing half a grain of the *Mur. of Morphia* to be given him in conjunction with the calomel, which had previously been prescribed every four hours, directing that the calomel should be given every four hours instead of six.

Now the *prognosis* in this case was exceedingly doubtful. You are to remember that the man had for twenty years previously been the subject of epileptic attack; that he had also been the subject of a previous attack of a similar kind, and therefore it was not unlikely that he might be suffering under some slow change of structure in the brain itself, or its membranes, consequently the prognosis was exceedingly doubtful. Still I was satisfied that the correct mode of treating the case was to diminish irritation by means of large doses of morphia or opium, and at the same time to relieve congestion or inflammatory action by moderate depletion.

The report of the next day, August 11, states that during the first few hours of the night he had only a few seconds of sleep, and that he then awoke, and raved most furiously; but that towards morning he had three hours and a half of sleep, and that when he awoke he appeared to be better. He is now much quieter; he is more rational, and appears to know some of the events of the preceding day; he still wanders a little, but the furious delirium is quite gone. He became tranquil after taking the two first doses of morphia. His skin is still hot, his face not so much flushed, and the pupils are rather contracted. He says that he has a little pain in the head. The pulse is 116, full, and soft. Tongue now clean and moist; bowels open. He was directed to be again cupped on the occiput, to the extent of eight ounces.

The report of the next day, the 12th, states that he passed a pretty good night, slept very well, but wandered at intervals. He is now sensible, and answers quite correctly, but occasionally talks incoherently. His skin is quite cool, and the countenance not flushed; the pupils are still contracted. He says he has no pain in the head, but he feels drowsy and languid. His hands are tremulous, and he is a little more exhausted. Tongue clean, bowels open, and now the pulse has come down to eighty, and is somewhat full. He was directed to be released from confinement, and to take the calomel and muriate of morphia every six instead of every four hours.

The report of the 13th states that he did not pass quite so good a night. There was more heat of skin, and more general excitement. He wandered a little at times, but was very quiet. The tongue was flushed; the pupils contracted. The head; more sore. The tongue clean. The pulse 88 and

He was directed to omit the calomel, and to have large poultices applied to his feet and legs.

The report of the next day states that he passed a very good night, but continued much in the same state. Pulse 82, not so full, but somewhat jerking; still there appeared to be a little more tremour, and therefore I ordered him to have a pint of coffee-tea a day. Wishing to diminish the quantity of the muriate of morphia, I directed half a grain to be given him every eight hours. He passed a very bad night after the quantity of morphia had been reduced, and was very restless, tossing about in bed, talking loudly and incoherently, swearing violently, and moving about to such an extent as to compel them again to put him into confinement. His skin became hot, his face was slightly flushed, and the pupils were contracted. Mr. STONE was called in the morning to him, and very properly gave him a grain of the muriate of morphia. After he had taken this he had some sleep, and it is stated that upon awaking he appeared to be pretty quiet. Tongue moist and clean; bowels opened four times during the night, and once this morning; pulse 94, and rather full. He was again directed to take the half of a grain of the muriate of morphia every four hours.

On the 16th the report states that he had passed a good night, and proceeds thus:—Wanders a little occasionally; face not flushed, but pupils still remain contracted; tongue moist and clean; still tremulous; bowels considerably relaxed; pulse 90; feet very sore, but not so painful as they have been. The mercury was now running off by the bowels; it had produced irritation of the mucous membrane, and it was found necessary to give him an ounce and a half of the compound chalk mixture after each stool, and to continue the morphia.

The report of the 17th states, that he passed a tolerable night, remaining very quiet, and much the same as yesterday. Pulse 94, becoming rather more feeble. It was then considered necessary, in addition to the muriate of morphia, to allow him, in small quantities at a time, a pint of porter in the course of the day.

The report of the 18th says, he did not sleep much during the night, but was quite collected. He wandered a little this morning. Countenance very natural, pupils still rather contracted. He complains of his feet being very sore. Tongue clean; bowels rather quieter than they were; pulse 94, and still rather feeble. He was directed to have a linseed-meal poultice applied to his feet, with the *Liq. Plumb. Acet.*

He was becoming rather quieter, and was directed to take a grain of the muriate of morphia every four hours. He was again directed to take, at about

seven o'clock, he was seized with a fit of an epileptic character, which continued for a long time, during which his features became distorted. I presume that the pulse at that time could not have been very much excited, for either Mr. WHITFIELD or Mr. STONE found it right to give a drachm of the *Spiritus Aetheris Sulphurici Compositus*, and a drachm of the *Aromatic Spirit of Ammonia*, in a camphor mixture, which he took; after which, it is stated, he slept soundly, having no return of the fit, and remaining much in the same state as before the fit occurred.

Then the report of the 20th of August states that he passed a very good night, and continued tranquil and rational both yesterday and on this day. The skin quite cool; no pain in his head; pupils contracted; tongue clean, rather dry; his pulse 84, and feeble. Feet not better; there is a large sore on the heel, which is sloughing. Bowels much quieter; the dose of sulphate of quinine was directed to be increased from one to two grains; and as he did not like the beer, it was directed to be omitted, and he was allowed four ounces of wine daily instead.

The report of the 21st states that he passed a pretty good night, but that during it his bowels were opened four times, and twice this morning. He is quite sensible; pulse 86, and somewhat full; his tongue a little dry in consequence of the irritation in his bowels, and it was found necessary to change the chalk mixture for some of the compound infusion of catechu.

He was directed to have a slice of meat on this day.

The next report states that he passed a good night; pupils contracted; bowels quiet; tongue moist. As the bowels became quiet, the tongue became moist; bowels open only once; pulse 90. He was directed to continue the sulphate of quinine every four hours, but to take half a grain of the muriate of morphia every six hours.

The report of the 23rd is to the effect that he continues much the same.

The report of the 24th states that he remains quite rational, but that the bowels are rather relaxed; tongue clean. It was now found necessary to add a drachm of the tincture of kino to each dose of the infusion he had been taking.

On the 25th the report states, that the bowels were more relaxed to-day. The medicine does not check the purging. He complains of some pain in the abdomen. There was a degree of tenderness there, which was distinctly traceable along the course of the colon. The stools contained a good deal of mucus, but still a considerable secretion of bile. His tongue was clean at the edges, but white and dry in the middle. Complaints of thirst. It was quite clear now that there was something more than simple

irritation going on in the bowels, which I thought it probable that the quinine helped to continue. I therefore directed that medicine to be omitted, and eighteen leeches to be applied along the track of the colon, to be followed by the application of a blister in the evening, still at the same time continuing the astringent medicines; and if the purging was not relieved by those remedies, I directed that he should have a glyster of starch, with twenty-five minims of the tincture of opium, thrown into the rectum every morning.

The report of next day states that he felt relieved, and that he had now no pain, except from the soreness of the blister. The bowels had only been opened once since the last remedies were resorted to. His tongue a little dry in the middle, his thirst less, and he remains perfectly rational.

The report of the 27th says, that his bowels had not yet been opened on that day; he sleeps very well; tongue moist, but a little coated; his face a little flushed; the skin rather hot and dry; feels thirsty; pulse 96. He was directed to take half an ounce of castor oil. For some time the muriate of morphia, in consequence of his remaining so perfectly rational, had been gradually omitted, so that by this time he had ceased to take it. It appears by the report, that the castor oil operated violently; seven stools followed its exhibition. The astringent mixture was again ordered, and it checked the purging. His bowels are a little relaxed to-day, and he complains of some tenesmus on going to stool. Tongue moist; skin rather hot; not so thirsty, and the flush has left the cheek; pulse 84. As he objected to his wine, saying that he did not like the taste of it, an ounce of brandy was given to him every twenty-four hours in gruel or arrow-root.

The report of the 29th states that he feels better. The bowels had been opened once; he has little pain except from the blister; his countenance is clearer, and natural; pupil natural; tongue a little coated; pulse 72, not very feeble.

The report of the 31st states that he has gone on very well since the last report. His bowels had not been opened for two days; tongue a little foul at the root. He was directed to take two drachms of castor oil immediately; the dose to be repeated if necessary. The first dose did not operate, but the dose in the morning produced three stools; he complains of nothing but his heels. Tongue clean and moist; pulse 74, and pretty good. The sores upon his heels are healthy and granulating.

Well, now, it was not necessary to do any thing more for this man. He went on gradually improving from the 1st of September until the 1st of October. I quitted London myself at this time, and I find that all that was further necessary to be done for

him was to order that he should have twelve minims of dilute sulphuric acid, with a drachm of gum mucilage of acacia, out of infusion of cascarrilla, three times a day, in consequence of considerable perspiration. This plan was directed on the 15th of September, and was continued, with merely an occasional exhibition of a slight aperient. He lost all tremour, he had no pain in his head, he was perfectly rational, and he was out of the hospital quite well on the 1st of October.

Now I stated to you that I considered this to be a case of *delirium tremens*, as I chose to christen it, attended with high or excited vascular action, by which I mean to imply *delirium tremens* consisting of irritation of the brain; that irritation in this particular case being accompanied by some degree of inflammatory action or congestion,—I believe of inflammatory action either of the membranes of the brain or of the brain itself. But I do not think that our time will be mispent if I just say a few words about *delirium tremens* itself; leading afterwards to that form of it under which I consider this man to have laboured.

In former days this disease of the brain and nervous system was most commonly confounded with *phrenitis*, until Dr. SUTTON of Greenwich published a valuable treatise on the subject, and pointed out how essentially it differed from inflammation of the brain, and showed that it was, in fact, a distinct and peculiar affection of the brain and nervous system,—distinct from inflammation, and therefore requiring peculiar and distinct treatment. Other medical men have since written on the subject. The term, perhaps, is one which we cannot regard as exactly correct, inasmuch as *delirium tremens* is a term which certainly implies a something that does not take place. The *delirium* itself cannot tremble. Other persons have variously christened it. Drs. PEARSON and ARMSTRONG called it "brain fever." Dr. BLAKE called it the "brain fever of drunkards." Dr. COPLAND has called it much more properly "*delirium cum tremore*." There is *delirium*, and there is trembling; therefore the latter perhaps is the better term. Still, if we distinctly understand by the term "*delirium tremens*" of what the disease really is, there is no objection to that designation.

The disease is divided into three species.

be said to be *delirium with tremour*, most probably, as Dr. GREGORY has stated, arising from exhaustion of the nervous power, and consisting wholly in irritation of the brain and nervous system, constituting the true "*delirium tremens*" of Dr. SUTTON. The second species of *delirium tremens* is accompanied with more or less tremour, but at the same time it is attended by a highly excited state of vascular action in the membranes of the brain, or in the substance of the brain, or in both; in other words, irritation of the brain and nervous system, accompanied by more or less inflammation or congestion.

Now the symptoms of the first species of the true *delirium tremens* generally manifest themselves in this way:—A patient for a time is a little different in manner and appearance to what is generally observed in him. His friends notice a little peevishness, a little fretfulness, and, at the same time, a little abstraction in his manner. He finds fault with his associates. From being a good-tempered or a good-natured man, he becomes a hasty one, and complains unnecessarily. He does not appear to be well, but at the same time, if asked whether any thing is the matter with him, he will perhaps snappishly answer, "No, I am quite well." This goes on, probably, for two or three days, perhaps for a week, in some instances for a fortnight, a change only manifesting itself in this way. His appetite fails at the same time; his nights are restless; he tosses about in his bed, and when he gets up in the morning, having had little sleep, in some instances scarcely any, he does not feel refreshed. As the disease advances, his fretfulness yields, perhaps, to some particular delusion, (or, to use what is probably a better term,) to some illusion. That illusion most commonly relates to his own affairs, or perhaps to the affairs of some particular friend; the illusion being always of a desponding character. He imagines, though perhaps rolling in riches,—or at all events, possessing every comfort, his business going on well as usual,—he fancies that every thing is running to sixes and sevens, and that he is going to the dogs as fast as he can, and that it will be as much as he can do to avoid getting into jail; or he thinks there is some conspiracy against him, or against his life,—some attempt to assassinate him. All his illusions are of a desponding, or even of a horrible character. At times—with less illusion, perhaps, as regards himself—he is busied in setting to rights the affairs of his friends. If spoken of at this time, he will answer with perfect calmness. He will tell with perfect confidence that he is in health, but directly afterwards he is abstracted, and recedes into a state of illusion, and you cannot see him. His nights are restless, and he has no sleep. He

gets out of bed, perhaps, and walks about the room during the whole night. Perhaps, before this, you begin to find that his hand trembles very much, that his tongue is exceedingly tremulous also; and now if you examine his skin, you discover that it is bedewed with a cold, clammy, sticky perspiration; and it is stated, though I cannot say myself that I have ever observed the fact, that the perspiration is sometimes of an offensive odour. During the whole of this time, however, you will find that he does not complain of much pain in his head. Often, very often, these patients do not complain of any pain in the head. Now, it is right to put you upon your guard that there will be sometimes pain of the head, and most commonly there will be a profuse cold, clammy, sticky perspiration, over the whole surface of the body, the extremities feeling cold too; there may be no heat of the head, but the head will be bathed with perspiration, though sometimes that perspiration—I will not say is wholly absent, but is so slight as easily to avoid detection, unless you assiduously look for it as one of the symptoms to confirm you in your diagnosis. Now, I stated that the tongue is, commonly, tremulous, in addition to which, if there be simple irritation of the brain and nervous system, unconnected with anything like inflammation, you will not find it dry, you will not find it rough; you will find it a little coated, it is true, but it will be coated with a white creamy moist mucus.

Now, in acute inflammation of the brain, you have not in the early stage a tremulous tongue, but a dry rough tongue; and as the disease advances, in the latter stage you have a tremulous tongue; but it is not tremulous from the beginning. The face, which affords other indications in true *delirium tremens*, is pale; the eyes are rarely suffused, but they are somewhat dull. I say *rarely*, because I have in one or two instances seen the eyes slightly suffused, but not evincing a tinge of that suffusion which you will find in active inflammation of the brain. At the same time there is no intolerance of light or noise. The pulse, if the disease comes on slowly and gradually, is, at first, perhaps, soft and slow; as the disease advances, it becomes quick, soft, and feeble; and as it still further advances, the pulse becomes rapid, and if the disease is about to terminate fatally, either unaided or not yielding to aid, then perhaps it becomes fluttering, and that sort of pulse is felt, which I do not know how to describe better, than by calling it a "fluid pulse," which seems like the flow of a continuous stream of water under the finger.

I stated to you that there was generally considerable tremour of the hands, and at the same time tremour of the whole body. This, however, varies in intensity, from being so

dition of the brain and nervous system under that state of irritation.

I have something more to say upon this subject. I have to speak of the treatment, and a little to say upon the diagnosis and the distinct points of treatment of the two species, and therefore I will postpone these divisions of the topic, as the hour has elapsed, until next Monday.

ON THE TREATMENT OF FRACTURES

WITHOUT THE AID OF SPLINTS.

By W. C. RADLEY, Esq., M.R.C.S. L.,
Newton Abbot, Devonshire.

THE illustrious Sydenham, in his old age, said, "Don Quixote is a good book: I read him still." I think and act with Sydenham in this respect, and am induced to select from the pages of Cervantes the following quotation as a preface to the observations I am about to make on an important branch of surgical art:—"At all times, in all places, and by all the learned, simple means of cure are more esteemed than those that are compound." I have watched the simplicity of nature in all things natural, and endeavour to imitate her in all things artificial,—especially in the practice of surgery; and thus it is that in the treatment of the accidents of which I am about to speak, I have been enabled to throw off the useless lumber of art in the shape of splints, and to effect cures with less pain to the patient, in shorter periods, and in a far more creditable style of surgery, than is generally possible under those old encumbrances.

Nearly twenty years have elapsed since my first attempt was made to cure a fracture without force and coercion, and success has invariably followed every subsequent effort; and I now assert, that every species of fracture which is curable with splints, may be much better cured without them. Moreover, I affirm, that splints are not only useless, but positively injurious; productive of great pain and inconvenience to the patient, and in no case can give aid to the cure. On the contrary, I consider that they retard that desirable termination of our services. Fully aware am I, that assertions which condemn the practice and views of ages, should be advanced with caution; and influenced by the considerations which innovations always create, I have hitherto been deterred from presenting my thoughts and practice in writing on these matters to the attention of the profession. As to public opinion (founded on ignorance of the

resources of nature in curing fractures and other injuries), among those persons who have been my patients, as well as a host of friends whose feelings of interest have been awakened on the subject, I used continually to find them to be active opposers of a mild system of cure. By far the greater number of persons think that a broken bone cannot be "set" without the use of force; nor afterwards retained in a proper position but by strong compression, or what I have termed coercion. In all such cases I had ever found my patients more disposed, through fear of the results, to suffer the irksome tyranny of the splint, than to have themselves allowed the use of a soft pillow.

But not so now. Opposition to the plan has ceased among them; and where my assistance is required, bystanders, though yet half incredulous, let me proceed without remonstrance, while I assure them my aim is to make the patient easy and so to keep him, referring to numerous cases in proof of its efficacy. I mention this popular prejudice in favour of long-established usage, because many preposterous modes of cure in medicine and surgery will readily occur to the mind of every practitioner, wherein absurdities no longer have a place in practice; and of which the wonder is that they should have ever been adopted at all. Let any candid surgeon read a modern catalogue of surgical instruments, and reflect on the announcement it makes. He will there find offered to him a choice of "Mr. Amesbury's apparatus" excellent of its kind, "with splints complete." There are splints bearing the names of the venerated Pott, of Cline, of Sharpe, and of Martin, "whale-bone splints," "improved fracture cradles, used at Guy's and St. Thomas's," "japanned" and even "iron splints," and, last but not least, "long splints, to reach from the foot to the arm-pit,"—to keep one set of muscles in protracted and painful extension, while their antagonists wait in an agony for their turn to move. Are these the resources of surgery in the year 1835? They constitute the abuse of surgical mechanism, which ought for ever to have given place to chemical science? When a fracture is properly reduced, the cure proceeds to its accomplishment, not on mechanical, but vital principles, assisted by rest and a genial atmosphere. I assert therefore, that mechanical aids should ever be passive and not active, where there is no displacement for the hand to reduce. All force or external pressure that produces pain is mischievous, and should be avoided.

In such a state of things, one indication alone should influence our minds,—the relief of which the patient feels. Pain, with irritation, and, in some cases, undue accumulation of blood in the limb, which is the result of the bandage; for the bandage, for the most part, does

neither the splints nor the bandage can be of use. Even if the limb be not in a malposition, yet irritation, passing into active inflammation, tends to delay the result of our efforts; and to secure ease to the patient, we should sedulously obviate those errors, and prevent the evil of malposition, by frequent examinations of the limb.

The suffering produced by fracture and its usual complications are threefold. First, the mental anguish; secondly, the pain produced by awkward motion, clumsy handling, and the supererogatory offices of "setting" by compression and restraint, and thirdly, the permanent evil consequences that too frequently follow,—evils which are much more commonly produced by maltreatment than by the simple effects of the accident alone.

Not long since, a young peasant in a neighbouring village fractured the femur rather below the centre of the shaft. Twelve weeks afterwards I accidentally saw him, with his thigh tightly splinted up, and unable to set his foot on the ground; for the muscles, by the compression, had lost the power of motion,* in consequence of which the muscular energy of the limb continued for a long period impaired, requiring much patience and assiduous discipline to restore it to health, though the patient was a hearty and vigorous youth.

Another fine athletic fellow whom I saw, by falling across a low grassy bank, fractured his femur very near the centre. Six months afterwards I saw him, weak, pale, and emaciated, with a pair of long splints bound upon his thigh with a degree of force that brought to my mind the sailor's mode of fishing a broken mast, and all this infliction for the vain and ideal purpose of keeping the bone "right," though without any such force, the limb would have reobtained its use in one fourth of the time which was occupied in the cure. Each of these was a case of simple fracture.

Let me seriously ask, Do surgeons ever apply splints to a broken rib? The practice is not possible; but does not the bone unite and heal without it, and simply with a little plaster spread on lamb-skin, although the bone is not deeply seated in and clothed with muscle like the thigh, the leg, or the arm, but merely covered by integuments; and, moreover, is repeatedly in motion, from the convulsive shock of the cough which the accident excites. There are exceptions to the rule, but they do not affect the argument.

In fractures of the clavicle, I have never heard that the inventive power of surgery has designed a splint. Yet look to the use of this osseous appendage to

the breast and shoulders, close to air, and nearly uncovered; yet not unfrequently even without surgical aid it unites, and a cure is perfected.

In fractures of the lower jaw the same method is pursued. Like the clavicle, it is merely bound round with the common integument; I think no surgeon (unless some Quixotic professor) would splint up a broken jaw. A man had the right lower maxillary bone fractured; the broken side was firmly supported in *situ naturale*, by a pad of lint and a silk handkerchief, so managed as to press most on the dependent portion. The blow was a heavy one; but after he had lain ten days in bed, he got up, moved about, could eat sufficient, talk enough, and slept soundly, until the sixteenth day from the accident, when the frolics of a country revel tempted him from home, when he got half drunk, and entered with much volubility into the particulars of his accident, the result of which was, a stiffness of the parts on the following day; but common care soon enabled him again to put the jaw to all its appropriate uses.

Long fissures and fractures of the bones of the cranium become filled up with ossific matter, and unite, with common warmth and quiet, without splinting.

If in these comparatively unfavourable situations the union of bones is perfected without the aid of splints, how much more certainly and rapidly will union take place, where the bones are imbedded in thick muscular parts possessing strong vascular action! I write at a disadvantage, because splinting has long been the custom, and the custom it will continue to be, until a fair trial shall have been given to some such plan as I am about to advocate, in which simple precepts and a greater reliance on the resources of nature, tend to make the application of the splint a barbarous and obsolete fashion.* I have waded through some quartos for the purpose of culling facts from the practice of others, to support my views in the cure of fracture, but with little success, and that of the negative kind, the statements being made without the design of militating against the general doctrine. Sir Astley Cooper's elaborate work on dislocations and fractures of the joints, is authority enough on the general employment of the "splint and fracture box" at the great London hospitals; and Dr. Bush, of Totness, a gentleman of great professional talents, on lately returning from the

* A favourite dog belonging to one of Sir Walter Carew's packs of fox-hounds ventured too near the heels of a vicious horse, which kicked back and broke the dog's leg. He was cured without splinting, for after the lapse of three days he industriously gnawed off every thing that was put upon the limb. He was continued until well, getting fat the while; and he has since hunted as before the fracture. An African pigeon, which had its thigh broken, was cured without a splint or deformity.

of compound fracture of the elbow-joint (the subject was a gentleman aged 74, a neighbour of Sir Astley's), a pasteboard splint and an evaporating lotion were used. This dressing was not disturbed until the twenty-fifth day after the accident." "The wound was some time in healing, *being prevented by the pressure of the splint.*" This suffering was endured for a month, wanting three days only, by an old man with all the fidgety uneasiness of seventy-four years upon him. I fear this case did not end to the patient's comfort at those gastronomic seasons, when he wanted to carry a cup or a fork to his mouth. This recluse system of casing up limbs from the eye for a month, much as I admire Sir Astley Cooper as an operative surgeon, takes I think from his credit for penetration into the remedial processes of the body.*

At page 259 of the treatise, we are recommended to apply a many-tailed bandage; and at page 370 "a light bandage in cases of fracture, wetted with spirits of wine and water." This application to most recent cases of fracture is decidedly bad. Let spirit be diluted with water ever so much, still the compound will be a stimulant. The first indication of surgery in these cases is to prevent heat which stimulation excites, and the second is to allay and subdue heat when it has been excited. The injury of the fracture itself, when effected with as little violence as may be, the jaggings extremities of the bone acting on the soft parts, will always be a powerful exciting cause of heat,

* A very ugly "cure" of fracture at the upper portion of the tibia, four or five inches from the inferior point of the patella, occurred to a respectable farmer in the prime of life, a few miles from hence, by a cart-wheel passing over it. The surgeon splinted and bandaged as usual. The leg was seldom examined, the real position of the fractured ends of the bones was for the greater part of the time concealed; and when the limb was examined, the soreness was so great from the pressure, and the tumefaction so long remained, that little good was done by gentle extensions from time to time, or any other kind of motion. Twelve months afterwards the good man showed me the limb. I concealed my surprise, for the projection of the superior edge of the fractured portion of the tibia, over the inferior portion of the bone, was full three quarters of an inch. Of course that projection was anteriorly and superiorly. Here was a "cure!" Why it was five years before the man could bear to step firmly with the leg, the weight of his body overhanging the line of bearing on the foot! He was told by his surgeon that all this displacement and weakness was a part of the consequences naturally attendant on so bad a species of fracture. Of course I did not disturb this opinion. I only recommended him to make "the best of a bad matter," encouraging him with the hope that time would mend it a little, under the long-continued auspices of a plastered, circular, dressed skin, and a bandage which he wore for a year, having them from time to time renewed.

irritation, and pain. But in cases where severe contusion has been unfortunately superadded, I have found ample employment in obviating the accession of heat and its effects in the use of a very weak lotion of water and superacetate of lead, or some decided sedative; or in tepid bathing, with exposure to the atmosphere to promote evaporation. This object cannot be attended to under the customary mode of proceeding.

(To be concluded.)

PECULIAR RELAXATIONS OF THE UTERUS.

By F. MONTGOMERY, M.D., Physician-Accoucheur to Sir Patrick Dun's Hospital.*

WHEN the uterus has expelled the product of conception at any period of its growth, active contraction should immediately commence, and its volume be speedily reduced to its original dimensions. But matters do not always proceed thus favourably, the uterus being liable to fall into a state of atony and relaxation. One condition of this accident, of whose existence I have fully satisfied myself in many instances, has not, as far as I am aware, been noticed by any writer, the peculiarity of it being, that it continues in a chronic form, occurring most frequently after early abortions, which, however, are not necessarily connected with any loss of blood during the miscarriage; but when the patient is beginning to take exercise, she is unexpectedly seized with considerable hemorrhagic and leucorrhœal discharges, inducing great debility and alarming apprehensions, with, most frequently, no pain, but a sense of internal fullness, which appears to her to interfere with her passing water; she has a dull aching feel in the small of the back, and is constantly annoyed by a sensation of relaxation in the whole contents of the pelvis. On examination the vagina is found unusually relaxed, and the os uteri gaping, with its lips tumid, thickened, and projecting, soft, and flabby; the cervix is dilated, its natural tapering form is gone, and the body of the uterus itself is felt to be enlarged and doughy when pressed by the finger, the organ appearing quite insensible. This condition may persist sometimes for months, with various degrees of constitutional disturbance, the discharges being sometimes so profuse as to endanger life, sometimes but slight, or only occasional, attracting attention more by their continuance, than by their symptoms.

* Condensed from the Dublin

ceur under these circumstances; but if the one of the uterus is not soon completely restored, abortion will almost inevitably happen. The details of a few cases will elucidate these points.

CASE 1.—In July, 1830, I was called to see a lady who had just miscarried in the second month of gestation, with profuse hemorrhage. She had miscarried twice already within the preceding six months. On her third occasion she *seemed* to recover well, and left her bed in a week. A tonic system of treatment now employed by me failed, and she did not cease to have vaginal discharges. I then examined the os uteri, and found it just in the state it had been in a month before, gaping open, soft, relaxed, and flabby. I recommended her to go to the sea-shore, leaving her husband behind. This was done; she took small quantities of quinine and gentian, with aromatic sulphuric acid, and bathed every day until November, when she returned home completely re-established in health, and immediately afterwards conceived, and on the 6th of the following August gave birth to a fine healthy child, which she nursed with success. She has had two children since.

CASE 2.—On the 30th of January, 1832, Mrs. V. aborted, without either pain or hemorrhage, on making water, in the third month. She had been some time before greatly startled by a hatching hen, and she now gravely asked me if I did not think what she had been delivered of was very like a chicken. At the end of a week she was able to go about as usual. Two months after the miscarriage she sent for me; from the time of the abortion she had never been entirely free from vaginal discharge, and pains, resembling slight after-pains, with vesical irritation and dysuria. I found the uterus almost exactly in the state I had felt it two months before. Tonics, free ablation of the lower part of the trunk with cold salt water, and opening sea-bathing as soon as the weather permitted, perfectly re-established her health in about six weeks, during which time she lived *absque marito*. She conceived again, and was delivered in February 1835.

CASE 3.—In the middle of April 1834, a sister to the patient Case 1, and mother of six or seven children, miscarried early in the third month, with very little pain or hemorrhage. At the end of a fortnight she went to church, felt greatly fatigued, was seized suddenly with a smart uterine hemorrhage, nearly fainted, and was conveyed home. Her medical attendant next day established a rigorous system of low diet, and for drink, full doses of laudanum,

and constant cloths wet with vinegar and water; in addition to which a bag of chalk, moistened with vinegar, was introduced into the vagina. In a week matters had become much worse, and when I first saw her, she was unable to move, and almost without pulse, and shivering from being constantly soured in wet, and the mind depressed to the lowest degree of despair. I found excessive relaxation of the vagina, the os uteri so open that it would have admitted the points of three fingers, its lips tumid, but soft and puffy, and the body of the organ enlarged and doughy. I immediately had the wet cloths replaced with dry and warm ones, and ordered a jar of warm water to the feet, a scruple of ergot of rye in warm wine; jelly, good broths, chicken, and claret; tonics as in the former cases, and removal by-and-by into the country. She was soon much better, but had remained in town, and conceived again in June, and again miscarried in August, when I attended her; there was little hemorrhage, but the uterus was still relaxed, which I obviated by rest in the horizontal position for several days, a generous diet, and tonics. I also prevailed on her to go to the sea-side, her husband remaining at home. By the beginning of winter she had completely recovered, returned, conceived again, and in September 1835 was safely delivered of a daughter.

These facts promise to be useful from suggesting to us, in addition to other considerations, the obvious indication of using restoratives for the general powers of the system, the local application of tonic agents, and the use of specific stimulants to brace the uterus; but the chain of morbid actions can only be effectually broken by withdrawing the individual for the time from the possibility of conception, the uterus being, as is said in agriculture, allowed to lie fallow for a season. I have had a case in which this relaxed condition of the uterus was ascertained by dissection four weeks after labour, accompanied by profuse hemorrhage.

The uterus was found considerably larger than it ought to be at such a period after delivery (one month); measuring 4½ inches in length, and more than 2½ in breadth; its cavity would have contained an egg; the os uteri and cervix were quite open, and sufficiently relaxed to allow the introduction of my fore-finger; its parietes were about three-eighths of an inch thick, with the structure as soft and flabby as that of any other muscle in the body, so that it might be rolled round the finger, and when divided by the knife the vessels were found uncontracted and pervious.

There is a question which very often meets us in practice which it may be proper to notice here; ought patients who have experienced considerable hemorrhage in labour to be allowed to nurse? In my opinion they ought, if no other reason interfere, be-

30th of December that
on the 5th of
4th, and again
delivered 30th.

cause the mammary excitement which accompanies the early part of lactation, propagates its influence to the uterine system, promoting there active contraction. Indeed, it appears to me very probable that chronic relaxation after early abortion (independently of hemorrhage) being so much more frequent than it is after delivery at advanced periods of pregnancy, is attributable to the want of the mammary excitement. But the nursing we may find it necessary to prohibit beyond half or a quarter of the usual period. Every day's experience convinces us, that one woman will suffer more exhaustion by three months' nursing, than will another by twelve; and one of the ill effects thus produced is, I have reason to believe, this very condition of the uterus. It is perfectly well known that when nursing disagrees, or has been too long continued, the prominent symptoms are precisely those which accompany a relaxed uterus induced by other debiliating causes, and from examinations made under such circumstances, I have learned that the condition of the uterus which I have been describing is very frequently induced in a greater or less degree. In July last I saw a lady, of apparently sound constitution, who had been nursing for nearly seven months, and presented many of the morbid effects of undue lactation, such as derangement of the digestive organs, pain in the back and left side, with almost constant slight red discharges, and occasional leucorrhœa. I found the vagina greatly relaxed, the uterus slightly descended, enlarged, and softened, and the os uteri sufficiently open to admit the end of my finger. Immediate weaning, attention to the digestive organs, tepid salt-water baths, tonics, and sea-bathing, soon completely restored her health. Dr. M. Hall says that "the uterus suffers," but he does not specify how. I have only to add to what he has said, that what "the uterus suffers" is relaxation, both of its tissue, by which its vessels are allowed to discharge their contents too readily; and of its connexions, by which it acquires a tendency to prolapse; and when patients who have unduly given milk, conceive within a short time, they very generally miscarry.

The remedies that will do most service are in these cases, preparations of cinchona, gentian, colomba chalybeates, mineral acids, country air, sea bathing, and cold topical ablution. Should the hemorrhage burst out profusely, the tampon with pressure, instantly, and the ergot of rye, are the means on which generally our greatest reliance ought to be placed. Occasionally an opiate, or the application of cold, may be used with advantage; but I cannot avoid observing, that the indiscriminate liberality with which both these remedies are applied in practice is greatly to be deprecated. A napkin is often soaked in cold vinegar and water, laid

on the external parts, and removed smothering with heat; this is only a pretence of doing good. The general principle on which cold should be used, is that of its sudden application, as a stimulus to contraction, and not from its refrigerating power. With regard to the ergot of rye in cases of protracted menorrhagia, the specific action of that remedy is strongly confirmative of a belief that those discharges are often dependent on the relaxed state of the uterine fibres we have been considering, constantly leading to a suspicion of organic uterine disease, a suspicion which a vaginal examination rather tends to confirm, the organ being found increased in size, with the cervix and os uteri tumid and puffy; and I am strongly disposed to believe that this is really the condition of the uterus represented by Madame Boivin, 23rd Plate, Fig. 1, which she describes as "a scirrhus tumefaction of the posterior lip of the os uteri, taken from a woman who died of pulmonary consumption, after an abortion in the sixth month."

POISONING BY HYDROCYANIC ACID.

By T. G. GEORGHEGHAN, M.D., Prof. of Med. Juris. to the Coll. of Surg. in Ireland.

THE particulars of the following instance of poisoning with hydrocyanic acid were related to me by the individual himself, and those who witnessed its effects:—

A gentleman, aged 21, being subject to uneasiness in the stomach, was induced to have recourse to hydrocyanic acid. He commenced with one minim of the acid of the Dublin Pharmacopœia (sp. gr. .998); this dose he repeated twelve times the first day, without any perceptible effect. On the following day he took half a drachm, on the third a drachm, which he repeated on the fourth day, and on the fifth day a drachm and a half; all without effect of any kind. On the sixth day he increased the dose to two drachms, and two minutes afterwards (a sensation of extreme bitterness being produced in the mouth), having walked a few paces, he experienced a feeling of great confusion, with headache, and loud ringing in his ears. With difficulty he retraced his steps, leaned forward on a table, became insensible, and then fell backwards, remaining in this state three or four minutes, during which time he was violently convulsed, and, to use the expression of the medical gentlemen present, affected like a man poisoned with the acid. After becoming insensible, and while on the table, his thighs were raised, and his abdomen, and right arm, were thrown to the ground. The face was extremely

also rigid; and on drawing them from the side, they forcibly reverted to their former position; the eyes were shut, and the muscles of the face violently convulsed. The teeth being clenched, the solid sesqui-carbonate of ammonia was applied assiduously to the nostrils, and he was shortly able to swallow a little fluid. (Two drachms of the spiritus ammoniæ aromatisatus were diluted with a little water to give to the patient.) Vomiting supervened with great relief, and in half an hour he was quite well, with the exception of pain and a feeling of distention in the head, which continued for the day. His old complaint was completely removed by this extraordinary dose. The acid taken on the various occasions was diluted with water; the total quantity consumed being a little more than six and a half drachms of an acid, the per centage of real acid in which, according to Ure's table, should be 1.5.*

The above case was witnessed throughout its whole course by persons competent to observe the symptoms, thus affording an opportunity of acquiring data which are seldom to be obtained where this agent has been taken by accident, or for self-destruction. In a paper on the treatment of this form of poisoning in the *Annales de Chimie*, vol. 43, by MM. Persoz and Nonat, the symptoms are divided into three stages: 1. General malaise (or giddiness); 2. Tetanus; 3. Interrupted respiration, or what Orfila occasionally terms the stage of flaccidity and insensibility, during which the pulse rapidly fails, and finally becomes extinct. I have frequently observed animals to which this acid had been administered, perform rapid motions with the mouth and jaws, as if a powerful impression had been produced on the nerves of taste. Coullon (Paris, 1819) states that in experiments on his own person, he experienced, from doses varying between twenty and eighty-six drops of the acid (of Vauquelin?), an insupportably bitter taste, nausea, hurried pulse, weight and pain in the head, succeeded by

a feeling of anxiety, which lasted about six hours. In man I have observed that the coma is often well marked previous to the convulsions. In animals, on the contrary, convulsions frequently, if not generally, precede coma.

In the case detailed, vomiting was not present at first. This symptom is mentioned by some writers as indicative of a fatal termination; but recorded instances afford reason for concluding, that although late in the order of symptoms, it is generally a favourable one. In the present case it was followed by great relief; and Coullon mentions many instances in which even alarming symptoms were dissipated on spontaneous vomiting. In its toxicological relations there can be no doubt of the propriety of classing it amongst the narcotic poisons, though it seldom produces sleep. Its therapeutic action, however, appears to demonstrate the propriety of placing it amongst "sedatives," as has been done by Dr. A. T. Thomson.

The property of hydrocyanic acid, of often not acting in certain doses, while a slight increase in the quantity produces violent effects, appears to have been hitherto little noticed by writers, but it is obviously of considerable importance, and leads to the consideration, whether under any circumstances it can be considered as possessing an accumulative power. Whether there be conceded or not to this poison a power of accumulation, it should be borne in mind for many reasons, that minute difference in dose is capable of producing the greatest disproportion in effects. Occasionally the acid presents the most extraordinary anomalies in its action. Thus, Richard knew a patient take even twelve ounces of laurel water, prepared by one of the first pharmacians in Paris, in the twenty-four hours, without any symptoms of poisoning. Dr. Montgomery failed in killing a cat with a drachm of the medicinal acid, while a drop and a half of the same acid (kept for three years longer) almost instantaneously destroyed a rat. In the great majority of experiments which I have made on the subject, young animals have been less sensible to its action than old ones. The interval which may elapse between the swallowing of the poison and the commencement of its action, became a question of great importance in the trial of Freeman for the murder of Judith Buswell at Leicester, April 2, 1829. Five drachms of the medicinal acid had been taken, and the bottle was found corked and wrapped in paper beside the head of the deceased, who lay in a composed position. The question arose, could the deceased, after taking that quantity, have had time to perform the various acts which her position and surrounding objects indicated? In the instance detailed first in this paper, a quantity equal to twenty-five drops of the

* From a careful examination of two distinct portions, I ascertained the per centage of real acid to be .60. Therefore the reported strength of the acid of the Dublin Pharmacopœia is 2½ times that of the acid employed in this case; and the per centage of the acid generally used in England, if correctly prepared and carefully preserved, is five times as great. From calculation, however, grounded on the quantity of materials employed, the strength of the acid of the Dublin Pharmacopœia should be about three per cent.; the acid which was used in the instance under consideration was prepared from the ferrocyanide of potassium, and it should be mentioned, that its chemical examination was not undertaken for several weeks after its employment; it had been carefully preserved, and, when I got it, was found to possess strongly the characteristic of cyanogen. It is also well known to be very strong, will retain its strength for a long time, and, in the light of day, undergoes no change more than two

English acid, of three per cent., commenced to act in about two minutes. Should twelve times as much, or five drachms, begin to operate in the one-twelfth of the time, or ten seconds? Within that period the acts of Judith Buswell could certainly be accomplished. A proportion not differing very materially from this may be found to exist. As to the smallest quantity capable of producing death in the case I have detailed, the quantity of real acid amounted to .7 of a grain, which was almost the same as that taken by the epileptics in the dreadful accident which occurred at one of the Parisian hospitals, and by which seven patients lost their lives. The case related in this paper illustrates very strongly the beneficial effects of ammonia or its carbonate, in consequence of its stimulant powers. Chlorine, which decomposes the poison, most probably also effects a good deal by its stimulant action. Chlorine water, the most manageable form in which this agent can be applied, is rarely at hand; at present, however, chloride of lime, or soda, is as likely to be easily procured as any other medicine, and either of these can be made to evolve its chlorine rapidly by the addition of vinegar, or any of the ordinary acids. Very possibly after the patient has been to a certain degree restored by the use of these antidotes, his recovery might be promoted by an emetic, and for this purpose the sulphate of zinc, mixed with some stimulant fluid, as wine, or brandy and water, would be most suitable, as less liable to produce depressing effects, than some other medicines of the same class.

I add a few particulars of the dissection of a case which terminated fatally:—A schoolmaster of Dublin purchased an ounce of the medicinal acid (Scheele's), and swallowed it. Next morning he was found dead. The stomach in particular exhaled strongly the smell of the poison. The only morbid appearance of note discovered, was a patch of dark-red extravasation under the mucous membrane of the stomach, near the pylorus; an appearance which seems to have been mistaken for gangrene, in a case related by Hufeland. This appearance I should conceive to be allied to the black warty extravasation observed in cases of irritant poisoning. The stomach exhaled the odour for three days, at the end of which time the poison was detected by the usual means.—(Condensed from the *Dublin Journal*, Nov., 1835.)

PULSATION IN VEINS OF THE ARMS.

By CHARLES BENSON, M.D., Surgeon of the City of Dublin Hospital.

MARY OLIVER, æt. 60, of middle stature pale, and emaciated, was admitted into the above hospital on the 14th of August, 1835. She could only describe that "it was all about her heart." The following notes were taken as soon as she was placed in bed:—Incoherent, very restless, uneasy in every position; pulse 80, soft and regular; tongue clean; eyes clear; skin natural. On placing the fingers lightly over the apex of the heart, a sensation is communicated to them not unlike that which empty semina of the cellular tissue would occasion but it is lost on the least increase of pressure. Resonance very dull over the whole of the precordial region; impulse considerable as high as the clavicles, and peculiarly strong in the epigastrium; a loud bellow-murmur over all the region of the heart sometimes with a rasping noise; the latter is best heard in the second sound, the former in the first; vesicular respiration every where distinct.

Aug. 15. She became comatose last night and has not since spoken.

While feeling her pulse, I was struck with an appearance of pulsation in a vein on the back of the hand. Further examination showed a distinct pulsation in every superficial vein of the two upper extremities, but I could not feel it. Some of the pupils, however, assured me they felt it. The pulsation was isochronous with that of the radial artery, but a little later, following it after an interval of time, which, when carefully attended to, could be satisfactorily appreciated. I could learn very little of this woman's previous history, though I sent an intelligent pupil to her late residence. He could only ascertain that for the last six months she had suffered very much from palpitations and headaches; that she was often intoxicated, and had often received wounds on the head, and followed her usual occupation (selling fruit) until a few days before; and that she was a Scotchwoman.

In the evening I took ten ounces of blood from her arm, and was surprised to find that it did not come *per saltum*, although pulsation was observed in some of the veins below the bandage. The veins, after the bleeding, seemed much more diminished in size than I expected from the quantity of blood drawn off, and all pulsation ceased! This last circumstance disappointed me, as some medical friends had advised me to visit her next morning, as she was decidedly stupid, and the pulse was multuous.

DURATION OF PHTHISIS.—Of 114 cases, observed by LEWIS, rather more than two-tenths died between the first and sixth months of the disease; four-tenths between the sixth and twelfth months; rather less than a fourth between the first and second years; and less than one-fifth between the second and twentieth.

16. Still comatose, but is very sensible to stimuli. The veins are collapsed, and totally devoid of pulsation. Pulse in the radial artery 80; 90 when roused; heart's action as at first report.

19. Very little alteration, until this morning, when her left arm and leg were found to be flexed, and somewhat rigid. The veins had resumed their distended appearance, and pulsation was distinctly visible in all as it first. My colleagues and the hospital pupils now joined me in observing the pulsations. The veins rose and fell with the respiration, becoming turgid towards the end of expiration, and flaccid when inspiration was nearly complete. In both states, however, their pulsation went on regularly, beating as often as the artery, 80 in a minute, but a little after it. There was no doubt of this, though the interval was very minute. No change in the cardiac symptoms. The question as to the cause of the curious phenomena before us was now considered, and the discussion induced us to note more particularly the circumstances of the case. Two opinions were supported: 1st, that the pulsation was derived from the left side of the heart, sending on its blood through the capillaries into the veins; 2nd, that it was derived from the right side of the heart, and depended on regurgitation.

20. As blood-letting had benefited the patient before, a few ounces more were taken. It flowed distinctly *per saltum*, arterial in colour, but much thinner. The cephalic vein near the bend of the arm was selected, in order that it might not be influenced by any artery. After the removal of eight ounces the pulsation ceased. No motion in the veins of either extremity could afterwards be seen. She died on the following night.

Autopsy twelve hours after death.

The lungs almost universally connected to the costal parietes by old adhesions. No fluid in the pleura. The lungs quite free from disease; not even congested. The heart was at least twice the usual size. The auricular appendages, especially the left, were remarkably large. The right auricle was dilated, and a little hypertrophied. The right auriculo-ventricular opening was very large and gaping. The right ventricle was dilated and hypertrophied. Its cavity was twice as large, and its walls twice as thick as usual. The floating margins of the tricuspid valves were thickened, and studded with small cartilaginous nodules. The pulmonary artery valves somewhat thickened, and the corpora sesamoidea much developed. The left auricle was enlarged, and the lining membrane was thick and opaque. The left ventricle was dilated and hypertrophied; it was an

irregular slit-like opening, surrounded with cartilaginous and osseous deposits. The left ventricle was dilated, its walls a little thickened, but softer and paler than those of the right. The mitral valves contained calcareous and cartilaginous deposits. The aortic valves were greatly thickened, and filled with osseous matter. The aorta too had osseous deposits. Careful examination evinced nothing peculiar elsewhere in the whole body and vessels. One of the arms removed from the body was carefully injected from the brachial artery, but not a particle of injection passed into the veins. The valves of the latter also resisted the passage of a fluid from a trunk to its branches.

I think the *post-mortem* decided the question as to the cause of the venous pulsation. It is to the right ventricle that we must look for the efficient cause. This ventricle we find hypertrophied, and the auriculo-ventricular opening dilated; so that regurgitation into the auricle was inevitable; and as this would occur with considerable force, it is easy to conceive how the impulse would be communicated along the dilated veins, even to their small ramifications. The valves intercepted the shock when the veins were flaccid; but in the distended state of the vessels the shock was sent from valve to valve, even by the very force with which they were thrown across their tubes. And this may be supposed to take place without any imperfection in the valves, which seemed quite sound. The pulsation following that of the arteries, may be explained by the more yielding structure of the veins, which would, doubtless, retard the rate at which the impulse was transmitted.

Venous pulsation has very rarely been observed to extend beyond the jugulars. Homberg (1704) mentions a case in which the pulsation in the veins did not correspond in frequency to that of the arteries; that it was only to be observed during paroxysms of asthma; and that the *post-mortem* exhibited great dilatation of all the cavities of the heart, with thinning of their parietes, and large polypi extending from the ventricles into some branches of the aorta and pulmonary arteries. He attributes the pulsation in the veins to regurgitation during the morbid palpitations of the heart, whilst the arterial pulse was occasioned by the regular action of the ventricle. Dr. Elliotson mentions a young lady with violent cough, in whom all the veins of the back of the hands and forearms distinctly pulsated synchronously with the arteries. This is all he says. Dr. Ward relates the case of a debilitated woman in whose hands and arms venous pulsation was observed for three days, but as the woman recovered there was no opportunity of determining the cause. Dr. Davis relates a case in which the only morbid appearance discovered on dissection was, that the left

ventricle was somewhat enlarged and firmer than natural. Dr. Graves mentions two cases of venous pulsation; but he gives no details, nor does he offer any explanation of their cause. I do not think that either of the foregoing cases affords any *proof* that it depended either on the force of the left ventricle, transmitted through the capillaries, or on any independent action in the veins themselves. All the arguments in favour of either of these opinions might have been, and indeed were, advanced in the case which I have related. And yet the *disease* proved, I think, incontestably, that hypertrophy with dilatation of the right ventricle, was the true cause.—*Ibid.*

NEW TREATMENT OF CROUP.

By Dr. Kirby, Prof. of Med. in the R. C. S. in Ireland.

THE attention of the profession has been very properly directed to a new method of treating croup, pursued by Dr. Lehman, Staff-Surgeon at Torgau, consisting in the application of hot water to the region of the larynx, at the commencement of the disease. Dr. Lehman affirms that it has not yet failed in his hands when seasonably applied, and that it had been used successfully in several families, before his assistance could be procured. My own personal experience for nearly twenty years in the efficacy of a somewhat similar plan gives me the greatest confidence in his report, and I am encouraged to lay before the profession the treatment I recommend during the first hours of an attack of croup. I believe there is a disposition to this disease in the children of certain families; and when one suffers, I think it prudent to examine the other members of the group, and advise such precaution as circumstances may suggest.

My first advice is, that the neck shall be surrounded with a flannel bolster of hot salt, quickly heated to a temperature of which the hand is impatient. A woollen stocking will do, not too tightly stuffed, to accommodate itself to the form of the parts with which it is to lie in contact. This remedy acts as a rubefacient, and much beyond the limits of its contact. The face and thorax soon become florid. The temperature of the whole surface of the trunk and extremities is soon increased, and the pulse is accelerated, with a fulness and softness which promise a copious perspiration; and when that is established, it is astonishing to witness the rapidity with which the uneasiness about the larynx, the almost pathognomic cough, and the embarrassment of respiration, disappear. A triumph over the disease has now been obtained, but the remedy is to be renewed, to confirm the ad-

vantage. Tepid drinks should also be given, and even small quantities of cold water, which is exceedingly grateful, and eagerly wished for. The medicine I uniformly prescribe is a mixture of ammonia, saturated with vinegar or lemon-juice, and a few drops of laudanum, the doses of which I alternate with two-grain doses of calomel and James's powder. Diaphoresis may thus be continued for twelve hours. It may then be allowed to subside, by changing the application less frequently, and employing a lower temperature. But these remedies should not wholly be laid aside for two or three days, or even for more, should there be any cough, or the slightest trace of preternatural laryngeal sound. While the perspiration continues, I do not risk its suppression by purgatives; but when it has nearly ceased, I administer tincture of jalap, magnesia calcined, electuary of scammony, and water. This combination agrees well with the stomach, acts in small doses, and its operation is more certain than any other medicine I am acquainted with. The discharges are sufficiently abundant, and the whole business is soon at an end. The cough, which sometimes continues for a few days, appears to me to be best treated by low diet and mucilaginous mixtures, to which squill, hippo, and laudanum, are sometimes added with much advantage.

The annotator on Dr. Lehman's mode of practice advises the instant *abstraction of blood* from one or both arms, or from the jugular vein. Now, I am quite aware of the value of the abstraction of blood under certain circumstances, but experience assures me that it may frustrate the secretion of perspiration, which should be perfect; and I believe that it not uncommonly disturbs an important curative function in sudden diseases of the respiratory apparatus.

If the means I advocate disappoint expectation, and the lungs participate in the disease, the attendant distress will be alleviated by a full bleeding, and the skin may probably be thus brought into a state of diaphoresis. I remember a remarkable instance to the point. A fine child of seven years of age, and of unusual obesity, suffered from the highest inflammatory stage of croup, when I was called to perform venesection, which had been several times attempted by the persons in attendance. In a patient of so great corpulency, I doubted my success, and therefore opened an artery on the instep. Diaphoresis soon followed, and the alarming symptoms rapidly disappeared.

Emetic tartar being mentioned by the notator as a remedy to be used in venesection, I cannot close without an expression of my dissent. It withholds a thin moisture

the result of its depressing influence. *Leeches and blisters* are often the resource of men who pursue a practice of routine. I have never seen these means decidedly useful. I have known leeches to be prescribed in such ill-judged numbers that the child died of hemorrhage almost before they were disengaged. The delay in the action of a blister is an insuperable objection to it. The value of a counter-irritant is strongly displayed in the following case. A boy aged two years was brought to the hospital in the most unpromising stage of croup. I said I had no hope, but I would try an experiment. I applied a piece of *lapis infernalis*, extensively to the back of the neck, as if I designed to establish a large issue. The boy was quickly relieved, and rapidly recovered. *Mercury* is a remedy upon which reliance cannot be reposed. To wait for its effects is to waste time. In conclusion I shall observe, that I never saw a case in a child, of twelve hours' duration, which did not resist all the usual remedies of routine. It is high time to pass from a fruitless track into a new course. That, however, which I recommend is suited only to the period of invasion.—*Ibid.*

WESTMINSTER MEDICAL SOCIETY.

Saturday, October 24, 1835.

Dr. ADDISON, President.

THE balloting box was kept open until a quarter before ten o'clock this evening, for the election of new officers, when a scrutiny was taken, and the following members declared to be elected:—Mr. Richard Quann, Junior President; Mr. F. Hale Thompson, Vice-President; and Messrs. Costello, Dobson, Grilith, H. Johnson, Horne, Laycock, Streeter, Wade, Winslow, and Dr. Ryan, Members of the Committee.

URETHOTOMY AND CYSTOTOMY.

MR. COSTELLO opened the discussion, by relating the case of a child seven years of age, the offspring of a soldier, who he had been requested to see during the past week at Canterbury, who had a stone in the urethra, and one in the bladder. The nature of the case had previously been overlooked, and he now decided that not lithotomy but lithotomy ought to be adopted, and accordingly performed. The mode as regards the line of incision, on the rule laid down in his works, the first incision was nearer to the urethra. Three stones were found, the largest measuring one

inch and a half in length. Mr. Costello then made some remarks on the anatomy of the parts concerned in the operation, which we shall postpone to another occasion. The child slept well the first night, and was proceeding satisfactorily.

THE PRESIDENT requested to know, whether the bladder was much thickened; and, also, whether, in adults, Mr. Costello had found that the degree of thickening was proportionate to the straining which calculous patients make.

MR. COSTELLO replied, that he did not believe that the bladder was prone to thicken, prior to puberty; no doubt, however, violent efforts of straining were a cause of thickening.

MR. HORNE asked, in what condition the bladder usually presented itself, when the calculi were found situated in the kidneys.

MR. COSTELLO presumed that this depended on the fact of that viscus remaining quiescent or active during the renal affection.

DR. ADDISON alluded to two cases, which were designated cases of "irritable bladder;" where the sufferings experienced from the bladder during life were most excruciating; although, after death the bladder was found to be healthy, and a stannous diathesis affecting the whole substance of the kidneys, was discovered.

DR. RYAN requested to know from Mr. Costello, what was the earliest stage at which he would recommend the breaking down of the stones in children, and what was the earliest period at which he had found diseases of the prostate gland in adults, connected with stone, as he believed these to be contested points.

MR. COSTELLO answered, that the youngest advisable age was four years; he had performed it on a child at seven years of age, and numerous cases were on record at the ages of eleven, twelve, and fourteen years; but he believed that the operation of lithotomy was more easily to be accomplished, and attended with less pain in children, than that of lithotomy. As to the earliest period of life at which he had met with diseases of the prostate gland, he could say that in his own practice he had not met with it in any patient under thirty-five years of age; and oftentimes he was confident that when that gland was supposed to be affected in persons below that age, the symptoms depended on other causes; nor had he found that this disease was recognisable through the rectum in patients under forty-five years of age; for as life advanced, the prostate became firmer and of a denser structure.

DR. RYAN said he was aware that an enlargement of the prostate gland was the "condition of old age," as surgical writers termed it. He would next ask if Mr. Costello had tried in these cases the use of iodine. He had himself, in two cases, afforded consider-

able relief, especially to one sufferer, who had been discharged from our public hospitals without deriving the least benefit from the measures there adopted; and who, although the gland was very much enlarged, obtained ease from the disease very rapidly; and no doubt the cure would have been complete had the patient, who was very poor, and resided a long distance from the infirmary, been able to continue his attendance. He believed that the injection of iodine into the bladder, thereby carrying the substance into immediate contact with the gland, would produce much benefit.

Mr. CASTELLO regarded iodine as beneficial in cases of simple engorgement; but equal benefit would result from scarifying the gland. He would remind the doctor that the cavity of the bladder, although it was lined with a mucous surface, had not the power of absorbing injections; in proof of which he would state, that if one grain of opium in solution were injected into the rectum, it would produce more effect than twenty grains thrown into the bladder. He therefore considered that advantage would not be derived from the use of iodine injected into the latter cavity.

Dr. LEONARD STEWART was desirous of learning what had been the result of passing a continual stream of fluid in and out of the bladder, while the patient was lying in bed, by means of a peculiar apparatus, in cases of mucous discharges from the bladder. (See LANCET, No. 632, p. 851.)

Mr. CASTELLO answered, that whether demulcent fluids, or an alkaline solution prepared with the liquor potassæ and distilled water, were employed, great benefit was the result in cases of catarrh of the bladder affecting persons of advanced age, which scarcely admitted even of palliation by any other kind of treatment. The mode of using the instrument, and its construction, were described, but as Mr. C. considered that it would be better understood by seeing it, he promised to show one to the members at the next meeting.

Some further remarks were made on the therapeutic powers of iodine in the treatment of diseases, and then the Society adjourned.

LONDON MEDICAL SOCIETY.

Monday, October 19, 1835.

Dr. WHITING, President.

ABDOMINAL TUMOURS.

THIS Society commenced its meetings for the winter on the first Monday of the present month; the 19th, however, being the first day of which we are enabled to report proceedings. On the previous Monday evening a case had been related by Dr.

WHITING which was regarded as one of so much interest, that an opportunity was afforded, we believe, to the members to pay the patient, a young woman named Martha Collard, a visit. Dr. Johnson, it appeared, had availed himself of the occasion; and the report before us of his statements, and the discussion which ensued, runs thus, from which must be gleaned the particulars that are necessary to a general knowledge of Dr. Whiting's account.

Dr. JOHNSON said he had found the young woman to be very respectable in her station, and communicative. On examining her person he discovered, deeply buried in the cavity of the abdomen, a large and prominent tumour, slightly moveable, and evidently containing fluid, with three or four other tumours, less distinct and prominent, all containing fluid, of various degrees of consistence, and reaching down into the pelvis. Their origin was obscure, and the fact was uncertain whether they sprung from above, or (though more probably) from the liver, perhaps connected with the ovary. They were of the hydatid species, and pressed all the abdominal viscera far out of their natural situations. To an operation for their removal he could not agree,—although, while professing physic, he had some claims to a knowledge of surgery,—and at the present moment he should refuse to assent even to the evacuation of the fluid, unless it was designed that the patient should perish on the table; but he had no doubt that the time was approaching when the centre tumour should be punctured with a trocar. Some persons maintained that an hydatid tumour situated under the pectoral muscle was similar in character to these, and that the latter might be interfered with as well as the former; but he (Dr. J.) maintained that there was a very great difference between a tumour situated external to the pleura or the peritoneum, or within either of those cavities, for, in the latter case, should the contents of the tumour escape into the cavities, pleuritis or peritonitis would assuredly result.

Mr. PILCHER, under whose care Martha Collard was placed conjointly with Dr. Whiting, agreed that whatever propriety there might have seemed some months ago, when the chief tumour was less prominent, and did not fluctuate, in removing it, he was satisfied that if now attempted she would die; but still if she and her friends particularly wished it, he would have no objection to use the knife. If guided by his own judgment, however, he would puncture the most prominent to remove its contents, or establish a drain. Since she had been a general treatment the tumour was smaller, but more prominent.

Iodine had been used, and the moving tumour was the attachment, however large

were not so extensive as was generally pre-conceived.

Dr. JOHNSON alluded to Lizars' successful removal of a gigantic abdominal tumour from a woman, where the incision could not have been less than fourteen inches in length. But where one similar operation succeeded, ninety would fail. Here the subject dropped.

●
CÆSAREAN OPERATION FOR THE REMOVAL OF A FÆTUS FOURTEEN MONTHS AFTER CONCEPTION.

Mr. HUTCHINSON read a case of uterine pregnancy, in which the fœtus was removed from the abdomen fourteen months after conception. Mrs. J., aged twenty-eight years, of an active disposition and good constitution, had been married eleven years without having children; the catamenia were regular until August 1834, when they ceased, and she believed herself to be pregnant, in which belief she was supported by her medical gentleman, who found every symptom attendant on pregnancy. From the month of September her breasts enlarged considerably, a milky fluid was secreted in abundance, and the areolæ around the nipples were strongly marked. The uterus enlarged more rapidly than is usual in the early months of pregnancy, so that by the middle of September she was of very great size. She now suffered from pains in the back and the region of the stomach, occasioning syncope from their severity. During the next month the movements of the child were felt, and it went on increasing in size. After December the child was regularly felt, and seemed to become gradually stronger. At the end of April she was seized with periodical uterine pains, attended with strong bearing down, and she then considered herself in labour, especially as the ninth month, according to her calculation, had arrived. The pains continued through the night, attended with a slight bloody discharge, and after the passage of two or three stringy substances, they gradually subsided. She suffered great inconvenience for a day or two after, from the restlessness of the child, after which the movements were no longer sensible; still, however, the abdomen continued to enlarge, and her legs became œdematous. From the latter part of May she gradually wasted, and the breasts and lower extremities fell to less than half their former dimensions, except the abdomen, which remained, as to size, stationary, but her general health suffered materially. Such was the history of the symptoms up to the 14th of June, when the patient first consulted Mr. Hutchinson. The symptoms were, however, very slight; but the pulse 100; the bowels were regular; and she suffered from a bearing down in the lower part of the back

when in the erect position, and a dreadful sense of suffocation when in the recumbent. On examination per vaginam, that canal was found to be shorter than natural, and its sides were compressed by the protrusion of a large tumour, occupying a portion of the pelvis, situated between it and the rectum, and the os uteri was indistinctly felt, the fundus appearing turned downwards and backwards, its mouth being forced up behind the pubes. On the 8th of July she was much altered for the worse, and yet more reduced; pulse 115, respiration laborious, tongue dry and furred, and the bowels constipated; constant vomiting; pain in the back; continual desire to micturate; she suffered also from frequent labour pains, and bearing down, with cramps in the legs, and her nights were restless. Dr. Ramshotton now also saw her, and after examining the tumour externally, and by the vagina, he (Dr. R.) was of opinion that the case was one of ovarian disease, and that paracentesis abdominis ought to be had recourse to. On the 12th of July the Doctor and his father met, when, from the distinct sense of fluctuation communicated to the hand, he believed that there was ascites, complicated with ovarian enlargement, and the senior physician concurred in the propriety of evacuating the fluid without loss of time. Accordingly on the 15th of July, he (Mr. Hutchinson) introduced a large-sized trocar through the linea alba, about two inches above the umbilicus, where the tumour was more prominent, when about six pints of a dark chocolate-coloured fluid escaped, possessing a disagreeable, though not a fetid odour. This operation afforded considerable and almost instantaneous relief. Dr. F. Ramshotton expressed surprise at the character of the fluid, having been previously impressed with the conviction that the fluid was contained in the peritoneal cavity. At the expiration of a fortnight a lock of fetal hair escaped through the opening in the tumour, which had not healed, and other pieces afterwards repeatedly passed through, as well as globules of oil and portions of putrid skin and membranes. A hard circumscribed tumour could now be felt through the abdominal parietes, in the left hypochondrium, evidently betokening the presence of the head of a child, and the nature of the case was then apparent to all. In September her symptoms became aggravated, and she suffered much from constitutional irritation. On the 21st of September Mr. Hutchinson proposed to remove the fetal head, to which Dr. Ramshotton objected, in consequence of the advancement of putrefaction, which would prevent an entire removal of the remaining fetal substance. After the original wound had been enlarged, the consultants not agreeing as to the propriety of extending the opening, it was deemed advisable to call in a "purr"

surgeon, who concurring with Mr. Hutchinson in his view of the case, Dr. R. acquiesced in a proposal that the child should be removed without delay. Mr. Hutchison, therefore, performed the operation, by enlarging the wound both above and downwards, to the extent of five inches, Mr. Mayo assisting, who introduced his hand, and grasped the right upper extremity, which he brought out of the wound, but the cross position of the fetus prevented its being extracted without separation with the knife at the shoulder-joint. Then followed a foot, and afterwards the trunk, but the head was too bulky to be brought away entire. The funis was divided. A portion of it with some membrane was left hanging out of the wound. On examination the placenta was found to be still adherent, and it was not removed. The wound was simply dressed and poulticed, and an opening was left in the lower portion of it, to allow the free exit of any fluid which might still remain in the cyst. The fetus was as large as an ordinary fetus at the full time of utero-gestation, and the cuticle was entire, except over the scalp. On the 24th of the month the patient had passed a good night, expressed herself as being much relieved, and appeared to be cheerful; the pulse 115, but evidently excited by the presence of the medical gentlemen; she was free from rigors or sickness, and experienced no pain in any part of the abdomen; the bladder and bowels spontaneously acted, and no medicines were prescribed. On the 25th the placenta was removed through the aperture, and had the appearance of having been macerated for a long time in water. On the 2nd of October, a slight gastric uneasiness supervened, but decreased until the 8th, when she was attacked with constant pain on the right side of the abdomen, with sympathetic fever, but tomentations and salines afforded relief from these, and since then the general symptoms have remained the same, although the countenance has decidedly improved; the discharge is occasionally feculent, but granulations have sprung up, and the wound now does not extend to more than about half an inch in length. The softness of the abdominal parietes has entirely disappeared, and the poor sufferer appears to be in a fair way of restoration to health.

The unanimous thanks of the Society were returned to Mr. Hutchinson for the detail of the case; remarks were offered upon it by several gentlemen, but these we withhold from publication in the present report, as every reason existed for expecting that others would be given at the next meeting, for at the hour of adjournment, seven or eight members were on their legs evincing anxiety to speak on the case; and it will be better to review the whole at once. One of the learned members observed,

that the various opinions formed by the medical gentlemen who attended the case, though errors in one sense of the word, were not so physically speaking; but still, although the patient was now doing well, he had his doubts of her perfect recovery, owing to the ulcerative process which had commenced in the alimentary canal, indicated by the presence of fecal matter in the discharge which issued from the wound in the abdomen.

THE LANCET.

London, Saturday, October 31, 1835.

If we were to congratulate the profession, the public, and, above all, the parents and guardians of the eight hundred children who are domiciled in the town and country establishments of *Christ's Hospital*, on the election of that candidate for the office of resident surgeon, who, from his age and manifold professional qualifications, was the best fitted to discharge the highly-important functions of the station, we should, we regret to say, offer those congratulations on an event which has not occurred.

The cause of inhumanity, of injustice, and of intrigue, have once more triumphed in a medical election; but that triumph is so tainted and tarnished with disgrace and dishonour, that it has given the last stamp to the expressive seal which is attached to the decree of fate wherein is proclaimed the downfall of our entire system of hospital and medical misgovernment. There are upwards of four hundred governors of *Christ's Hospital*,—gentlemen of affluence and elevated station in society, who have become electors through the payment of a subscription of 400*l.* each, or of 200*l.*, through being the nominees of aldermen,—who, being aldermen, have become governors *ex-officio*. These gentlemen, instead of electing Mr. PLUMBE, who has engaged in the practice during a period of his time

of pathology during upwards of twenty-six years,—who for a long period was the senior-surgeon of the Metropolitan Infirmary for Children,—and who, besides, is the well-known author of an approved work on the diseases of the skin,—these wealthy, respectable, disinterested, and discerning governors, have turned aside and spurned a practitioner thus qualified and recommended, in order that they might place in the office of resident-surgeon of the hospital, a youth of the name of THOMAS STONE, an assistant in the apothecary's shop of St. Thomas's Hospital? After such an exhibition of—we really know not what to term it,—on the part of the electors, we feel no hesitation in asserting that it is the bounden duty of Parliament to take from the governors of the whole of our medical charities, that patronage and those functions which they now enjoy and exercise in the appointment of medical officers. On the institution of a National Faculty of Medicine, the transference of the powers which, up to the present time, have, in almost all instances, been so improperly exercised by the lay governors of our institutions, to a high, an efficient, and a competent authority, would not only be a matter of easy accomplishment, but would be rendered an imperative act of duty.

Leaving corrupt and all other indefensible motives out of the question, what do we observe in the election which has just terminated? Why, the supineness alone which has been manifested by the governors, would call for and warrant the interference of the Legislature. Good God! How can such men pretend that their proceedings are influenced by motives of charity? They know that the boys in the establishment have been suffering intensely for above a quarter of a century from that scourge the ringworm. They have seen that their medical

and it not in their power to remove
 have known that hun-
 for the full
 left the hos-

pital without being educated, in consequence of the check and interruption which their scholastic pursuits received from the ravages of the contagious scourge; and yet, with a knowledge of all these distressing and painful disasters, only a fraction more than one-third of the governors attended to give their votes at the election, and, strange to remark, the favoured candidate is a youth of twenty-four, and the second on the list is a youth of twenty-three years of age.

On what principle, then, did they proceed in the contest? Really we are compelled to state, and it is with pain that we place such an allegation upon record, that the governors appear to us to have been influenced by every motive and consideration, save and except that of feeling the slightest interest in the welfare of the children who are committed to their charge. Only a hundred and fifty-seven votes were given on the occasion: yet there were ten candidates, every one of whom had some supporters,—the winner who gained the victory in this extraordinary contest, obtaining only thirty-nine votes. Three or four of the candidates had ten and twelve votes. Others had seventeen and eighteen, and so on; indicating in every instance the exact force of that degree of *private family interest* which could be employed in their favour. The circumstances, taken altogether, on being presented to the public view, render it a most lamentable and disgraceful exhibition. If the governors will but examine the oath which they take on being admitted to the hospital, they will scarcely contend that they do not falsify the spirit of that oath, if the whole of their official conduct be not regulated by an earnest desire to employ the funds of the hospital to the greatest advantage for the children. The terms of their oath are calculated to nullify every feeling of self-interest on the part of the governors. The obligation, in fact, enjoins, directly, the most conscientious and scrupulous discharge of their duty. In connexion with that sacred injunction, therefore, voluntarily undertaken,

let us set before the public, and the parents and guardians of the children in *Christ's Hospital*, the words of Sir PETER LAURIE, an alderman and magistrate of the City of London, and one of the governors of *Christ's Hospital*. Let us take the words of this occupant of the judgment-seat,—of this manager of a great public charity, and by those words let us test the conduct, the disinterested and benevolent conduct, of his brother voters. We shall give his words in a dialogue which occurred between Sir PETER and one of the candidates:—

CANDIDATE. — Sir Peter, my name is ———, and I have taken the liberty of calling to solicit the honour of your support in the election which is about to take place for the office of resident-surgeon in *Christ's Hospital*.

Sir PETER LAURIE. — Your name is familiar to me, sir, but I am sorry to say that my vote is engaged.

CANDIDATE. — If it were not taking too great a liberty, Sir Peter, would you, as I am anxious to ascertain the relative strength of my opponents, state to whom your vote is promised.

Sir PETER. — Oh certainly. To Mr. ———. CANDIDATE. — Indeed! I really had hoped that my qualifications for the office would have been preferred to those of a youth who is not yet out of his pupillage in an hospital.

Sir PETER. — I admit the propriety of your observations, *but to tell you the truth, the father of the young gentleman has served me on several occasions, and I felt, on being canvassed, that I could not do less than promise my vote to his son.*

What chance has merit in an electoral contest when motives such as these can influence the conduct of the voters? Sir PETER LAURIE, on examination and reflection, must perceive that if he had sold his vote for one hundred pounds, the tendency of such sale could not have operated with worse effect on the interests of the children in *Christ's Hospital*, than his having attempted to place over them a person, merely because the father of that individual had rendered him a personal service. It was right, of course, that he should feel grateful to his benefactor; but why make other parties pay the cost of his gratitude? The poor children, and not Sir PETER

LAURIE, are now called upon to make, possibly, a sacrifice of their health, and of many, if not of the whole, of their worldly interests, on account of benefits which were conferred on the *ex-officio* governor. Even the ballot, powerful shield as it is against corruption, furnishes no security for talent or honesty, when men choose to be governed in their conduct by such motives as have been exemplified in the behaviour of Sir PETER LAURIE. At any rate the worthy knight was frank. He stated *why* he gave his vote to the youthful and inexperienced candidate. There was no disguise about him, and instead of attempting to justify his conduct, he offered an apology for his vote,—the only excuse which the circumstances could seem to warrant. The father of the candidate had served Sir PETER LAURIE, and therefore the vote was given for the son. The health, the happiness, and the well-being of thousands of children, for many years to come, were items so trifling, insignificant, and unimportant, in this affair, they were not deemed worthy of being taken into account. Still, *Christ's Hospital* is a "charity," and the governors of that institution, we suppose, must all be regarded as *charitable* men.

Gloomy as is the picture which this disclosure presents to the view of the moralist, yet it contains one point of relief. THOMAS STONE was not an assistant dispenser in the apothecary's shop of *St. Bartholomew's Hospital*. The VINCENTS, the STANLEYS, the LAWRENCEs, the HURs, the LLOYDs, and the EARLES, have been defeated in their attempt to plant another of their nominees in the medical office of the neighbouring establishment. In preferring the assistant-apothecary of *St. Thomas's Hospital* to persons who were recommended by the medical officers of *St. Bartholomew's Hospital*, some, at least, of the governor have proved that they were not ignorant of the incapacity of the magnates of *St. Bartholomew's* to wage a successful campaign against

enemy as the ringworm. A new officer, therefore, is selected, from another establishment, and let us hope that the improved system of diet and treatment which was recommended by Mr. PLUMBE when he was consulted by the Special Committee, will not be disturbed by Mr. THOMAS STONE.

But some sad misgivings oppress our thoughts on this subject. We fear, indeed, that the assistant-apothecary of *St. Thomas's Hospital* was chosen by King HARRISON and his brother treasurers, because the youth has shown that he is endowed with that pliability of disposition which will always render him subservient to the word of command in the office of apothecary to *Christ's Hospital*. Such a quality of mind was held, we believe, by the majority of voters on this occasion, as infinitely to be preferred to a knowledge of the diseases of children,—a supposition which received some show of confirmation from the fact, that Mr. ESEBIE'S LLOYD had threatened to resign his office if Mr. PLUMBE should be called upon to discharge the duties of resident surgeon. The importance of this threat may be estimated by the *governors*, as, also, may be the value of Mr. LLOYD'S services; though, for ourselves, we are utterly at a loss to understand the weight of either the one or the other, more especially after having observed the miserable figure which Mr. LLOYD has cut in his ten-year fight against the ringworm. Fortunately, then, as the *assistant dispenser* of *St. Thomas's Hospital* is elected to the office of resident surgeon in *Christ's Hospital*, Mr. LLOYD will not carry his threat into execution. He will *not* resign the office of visiting or consulting-surgeon, which is a subject of congratulation for posterity.

We cannot conclude this subject, and take our leave, for the present, of the *Governors* of *St. Thomas's Hospital*, without expressing our regret that those *Ministers* of the *Parliament* who have the presentation of the *Medical Officers* to the *Commons*,

from Mr. TARBUTT, one of the *Governors* of the hospital, that not one of the royal or endowed hospitals or charitable establishments of this metropolis, should be excluded from the operation of the new *Charity Commission Inquiry*. Since the year 1816, whenever the Act for reviving the Commission was renewed, it was always managed in the exemption clause, to provide that the affairs of certain of the hospitals should not be made the subject of investigation. In the Act which passed the Legislature at the close of the last session, and in which measure it is ordered that the inquiry into the whole of the remaining institutions shall terminate in, or before the commencement of, the month of March 1837,—only seventeen months from the hour in which we write,—no such nefarious exception was allowed to be introduced. Even in some of the institutions where the inquiry was not pushed so far as the demands of public justice required, it will be renewed and prosecuted with the utmost vigour. The pecuniary and other concerns of *Christ's*, *St. Bartholomew's*, *St. Thomas's*, and *Guy's Hospitals*, will soon be subjected to a scrutiny which cannot be concluded without advancing the best interests of those great national institutions. Had there been less of jabbing in some of those establishments, less of corruption in electing their medical and other officers, they might again have been included in the exemption clause of the new *Charity Commission Act*; but as their abuses had become too manifest and odious to be defended, they are committed, without restriction or complaint, to the scrutinizing researches of the Commissioners appointed by an executive government, the members of which are pledged to promote and support the cause of national medical reform.

IN placing the letter of Mr. RUMSEY (page 187) before the practitioners of medicine in this country, we feel called upon to express a hope that the questions which

have been proposed by that gentleman will not remain unanswered by his professional brethren. With reference to the subject of his communication we can only observe, that the proceedings which are still manifested in several of the Unions relative to medical contracts, are altogether at variance with the assurances which were given, both to the Kent deputation, and to ourselves, by the noble Lord the Secretary of State for the Home Department in the House of Commons, and by the Poor-Law Commissioners at their apartments in Somerset-House. The Commissioners contend that the Board of Guardians are at liberty to make as many contracts with medical practitioners as they may think proper, and we have every reason to believe that this allegation is strictly and faithfully correct. If, therefore, the Board of Guardians, who have a permissive authority in this instance, fail to discharge their duty in accordance with the dictates of humanity, and in compliance with the behests of the members of a most useful and honourable profession, the Poor-Law Commissioners will be called upon to interfere, and compel the parochial functionaries to obey their command, as a just punishment for their having failed to exercise a judicious authority.

We will take care that this subject shall engage the attention of the House of Commons at the commencement of the next session of Parliament, unless some effectual remedy for the grievances of which the profession and the sick poor complain, be applied in the mean time. Mr. RUMSEY, and the Committee of which he is so able a member, are entitled to the gratitude of the public and the profession, for the active part they are taking in order to remove a most serious and cruel evil.

THERE is a letter at page 188 of this week's LANCET, from Mr. W. KINGDON, in which that gentleman complains of his exclusion from the Council of the College in

Lincoln's-Inn-Fields. The members of the *junto*, the self-perpetuating clique of twenty-one, have passed over the name of Mr. W. KINGDON, in the list of members who are "eligible" for seats amongst them. In being thus insulted Mr. W. KINGDON has shared the fate of HUNTER and of WARDROP, of JOSHUA BROOKES and CONSTANTINE CARPUE, and some hundreds of other members of the commonalty. Be of good cheer; then, Mr. KINGDON.

We now have an accession to our ranks. There is one more reformer who we could not so have named had the Council been honest in the exercise of their discretion Mr. KINGDON being one of the "quiet and the peace-lovers," he would have remained a stranger to the exertions which reformers make for the benefit of their fellow-creatures, had he not been spurned at a moment when he hoped to be caressed. But Mr. KINGDON has altogether mistaken his position. His perceptions approach his intellect through a mist. Can his character suffer by his *exclusion* from the College? Monstrous thought! Had he been chosen by the *junto* as a fit associate for them, *then* in truth, he might have bewailed the loss of reputation in the profession. Behold the fate of WILLIAM LAWRENCE! *He* was elected. He is one of the set. *He acts* with them, he *sits* with them, he *persecutes* with them, he *prosecutes* with them. And *where* is WILLIAM LAWRENCE? He is *THERE* and *THERE* only. It is the burial-place of his reputation. No, no, Mr. KINGDON. Had you been *elected*, your character for honesty would have been lost. You now preserve your integrity, at a cost of three hundred pounds a year; and considering your high regard for the honour of your fame, you will feel and acknowledge with us that the receipt of the pounds sterling would have proved but a sorry recompense for the loss of your character for integrity.

At the great meeting of the College of Surgeons, January, 1826, KINGDON was

"*firm but respectful* remonstrance to the "heads of the College,—a *firm but respectful* remonstrance in that quarter,—a "*firm but perfectly respectful* remonstrance, "would achieve the object that the members "of the College had in view."

Before we say another word to Mr. KINGDON on the subject of his exclusion from the Council, we commend to his notice the brief speech that was delivered by him at that meeting:—

"Mr. KINGDON.—I think we had better proceed to remedy the evils we now feel, than go to evils that we know not of. It appears to me that there is great inclination on the part of those gentlemen who are at the head of the institution, to redress the evils of which we now complain. (*Loud cries of "no," and marks of disapprobation.*) Gentlemen, it has been said that each member present has a right to express his opinion with respect to the business upon which we are met; and, certainly, upon a subject like this, if he *can* by possibility have more than a right, I feel that he *has* more than a right to express his sentiments. (*"Hear, hear."*) And I do repeat that such strong resolutions, coming from such a meeting as is here, will have such a tendency on the conduct of those men at the head of the institution, that a remonstrance made to them, firm, but respectful, will procure a redress of our grievances. A firm, but respectful remonstrance in that quarter will have the effect of remedying the evils complained of. (*Applause and disapprobation.*) And I beg of those gentlemen to consider well how they hastily throw off from themselves their present charter, for, if they let it slip from them, they may get that which will interfere with them a great deal more; and I cannot help thinking that the objects of the profession will be best promoted by their doing that which this meeting seems inclined they should do, and which a respectful remonstrance will have the effect of procuring."

What say you now, Mr. KINGDON? Was a "*remonstrance*" the appropriate remedy? Really we are anxious to know what you would have said of the conduct of the College, or of the constitution of the Council, if you had been chosen one of the Council-

—if (that is), by your premeditated

"you had been enabled to pocket

per annum of the

M. LAWRENCE

must hold...ence on this

subject with your "hats off," and a report of the proceedings at the conference shall appear in the pages of THE LANCET, for the benefit of the uninitiated members of the profession.

A CORRESPONDENT informs us that some blockhead of a lecturer has been accusing this Journal of being influenced by its selection of articles for insertion in its pages, by the tender of pecuniary bribes. As the writer has promised to send us the passage *in print*, we shall refrain from saying more on the subject until we see the specific charge. Accusations of such a character, however, are by no means unacceptable. Every ass thinks his own bray the best, and if his paper be not received, attempts to account for it to his friends by saying that "his "purse is not long enough to ensure the "insertion of his communications."

We rely on the performance of the promise of our correspondent.

QUESTIONS

RELATIVE TO MEDICAL ARRANGEMENTS UNDER THE

POOR-LAW AMENDMENT ACT.

To the Editor of THE LANCET.

Sir,—At the last anniversary of the *Provincial Medical and Surgical Association* at Oxford, a committee was appointed to consider and report on the best means of affording medical relief to the sick poor, especially with reference to the Poor-Law Amendment Act.

As Secretary to this Committee, I am desired to solicit you to further their objects by inserting the present communication, and by supporting it with such arguments as your own just views of the subject may suggest.

The lamentable effects of recent measures, both on the sick poor and on the medical profession, and the determined attempt to *continue* and to *justify* them, evinced by the last report of the Poor-Law Commissioners (dated August 8th, 1835), demand the most decided and manly conduct on the part of the profession. Our opposition will, however, possess but little *moral* force, if it

be not supported by substantial *reasons*, and these reasons can only be deduced from a correct and ample compilation of *facts*, which, unfortunately, exist in such profusion where the new law has been carried into effect.

These considerations will, we trust, induce our professional brethren, residing in those parts of the kingdom already under the operation of the Poor-law Amendment Act, to supply us largely with answers to the subjoined queries. By so doing, the labours of this committee will be rendered more efficient, and it is hoped that, in consequence, a more suitable, a more just, and a more humane system of parochial medical relief will be adopted. I am, Sir, your obedient servant,

H. W. RUMSEY,

Secretary to the Committee.

Chesham, Bucks, Oct. 26, 1835.

The subjoined questions are addressed to individual country practitioners.

1. What has been the mode of appointing and paying medical officers of parishes in your neighbourhood for the last few years?

2. Has any alteration in the above mode taken place since the introduction of the Poor-law Amendment Act?

3. Is an *equal number* of medical men provided for the poor as formerly?

4. What is the *population* or *extent* of the district or districts entrusted to the care of *one* medical officer?

5. What is the *greatest distance* of patients from the medical officer, and is that distance greater or less than it was under the old system?

6. How are *orders* for medical relief obtained in ordinary cases? and how in urgent?

7. Have "tenders" been required? and have they been furnished? and to what extent?

8. What are the amounts of the stipends? Are they fixed annual sums? or are they payments *per case*? If the latter, is any gradation, according to the *numbers* or *distance* of the patients, allowed? and is any limitation to the sum total exacted?

9. Are the *forms* of the *contracts* in any of their clauses degrading to the respectability of the profession?

10. Have there been any *instances* of distress and danger to the sick paupers, and to what *direct* causes are they attributable?

11. Are there any other particulars, bearing on any of the above questions, that occur to you as being worthy of remark?

As the prosecution of this inquiry is likely to be attended with considerable expense, it is suggested that, *on public grounds*, communications addressed to the Secretary should be post-paid.

EXCLUSION FROM THE COUNCIL OF THE LONDON COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Will you have the goodness to grant insertion of the accompanying letter in your Journal of next Saturday, and oblige, Sir, your very obedient servant,

W. KINGDON.

2, New Bank-buildings,
Oct. 26, 1835.

TO THE MEMBERS OF THE

MEDICAL PROFESSION.

GENTLEMEN,—Having of late been treated with injustice by the *majority* of the Council of the College of Surgeons, and having learnt that he who tacitly submits to injustice becomes an instrument to his own degradation, I take this, I believe the most proper, method to protest against the measure of exclusion which has been practised towards me. Thinking that such a body would not willingly treat any one with injustice, I suspected there must have been, unknown to me, some disparaging report abroad, and therefore addressed the President and Council to inquire if, to the belief of any of them, such report existed. After some time I received an answer avoiding the question, and thus in effect admitting that if they allowed me an unsullied reputation, they dammed their own conduct. On the same showing, however, their conduct was calculated to damage my fair fame,—more valued and estimated by me, as more essential than life itself to the well-doing both present and future of myself and family. Without power to question this conduct, shielded as it is by charter, granted we may presume by a gracious sovereign, for the benefit and not the oppression of his subjects, I still have the power possessed by every English gentleman to see that my reputation do not suffer by the partial or selfish conduct of others, and it is for this reason that I now address my professional brethren. After more than twenty years of public and private practice as a surgeon in London, I must be known to some of you; and I address you to intreat that if any of you know, or think you know, anything disparaging to my character, you will have the goodness to inform me, and thus confer the greatest favour that man can confer on man; for I am conscious that any such disparagement need only to be made known, to be proved as resting on misapprehension founded on falsehood. Henceforth, my legal ineligibility to my College, the imply that I am rendered

for election. Unless erroneous information respecting me, given to the Parliamentary Committee by the then President of the College (which he afterwards made all endeavours to correct that gentlemanly feelings could prompt), has been deemed a sufficient cause to throw me out of my fair professional course; or unless my not having an interest in common with surgeons of hospitals, or a mind easily led to surrender its own views and see things as others wish, be deemed a sufficient cause, and neither of these can be supposed to influence the minds of honourable men, I must remain under the stigma of exclusion for my own demerit, did I not make this appeal to my professional brethren, so as to make known to them that on the majority of the Council rests the responsibility of having used their power unjustly. Such conduct needs only to be canvassed, for the reprobation of the right-thinking to fall on those who practise it; and I have felt it my duty to offer my character for the strictest investigation, in order that the majority of the Council may have the benefit, if anything can be found against it, as an excuse for their unprofessional and unjust conduct. It is the conduct of such men that drives the quiet and the peace-lovers to seek and enforce change. It is the conduct of such men that renders futile the best efforts of the honourable and the able to place the affairs of our country on a footing of fairness and stability. I am, gentlemen, very faithfully yours.

W. KINGDON.

2, New Bank-buildings, London,
Oct. 26, 1835.

ENGLISH EDITION OF LEBAUDY'S PLATES.

To the Editor.—Sir,—I was happy to find in the notice which appeared in the last number of *THE LANCET*, on the Anatomico-Chirurgical Plates of M. Lebaudy, that the only objection against the work related to the price at which it is published. By correct information as to the number of plates contained in the fasciculus sold in Paris, and considerations of the expenses necessarily attending publication in England, I feel assured that the writer of that article will soon be convinced of his mistake in estimating my profits on so exorbitant a scale, and I shall trust to the known character of your contributors in general, for a contradiction of this imputation against my character as a man of fair and honourable conduct. The fasciculus of plates published in London, of twelve plates (not English copy contains), in a wrapper, without title, is the first expense of the work, and the duty

upon them, let the writer add that of translating, printing, and putting into boards, and he will find, after defraying these expenses, that my profits are by no means exorbitant. In case, however, the writer of the notice in question have not the data for making the estimate I mention, I do not hesitate to tell him that the amount of advantage I derive from the sale of each copy of the Atlas, to the trade, is precisely three shillings. Trusting that you will do me the justice of inserting this in your next number, I remain, Sir, your obedient servant,

J. B. BAILLIERE.

219, Regent-street, 27th Oct., 1835.

WESTMINSTER HOSPITAL.

THE officials of this establishment have abandoned their old and ruinous abode in the smoky region of Petty France, and have domiciliated themselves in a spacious edifice in the broad sanctuary on the north side of Westminster Abbey. Of the architecture of this building the critics say that it is of the "Tudor collegiate style." The plan of the architects may have been laid to complete the building in that fashion, but the funds of the building committee have not been extended far enough to perfect it. The pile, as it stands, is typical of the Hot-tentot Venus, having an apron of ornament in front, with the back and sides in *puris naturalibus*. 250*l.* would have sufficed to cover the nakedness.

REMOVAL OF A LARGE MALIGNANT TUMOUR OF THE CHEEK WITH A PORTION OF THE BONES OF THE FACE.

SATURDAY last was regarded as a regular "field-day" at this institution, in consequence of the performance of the above operation. In perambulating the wards, we observed a case of scrofulous disease of the ankle-joint, one of necrosis of the tibia in a child, in which, considering the small portion of bone removal, the wound appeared to be outrageously large; there was also a case in preparation for lithotomy, and one of severe burn and scald of the left lower extremity, which was covered with large vesications, and small collections of matter were forming and burrowing under the muscles. One of these was, in the language of the surgeon, ordered to be "scratched." "Now, sir," said Mr. GUTHRIE to a pupil of St. George's Hospital who was present, "show the young gentlemen into the operating theatre; let them get on the upper seats, and leave the lower one for the old men, the white-wigs." In a few minutes the operator entered, followed by the rest of the hospital staff, amongst whom were Messrs. STANLEY and KEATE.

Previous to the operation we paid a brief visit to the patient in Queen Anne's ward, where we found a pallid female, about forty-six years of age, lying on her bed, wrapped in a flannel gown. This female was to become the subject of the proceeding.

Her name was Mary Brown, and she had been for some years a resident of Codicot, in the county of Herts. She was admitted into the hospital under the care of Mr. Guthrie, on the 8th of July, 1835, with a tumour on the right cheek. She has been married and has had fourteen children, of whom six survive, and are, apparently, unaffected with any disease. The woman herself had always enjoyed good health until the development of the present disease. She has for some years been employed in nursing, and for eighteen months previous to giving up her employment, she was occupied night and day in attending an elderly lady; but during all this time she was not conscious of, nor did other persons notice any deterioration in, her bodily health. About Michaelmas, 1834, the superior maxillary teeth of the right side began to ache, the gums became spongy, the same teeth became loose, and an offensive discharge distilled into the mouth. At the same time the cheek of the same side gradually swelled. She sought no medical advice; but of her own accord applied fomentations and other mild remedies, without deriving any beneficial result. In the course of last spring she found clots of blood descending into the mouth from the teeth, two of which fell out; afterwards the hienaspides and molars also lost their hold. The facial tumour likewise steadily increased in size, assuming a conical shape. In March last she applied at a dispensary in the country, where she was supplied with a lotion, and recommended to come to London. Soon after her admission into the Westminster Hospital, Mr. Guthrie made an incision into the apex of the tumour, for the purpose of emancipating some pus. This aperture did not close, but communicating with the sub-jacent disease, became fistulous; the fetid sanious discharge fell into the mouth more profusely, and being swallowed, produced nausea and vomiting. In this way her appetite was destroyed, and the constant lancinating pain in the tumour broke her rest. She has recently become much emaciated. The catamenia have been irregular for four years. During the last year they have appeared four times. The bowels have uniformly acted well. Since her admittance the scope of the treatment has been merely alleviatory. Some difference of opinion existed among the surgeons as to the propriety of the operation; but, it being determined in the affirmative, Mr. Guthrie made preparations for its performance.

The patient was placed in a chair, having the head supported on pillows, and kept

steady by an assistant. A vertical incision was made through the integuments, extending from just below the tendon of the orbicularis palpebrarum muscle, to about half an inch within the angle of the mouth, which divided completely the upper lip. By this incision the coronary branch of the facial artery was divided, and a little hemorrhage was produced, which however soon ceased. Another incision was carried somewhat obliquely outwards and upwards, so as to avoid the parotid duct, towards the lobe of the ear, and a rhomboidal flap of integument was then obtained, by making a third incision from the outer extremity of this to the temple. This flap was then speedily but carefully dissected, as far as the lower eyelid, from the surface of the tumour, which was thus exposed, having the remains of the zygomatic and other muscles of the face stretched over it. As the tumour had a somewhat loose connexion with the adjacent surface of the maxillary bone, and from its protuberance was likely a good deal to impede the further steps of the operation, Mr. Guthrie removed it at once, by making a few incisions around it with the scalpel. A large mass of dense scirrhous structure, of almost cartilaginous hardness, was thus removed, which proved to be the anterior paries of the antrum, and which had become the seat of this form of abnormal formation, attended with the absorption of all traces of the bony tissue. By this means the maxillary sinus was of course laid open, and its posterior wall exposed, which was found involved in a similar state of disease. Mr. Guthrie now divided the zygomatic process of the jugal bone by a stroke or two of the mallet and chisel, and by the same means separated its ascending orbital process from the external angular process of the frontal, which did not require any great degree of force, owing to the softness of the osseous tissue. In this way the bone was perfectly freed on the outer side from any attachment to surrounding parts. Directing his efforts in a similar manner to the inner side, the maxillary and palatine bones were separated from their fellows in the line of the palatine suture, by insinuating the chisel between the two front incisor teeth. An opening being made into the right nostril by piercing the cartilage of the ala nasi, the nasal bone was separated by the chisel from the nasal process of the superior maxilla, and the lachrymal bone and the orbital plate of the ethmoid were cut through with the blunt-pointed knife.

The superior maxillary nerve where it lies in the sphenopalatine fossa, having been first carefully divided with the scalpel, Mr. Guthrie, by placing his finger on the diseased mass, was enabled to ascertain its situation; and, in the anterior order of dissection, the scalpel was

necessary to remove these connexions, which as effected with considerable difficulty, in consequence of the impediment caused by the motions of the tongue. When the mass was brought away, part of the posterior angle of the diseased sinus, where it often communicates with the ethmoid cells, was found to be left behind, and required separate and rather tedious dissection, as did so part of the glandular structure of the soft palate, and the amygdalæ, which had participated in the disease; as well as a portion of the pterygoid plate. Here of course the greatest care was incumbent on the operator, from the proximity of the carotid, which he afterwards stated he was in great fear of wounding. Upon the division of the branches of the internal maxillary artery, some hemorrhage occurred, which occasioned a good deal of distress to the patient, the blood accumulating in the fauces. It was, however, expelled by the expiratory efforts, which were increased in violence as the blood accumulated. The mouths of the divided arteries very quickly contracted, very little blood being lost during the operation, and not a single ligature being required. Dr. GUTHRIE now requested Mr. WHITE to examine the surface from which the tumour and its excrescences had been removed, in order to ascertain whether any vestige of it remained behind. A little was detected at the upper and posterior angle of the cavity, most probably in the walls of the sphenoidal sinus, which being seized with a hook, was, after a little tedious dissection, removed. The bone was afterwards scraped.

The removal of the disease now being accomplished, and forty-five minutes having elapsed, the patient was allowed to rest a while, and some wine was administered. Her wet and bloody linen was removed, and she was placed in a bed which had been brought into the theatre for that purpose. The edges of the divided integuments were brought together, and retained in apposition, in the situation of the outer incision, by means of two or three stitches of interrupted suture, metallic wire being employed instead of silk; whilst the incisions in those parts of the cheek and lips which were unsupported by any subjacent bone, were closed by means of the twisted suture, about five hare-lip pins being employed. A little simple dressing was laid over the cheek, and bandage was lightly applied.

The operator was assisted by Mr. THOMSON and Mr. SOADEN.

Although the operation lasted forty-five minutes, it was borne by the patient with a noble courage. Not an exclamation of pain escaped her. Mr. WHITE, jun., and other gentlemen were present, with every assistance to aid the operation. Somebody at the time said, "A scissor!" "A knife!"

"I want something that will cut here!" "A pair of curved scissors!" "A hook!" "A blunt hook!" "A curved hook!" "Hot water here!" "A sponge!" "My little short scissors!" and sundry others (not all of them the operator's exclamations), which were occasionally varied by, "You bear it very well, my dear lady!" "It is almost done!" "By the blessing of God, my dear soul, it is nearly over!" "Give her a little wine!" "Don't go yet, STANLEY, I want you to see it quite done!" These remarks were throughout accompanied by the clanking of scalpels, knives, and scissors, in a pewter basin, close to the patient's ear, producing altogether a discord more horrible and distressing to the sufferer than we have ever witnessed before, or hope ever to witness again.

Tuesday morning, Oct. 27.—No untoward symptom has occurred since the operation. The patient slept for two hours immediately afterwards, and has since been free from restlessness or febrile excitement. She has taken nourishment, chiefly warm milk and arrow-root, and, at her desire, occasionally, small quantities of wine and water. Deglutition has been performed with very slight difficulty, and respiration not at all affected by the operation. She has taken no medicine, but it has been necessary to keep the bowels open by injection. The wound is every where uniting, the skin is sound, and round the fistulous opening in the cheek rapidly recovering its healthy appearance. There is slight tumefaction of the lids on the outer side of the orbit. The pulse has continued at 120, the same as before the operation, no variation being detected until this morning, when the beats amounted to 102, which are regular, and more sthenical. Some time after the operation, on attempting to speak, the expectorated breath distended the affected and boneless cheek in a hideous manner, but this we understand does not occur now. The patient states that she has been much easier since the amputation than she had been for some time previously.

CONVENIENT MODE OF CONTRADICTING FACTS WHICH CANNOT BE DISPROVED.—
"The Lancet and the Medical Institutions of Ireland.—We consider ourselves imperatively called upon to state, for the information of those unacquainted with Dublin, that the articles which appear from time to time in THE LANCET, respecting the profession and its institutions there, contain such gross and impudent falsehoods, that no confidence should be reposed in them. We do not state this to avert these calumnies; they have been, strange as it may appear to simple people, of singular advantage to the objects of them, but constructed as some of them

have latterly been to impose on experienced students at the approach of the medical session, we consider ourselves called on to interpose."—*Dublin Medical Journal*, Nov. 1835.

"Called upon to interpose," in order to prevent the "calumnies" from continuing any longer to be "of singular advantage to the medical institutions of Ireland!" These shallow-pated dividers of the spoil under corrupt systems of medical government should confine themselves, when speaking of medical reform, to stating something less, and proving something more, than is their custom, taking especial care, however, that they do not shoot beyond their mark, and "prove rather too much."

PROFESSOR TIEDEMANN, of Heidelberg, left London on Saturday, the 24th inst., after having spent a month in England and Scotland, where he has been collecting materials

for a great work on the nervous system. The Professor is between fifty and sixty years of age, of lofty stature, and amiable manners. While in London he sat to an artist for a portrait, which, we believe, is about to be published by Mr. Schloss of Westminster. M. CHOMEL, chief physician of the *Hôtel Dieu*, in Paris, has also been here within the present month. He visited the various metropolitans, and found one or more of them "not very clean or very decently furnished." M. JULES CLOQUET is also in London, and designs this day (Saturday, October 31st) to be present at an operation for osteo-sarcoma of the lower jaw on a male patient at *St. Bartholomew's Hospital*, to be performed by Mr. Earle.

CORRESPONDENTS.

The letters of *Fair Play*, and *A Pupil of St. Bartholomew's*, surprise us. We have never before heard, certainly have never seen, and have never had, any kind of communication from any individual of the name mentioned by our Correspondents, nor did we know that such a person as is described was an attendant at the hospital.

THE LANCET.—The two volumes of this work, consisting of fifty-two weekly Numbers, for the year 1835-36, were commenced on the 26th of September 1835, and will be concluded on the 25th of September 1836. These two volumes will contain, in addition to other interesting and invaluable matter, **REPORTS OF CASES** admitted into the great **METROPOLITAN HOSPITALS**—**REVIEWS** of all the new **ENGLISH WORKS**, and every important **FOREIGN PRODUCTION**, published within the medical year—**REPORTS OF THE DEBATES** at the chief **MEDICAL SOCIETIES** of London verbatim, **REPORTS OF CLINICAL LECTURES** delivered at the various Hospitals by the medical officers—**EDITORIAL CRITICISMS** on the most prominent medical events of the period—**Abstracts** of the original papers worthy of analysis in contemporary Medical Journals, British and Foreign—And at least **TWO COURSES OF LECTURES** on subjects of the deepest importance to practising physicians and surgeons, to be delivered by Professors who rank amongst the most celebrated physiologists and pathologists in Europe. The publication of one of the courses will be commenced in the ensuing month of November.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37' 44" North, Long. 34° 45" West.)

Days.	Thermometer.		Barometer.		Rain. Ins. Dcls.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Oct. 19	50.	28.	29.84	29.52	—	E.	Very fine for the season.
20	46.	32.	.62	.51	0.08125	S.W.	Fine in morn; afterwards rain.
21	53.	28.	.51	.51	—	S.W.	Dull morning; afterwards fine.
22	39.50	36.	.26	.18	0.40625	N.W.	Heavy rain evening and night.
23	52.	42.	.45	.33	0.41875	S.	Day fine, heavy rain in night.
24	51.75	37.	.43	.36	1.1375	S.	Fine throughout.
25	50.	28.50	.18	28.90	—	S.E.	Heavy rain.

Oct. 27, 1835.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 11, 1835.

[1835-36.]

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON THE DIAGNOSIS, PROGNOSIS, AND TREATMENT OF *DELIRIUM TREMENS.*

(Illustrated, in part, by a Case reported at page 161.)

DELIVERED BY

DR. ROOTS,

On Monday, November 2, 1835.

You may remember, gentlemen, that when I last had the pleasure of meeting you, I concluded with an avowal of my ignorance of the precise condition of the brain and nervous system in that particular disease which is called "delirium tremens."

With respect, then, to the termination of the disease. Sometimes, if the attack has been very slight, the disease will run on for three or four days, or more, the patient will fall into a profound sleep and awake comparatively well. This, however, is not a very frequent termination, when unaided by medical means. More commonly, and more especially if it be a second or a third attack, the symptoms will increase in intensity, and perhaps terminate in convulsions, of an epileptic character, occasionally, or perhaps frequently, recurring, until the patient dies; or it may terminate in apoplexy, after one or two more recurrences of these convulsive attacks. It may terminate in apoplexy, and occasionally it will terminate in mania. The latter, however, certainly is not a common termination, but still it is an occasional termination of delirium tremens.

Prognosis.—Then as regards your prognosis; if it be a first attack,—if the constitution has not been materially enfeebled, the prognosis may generally be favourable. It is more doubtful in proportion to the advanced condition of the patient. It is more doubtful if it be a second or third attack. The prognosis, as a matter of course, will be

increased if, in addition to the irritation, you find accompanying it inflammation.

Diagnosis.—Then as regards your diagnosis. This is certainly a subject of the greatest importance, because upon the correctness of your diagnosis, will depend the probability of your patient's recovery. If you should by chance mistake true delirium tremens—and I am speaking now of the true form of the disease,—and treat it upon the principles of inflammation of the brain, the chance is that you will destroy your patient's life. Well, then, the history of the case, the history of the patient's previous habits, whether he had been addicted to the abuse of spirituous liquors, or of opium; or if to neither of these, whether, having been exposed to great bodily privations and mental anxiety, the disease had supervened upon them. Next you must bear in mind, in true delirium tremens, the absence of the flushed countenance, the absence of the suffused eye, the absence of excessive heat of head, the tremor (the general tremor of the body, to a greater or less extent), the tremulous condition of the tongue, and also its moist creamy coat,—these things being considered in connection with the state of the pulse, which is perhaps at first rather slow and soft, speedily getting quick, but still soft; and, in addition to all these, the peculiar illusion of the mind—the illusion in true delirium tremens being perfectly different from that which is observed in inflammation of the brain. The patient here, it is true, is suffering under an aberration of mind, but it is that which is easily controlled. He gets out of bed, but is easily got back again; he is subdued with very little difficulty. This is not the case in delirium arising from inflammation. These are only intended as practical remarks for your observance, and as we have not time to go more deeply into the subject, I shall go at once to the treatment.

Treatment.—Now supposing you were called to a patient who was labouring under the early stage of delirium tremens, where there was no question whatever as to the nature of the disease. Your first object in such a case would be to ascertain that the bowels were sufficiently open; and to ensure that you would give him, probably, a warm

stimulating purgative, with, most probably, a small dose of calomel,—say three, four, or five grains, with two or three drachms of the tincture of senna; and if the bowels were not readily acted upon, you would give him some of the neutral salts with it. But I am quite sure you will find that *very active* purging will do no good. As a matter of course, as I have before observed, the secretions cannot be otherwise than deranged; in the existing state of the brain and nervous system, you could not expect that the secretions, under the circumstances, would be natural; and, on this account, some who have written on the disease, being aware of this depraved condition of the secretions, have strongly recommended the employment of mercury. Now I am of opinion, and that from practical observation, that it is exceedingly proper to give occasional doses of mercury, perhaps every other day, or, it may be, once in three days, for the purpose of producing the effect of what, in older times, was called an “alterative;” I think it is right to give “alterative” doses of mercury, just sufficient, perhaps, to change, in some degree, the secretions. But I do not think you would do any good,—on the contrary I am quite satisfied that you would do harm, by giving mercury, in *true* delirium tremens, in such quantities as should produce the *specific* effects of that medicine on the constitution. Now my reason for this is, that mercury, generally speaking, sets up, along with its specific action, irritation in the system. You have already excessive irritability of the brain and nervous system, therefore I would not give mercury in sufficient quantities to produce its specific effects, because I think its administration would be likely to increase the very irritability which I wished to subdue.

What, then, after all, is the indication in delirium tremens? Why, it is to allay the peculiar irritability of the brain and nervous system; to induce sleep, and afterwards to restore the secretions to their healthy character. Allay the irritability of the brain and nervous system, procure good sound sleep, and increase the patient's strength by giving moderate tonics, aided, perhaps, by stimulants, and the secretions will, in all likelihood, return to their healthy condition, without the necessity of employing the specific influence of mercury.

What, then, are the means by which we would endeavour to allay this irritability of the brain and nervous system, and procure sleep? You all know, gentlemen, that in irritation of the system generally, or in irritation of any particular part, no means with which we are acquainted are so powerful in allaying that irritation as *opium*. Then *opium* becomes, I may say, our sheet-anchor in the treatment of delirium tremens, and that must be given in doses proportioned to

the degree of irritability in each particular case, and also to the power of the individual. In slight cases, small and frequently repeated doses of the tincture of opium, or of solid opium, or of the preparations of morphia, the acetate or muriate, will be sufficient; say from ten to fifteen or twenty minims in slight cases, repeated every three or every four hours, until sleep is procured. But if the irritability is great, you must then have recourse to larger doses; in which I should say that it would be useless to commence with a dose of less than forty or fifty or even sixty minims, and I should prefer the latter, if of the tincture of opium; or from three to five grains of pure opium, or from a quarter to half a grain of the muriate or the acetate of morphia, to be repeated every four hours until sleep was procured. If you find, after the patient has taken three or four doses, that the excitement still goes on,—that there is still a want of sleep, and the same degree of irritability and illusion, and perhaps without the pulse being augmented (without there being the slightest proof of inflammatory action in the brain itself, or in the membranes of the brain), and that the delirium seems to be increased instead of diminished, then I should not hesitate to give an increased dose. For example, if I had been giving half a grain of the muriate or the acetate of morphia every four hours, and after the third dose found the irritability not allayed, having waited the proper time after the exhibition of the last dose, I should then give one dose of a grain. Observe that I say, after having waited the proper time. Now my reason for saying this, for advising you always rather to commence with a small dose at first, and to wait the effects of that—to feel your way, as it were, than to commence with the boldest dose at once, is this, that though in a great many instances you will find success attend the exhibition of the larger dose, yet it has occurred to me in two instances, and it has also been related to me by one of the best practical physicians of the present day in this town, as having occurred to him also in one or two instances, that by commencing with a dose, say of a grain of the muriate or the acetate of morphia, such an impression has been made on the brain and nervous system, that the patient has never been aroused from it; knowing, therefore, that such an effect *may* take place, it becomes our duty to exhibit opium with caution. When sleep has been procured,—and when it is procured it very generally runs on for six, seven, or eight hours,—you find that your patient awakes amazingly relieved; in some instances perfectly

The caution I have just perhaps, be best illustrated by you the following during the to see, with the most intelligent practitioners

a lady who had been ill for some time; and it was necessary, as a matter of course, though painful to her friends, to acquaint me with the cause which had brought her into the condition in which we saw her. She had unfortunately contracted a habit of drinking brandy. Now I found her suffering under true delirium tremens. There was the tremour, the quick pulse, and, being in an advanced stage, the tremour of the whole body, the tremour of the tongue, the profuse perspiration, the absence of pain and heat of the head, and there was the creamy moist tongue. The only symptom wanting to make up the disease appeared to me to be the illusion, which I could not detect, still I was satisfied that the disease was delirium tremens, and I was very nearly quitting the bed-side, with the impression that it was a peculiar case of delirium tremens, unaccompanied by illusion; but just as I was about to go, I said—"and so you have not slept any night for some time past; you did not sleep at all last night I suppose?" She replied, "How could I sleep? We had workmen in the house." This was the fact, for there were workmen about the house; but she went on to say, that one of them had attempted to get into her room at night, and that he was constantly at the door. "He packed up all the plate," she said, "and took it away with him. He has since been apprehended, and my husband is now at Bow Street, attending his examination." Now this was all told so deliberately, and appeared to me to be so natural a chain of events, that I thought it must be true, and turning to a female relative or friend who was standing at the foot of the bed, I said—"Is that really so?" The answer showed that there was not a word of truth in the statement, except what related to the fact of the workmen being about the house. The existence of illusion was now manifest enough, and I directed half a grain of muriate of morphia to be given every four hours, and that if, after the third dose had been exhibited, the irritability of the system was not allayed, a dose of a grain should, after waiting the proper time, be given. Two doses were given, but still the irritability remained, and in about an hour afterwards a dose of a grain was given, the united effects of which three doses were such, that the medical man was obliged to be fetched, when he was under the necessity of pouring down brandy and ammonia, and using constant friction to keep the patient in a state of agitation for a considerable time, in order to counteract the effect of the narcotic poison; of the narcotic, from the patient did perceive that the medical man had said, the consequence is that I have given you from the dose.

In addition to opium, cold applied to the head is another most useful remedy, either in the form of evaporating lotion, or applied in the shape of ice.

I have already stated to you my objections to mercury. I do not think that in this stage of the disease, or in this particular species of the disease, blisters are of much service, unless you imagine there is some slight degree of congestion, or of inflammatory action going on, which you are afraid to attack by depletory measures; then perhaps a blister may be used, but otherwise I should not have recourse to it.

Well, now, during this period, in conjunction with the opium, the powers may be so enfeebled and exhausted, that the exhibition of some stimulants may be proper. Now, of those, the *Materia Medica* presents a great variety; and you will find suggestions to give camphor, ether, ammonia, asafetida, valerian, and a host of others; but I don't mind making the avowal to medical men, that in a case of this kind, as regards stimulants, and especially those which come under the denomination of "antispasmodics," I have but a very sorry opinion of them. I know what a moderate quantity of wine is capable of producing; I also know what may be gained by light nutritious diet, but I confess to you that I am not quite satisfied as to the quantum of stimulating effect that may be produced by five, six, or eight grains of carbonate of ammonia repeated every six, or every four, or every three hours. Or, if the quantum of stimulus be ascertained, still I am afraid you will give it at the risk of nauseating the patient's stomach, and preventing him or her from taking that which, in the way of nutriment, you ought at the same time to administer. However, there can be no objection, though I dare say there are many who think differently from me, for those who see their way more clearly with these remedies than I do, to giving moderate quantities of carbonate of ammonia, of camphor or ether, or, if you think that it is a good stimulant, of asafetida. I confess for myself, that I should be much more inclined, if I wanted a mere stimulant, to give some good porter, or some tolerably good ale, taking that stimulus more especially to which the patient had been previously in the habit of resorting, only giving it cautiously, and watching its effect.

The food ought, as a matter of course, as I said before, to be light and nutritious,—say milk, good strong beef-tea, animal broths, and, in some instances, where the patient's stomach will bear it, I should have no objection to allow him a mutton chop, or a slice of meat, always being careful so to graduate the exhibition of stimulants, as not to produce over-excitement; if you do that, then you will get the second species of delirium tremens; you will then have

inflammation of the brain in addition to irritation.

Supposing, then, that the opium has procured sleep, after having been obliged to resort to a larger dose, I would still continue the exhibition of the opium in small quantities—that is, if I had been giving it in the form of the muriate or acetate of morphia in doses of half a grain every four hours, then having afterwards resorted to one grain, in consequence of the previous small dose not having been sufficient to procure sleep, that one grain having had the desired effect,—then, after the patient had awoken, I should continue the small dose for a certain time every four hours, the object being, as soon as the irritability of the patient was sufficiently diminished, to diminish, also, the frequency of the dose of opium. This, however, must depend upon practical observation. It is quite impossible to lay down any positive rule as to when the quantity or the frequency of opium ought to be diminished. That must depend upon the degree of irritability remaining.

Next, as regards restraint. Now, if that can by possibility be avoided, it ought not to be employed. As I before observed to you, the delirium is, generally, of that peculiarly passive character which does not require forcible restraint, and where it can be avoided it ought, because it only produces increased irritation. One or two people, generally, ought to sit at the bed-side. It is quite sufficient to persuade the patient, merely leading him back to bed, instead of confining him with a strait-jacket, as the patient was obliged to be confined who was labouring under the second species of delirium tremens, and whose case I brought before you last week.

Supposing the irritability of the brain and nervous system to have been subdued by these means, it may then become necessary to resort to some mild tonic, and perhaps some of the vegetable bitters, some quinine perhaps may be best adapted for restoring general strength to the system. It becomes also a positive duty, an unpleasant one in many instances, more especially in private practice, to represent most strongly to the patient the risk he runs by again indulging in the vicious habits which brought on this disease, for in ninety-nine cases out of a hundred, it does arise from the abuse either of spirits or of opium.

Second Species of Delirium Tremens.—(Case of Grey.)—Well, then, with respect to the treatment of the second species,—that species under which Grey was labouring. Now in such a case the treatment must, to a certain extent, be of an opposite character, and, to a certain extent, ultimately, of a combined character. He had been twice bled before he came in. He was bled, properly bled, by Mr. STONE, when he came in.

The next day, though satisfied when I first saw him that he was suffering under delirium tremens, yet I was equally satisfied that he was labouring under delirium tremens accompanied by inflammation of the brain or its membranes, or both; for I do not hesitate again to confess my inability positively to say when the brain alone is inflamed without there being any inflammation of the membranes of the brain, or when the membranes of the brain are alone inflamed without there being any actual inflammation of a portion of the brain itself. It looks very well on paper to make those distinctions, but you will find it difficult enough to make them when you come to practise. Satisfied, then, that this inflammation existed, and that a sufficient or nearly a sufficient quantity of blood had been taken, and that it would not be prudent to risk general depletion further, I did not hesitate at that time (continuing cold to the head) to direct further local depletion by taking eight ounces of blood from the occiput, and at once giving him after that (in conjunction with the mercury, — Mr. STONE having ordered him three grains of calomel every six hours, and which I then directed every four hours — half a grain of the muriate of morphia, every four hours. You saw the result of this. After the second dose of the muriate of morphia, his delirium diminished, and he obtained three hours and a half of sleep. When I saw him the next day, there appeared to be still sufficient proof of excitement about the brain or its membranes to warrant a further abstraction of blood, although I continued the muriate of morphia, and eight ounces more, therefore, were taken from the occiput. After this no further depletion, either general or local, was necessary. He went on for two or three days progressively amending and now I come to an error in my own practice. Finding so much amendment, I was willing to diminish the frequency of the exhibition of the muriate of morphia, and as he answered perfectly rationally, as there was no proof then of any inflammatory action about his head, as the tremour was lessened, and, in point of fact, as he was in every respect better, I said, "Give the muriate of morphia every eight hours instead of every four." Well, now, what was the consequence? Why, that within four and twenty hours after that, his delirium increased; he became almost unmanageable. Mr. STONE was called to him, and very properly gave him a grain of the muriate of morphia, which quieted him, and he went to sleep. This medicine was resorted to in doses of half a grain every four hours, and continued for a certain time wholly of the brain and its membranes. It was discontinued without any further depletion of the blood. Now you may

much to bad practice as by good. I candidly admit, that I ought there to have continued the muriate of morphia a day or two longer, as frequently as it was given before. You will observe, too, that there was another modification of the treatment, because with the exhibition of the opium, which is not proper, if you have merely inflammation of the brain or inflammation of the membranes, it was necessary, and speedily too, to give him some good beef tea, and in addition to the beef tea it was necessary to give him some stimulant. I confess that I did not here have recourse to musk, camphor, ammonia, or asafoetida, but to a small quantity of porter, which he bore very well, that is, his brain and nervous system bore it well, but it was not agreeable to his taste, therefore in the course of a day or two it was changed to a small quantity of wine; the wine also he did not like, and that was changed, ultimately, to a small quantity of brandy, a tablespoonful twice in the course of the four-and-twenty hours, properly diluted with sage, arrow-root, or gruel.

With respect to the exhibition of mercury, you remember that I stated to you, that in the treatment of the true disease, I myself did not believe it to be necessary, or that it would be advantageous, to give mercury so as to produce its specific effects upon the system, and I gave my reason for so thinking; but still mercury was given here. But then, here were two diseases; there was *inflammation of the brain* supervening on *delirium tremens*, and the mercury was given on the principle of its being one of the best adjuvants which can be employed in conjunction with depletion, general or local, in diminishing inflammatory action in any of the tissues of the body, excepting the mucous membrane of the bowels; that is, in my opinion; but here it was given—and I think it is probable that I should have given it myself—twenty-four hours before I saw the patient. I say I think I should have given it myself. Still you are to remember what it eventually did. It set up excessive irritation in the mucous membrane of the bowels, so that we had a harassing diarrhoea, which we were obliged to combat with astringents and doses of opium, even after the irritability of the brain and nervous system had so far subsided as to render the further exhibition of morphia unnecessary. Nay more, the mercury went on to produce something beyond irritation; so I presume, from the nature of the discharges from the bowels. Certainly there was a degree of inflammatory action set up, independent from the discharges, along the track of the intestines, and, sub-
sequently, the heat there, and, subsequently, the inflammation, and, subsequently, the convalescence from the delirium tremens. This is an effect of mercury, which

cannot always be avoided, though an effect which one does not desire, where the patient has been suffering under such a disease as that upon which I am now making my observations.

It has been suggested by some practitioners that antimony might be of service in delirium tremens, given in large doses. Upon that I have no right to offer any observation, because I have never seen the practice carried into effect; but I may take the liberty of stating what my idea is on the subject. I think that if useful at all, it can only be useful in the second species of delirium tremens, namely, that which is accompanied by inflammatory action; and that as, very frequently, the stomach in delirium tremens is so irritable as to make it an object with us to tranquilize that organ very speedily, I certainly cannot imagine antimony to be useful in the true delirium tremens. I should hesitate very much before I employed it in the second form of the disease.

It has also been stated that digitalis has been given with advantage, I think by an American physician; I am not quite certain whether it has been employed in this country; but it has been said to have been used, and in doses which excite at least my surprise,—in doses of a drachm,—of sixty minims every two, three, or four hours, frequently repeated. I only mention that such facts have been brought before the public. They may be true, but I am quite satisfied that I never should have felt warranted in employing such a remedy in most of the cases of delirium tremens which it has been my chance to meet with.

I stated to you that it was exceedingly necessary to form your diagnosis correctly with respect to delirium tremens, so as to discriminate the true delirium tremens; and it has just occurred to me that I did not allude to one circumstance which should have been mentioned. If perchance you mistake true delirium tremens, in a very shattered constitution, for inflammation of the brain, and treat it as inflammation of the brain, I stated that you will most probably lose your patient. Now, I saw an instance of that some fifteen or sixteen years ago. The case was one of a butcher, who had drunk exceedingly hard, and there was a consultation of three medical men upon his case. Of course I had not then the same degree of experience that I may be supposed to have now, but still it appeared to me to be decidedly a case of delirium tremens, and as such it was proposed to treat it. A difference of opinion, however, existed as to the remedies, and so satisfied was one individual in consultation as to his view of the matter, that he said we should certainly destroy the patient if blood was not abstracted, either generally or locally. The juniors bowed to the senior authority,

and twelve ounces of blood were directed to be taken from the occiput. Immediately upon removing the glasses the man fell into convulsions and died. Now I do not think that that result would have happened if this depletory measure had not been adopted. It might. It is impossible to say that it might not. He had not previously suffered convulsions; but I do think that the fatal termination would not have happened had the blood not been abstracted.

I am anxious, gentlemen, to recal your attention, to prevent misapprehension, to one part of the case of this man Grey. I mentioned to you that the medical gentleman who had seen him before he came into the hospital had very properly directed his feet to be put into warm water, and I added that they had indeed been put into warm water,—that they had been put into boiling water; and I am anxious just to recal the fact to your minds for the purpose of now saying that this immersion was not the act of the medical gentleman who saw him, but an error of the friends of the patient, or the people about him. The medical gentleman had no kind of intention of putting his feet into boiling water. It was the error of others, not of him.

I was about to call your attention to two cases of gastric affection that have occurred in the hospital,—one a well-marked case of chronic gastritis, and treated as such; the other of gastric irritation—one, at least, which I myself believe was not at all of an inflammatory character, though it was thought right in, some measure, at first to treat it as though it were; but as it only wants five minutes of the hour, it would be absurd now to enter into a consideration of two cases which are of considerable interest, and therefore they will occupy our time at our next meeting.

. In the lecture by Dr. Roots, published on the 31st ult., the suggestion of the term "*delirium cum tremore*" was, through misapprehension, ascribed to Dr. Copland, in whose "Dictionary of Practical Medicine" the term is, we believe, applied to the disease commonly called "*delirium tremens*." The name, however, was first employed by Dr. Elliotson in the following passage, which we extract from a lecture delivered by that gentleman in 1831:—"The disease to which I allude is called *delirium tremens*, which is rather an improper word, because the delirium cannot tremble. It would be better to say *delirium cum tremore*," &c.—ED. L.

MIDDLESEX HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DISEASE OF THE SPINE,

DELIVERED BY

SIR CHARLES BELL,

On Tuesday, November 3rd, 1835.

I EXCEEDINGLY regret, gentlemen, that you are occupied so constantly,—from morning to noon, and from "noon to dewy eve,"—attending lecture after lecture on medical subjects. It is hardly possible, under these circumstances, to be a usefully diligent student, for you are apt, amidst the perplexities, to forget the great object for which you have come to London, which is to pursue the study of anatomy and surgery,—two points that will ever be well taught in London alone. A gentleman once rose in the House of Commons, and declaimed with great emotion about the danger to which his Majesty's liege subjects were liable, of being poisoned in consequence of the ignorance of boys in apothecaries' shops; when another member rose and said, that they managed those things better in Germany. And so a certain class of members of Parliament take up the matter, the Government being always glad to see the House of Commons occupied on a subject in which they incur no personal responsibility. The present principles of medical education have gone on developing themselves, until all the birds of the air have given to the Apothecaries of London, the power of deciding what lectures students shall attend, and the studies they shall pursue, and the result is that a system prevails under which no individual can do much; for it is requisite in order to accomplish the curriculum, that the lectures which you attend should be multiplied as to keep you on the move, with hardly an interval of time between them from one theatre or one lecturer to another until one is put in mind of Matthews's account of the sweepstakes, where the horse are all neck and neck together, and all come to the goal at once.

Well, now, you must consider it my duty if I am so unfortunate as to be against Companies of Apothecaries, Colleges of Physicians, Councils of Surgeons, and Parliament, to hoot, to remind you, that you are in London is to study, to learn, thoroughly anatomy, with pathology. I am sorry I shall not be able to present you to address you.

liar advantage. I formerly gave my time unwillingly to the delivery of clinical lectures, because when I looked around, I found that the pupils before me belonged to three or four different schools, with no ideas common to us all,—with no principles such as I could conceive to be correct, and, therefore, with no possibility on my part of being usefully employed in commenting on the progress of cases. Now, however, the case is different, of which I will give an example. Supposing that you were to go into Clayton's ward, where there is a man lying with a wandering mind and a bewildered stare, a very pale face, and a deep-coloured extravasation around the eyes, and grunous blood issuing from the ears. This man has fallen on the top of his head, and were I to enter upon the case in the hearing of those who were initiated in the doctrines delivered here, I should be obliged to describe the whole structure of the head, and the principles of the entire machinery on which the skull is built. But now, in half a sentence, I can say,—There is an example of the case of which I speak. There is a man with a blow received upon the upper part of the parietal bone, the effect of which is visible on the temporal bone, and in the ear. Or here, again, is a man lying with a fissure in the base of the skull. Would it not be necessary, in lecturing upon such a case, that I should go into the whole anatomical relations of the fissure. I should merely need to say, that here is an illustration of such and such facts, or principles, as I had endeavoured on a former occasion to inculcate. The same thing would avail me in a case of fracture of the humerus near its head, for instance, of which we have an example. On such an occasion I need hardly speak of the necessity of particular appliances in the treatment, such as saying, that if the lower part of the bone be not properly disposed, such and such effects will be produced by the pectoralis major and other muscles. One word will now be sufficient for those who are properly initiated, as I shall take them to be, in anatomical demonstration.

After this preface I shall beg your attention to some diseases of the spine, principally taking up that which is termed "lateral curvature." There is, amongst others in the hospital, a case of extreme curvature, with scrofulous caries of the bodies of the vertebrae; there is also a case of inflammation and scrofulous disease going on in the upper vertebrae of the spine; there is a case of irritation and spasmodic affection of the sterno-cleido-mastoides; there is a case of permanent rigidity of the sterno-cleido-mastoides; and a case of distortion of the head and shoulders. I shall now give you a better series of illustrations of these diseases, to study by yourselves, and to take advantage of the dresser's

book to read an account of the cases. The first is that of Elizabeth Millross, who was admitted so far back as April the 23rd, an indolent girl, who, like many other indolent girls, is the subject of curvature of the spine. The distortion became evident from the circumstance,—remarked by her parents,—of an awkwardness in her gait, and they now conceive that the right shoulder is "out," and so, indeed, when you take off her clothes, and expose the back, you find that the right shoulder is very prominent, that the scapula is elevated,—that there is great protuberance of the ribs and scapula. The "shoulder" in this case is not at all to blame,—but there is expansion of the ribs on the left side, in consequence of a curvature in the spine, below there is another curvature, forming the spine into the shape of an italic S, the cause of which is to be found in the following manner:—An indolent and weak girl, with a constitution disordered by the first attacks of uterine irritation, experiences a pain in the back, and suffers great weakness and languor. To relieve herself from the pain and debility, she "hangs," as they express it in the North, "upon the strong foot,"—that is, the right one, and eases the left one, the result of which is, the twisting of the spine to the right side, and the tendency to curve the whole body in a corresponding direction, but as this cannot take place, it begins to poise itself, producing a second curve in the spine, which second curve throws out the ribs. Here is an instance in a poor girl who died in this hospital from disease produced under these circumstances. The spine is seen to be first inclined to the left side, and then to the right, forming a curve the convexity of which is towards the right side, and the concavity towards the left. Thus the left ribs are drawn together, and, while the whole mass of the thorax is diminished, the right shoulder is thrown out. You thus perceive also how there comes to be an inequality in the shape and position of the pelvis,—the cause there is for the mother or the instructor to observe deformity in that part. All this is the mere result of a defective constitution,—of a constitution irritated by the first changes in the uterus, thus operating, chiefly, in consequence of habits of indolence,—from the want of that activity which I need hardly remark is essential to the strength and perfection of structure. You have an excellent opportunity of observing the truth of this in bones while they are recent. The spine consists not only of bone, but of cartilage and ligaments, with muscles going from point to point. Now the bones do not grow by themselves, nor do cartilage, ligaments, and muscles, but they all belong to one constitution, and fail or become perfect together. Therefore it is quite wrong to talk of an affection of the spine being peculiar to the vertebral bones, or to the muscles, or

the ligaments. The whole substance of the spine in such cases is debilitated, that action which is the great stimulus to its perfection having been wanting during the period of its growth. Hence the basis of health in these parts is activity, and that activity should be directed so as to counteract any tendency to curve in the spine. It must, however, be recollected, that you cannot bend the spine as you would a twig. You must persevere gradually in your attempts to make it grow in a right direction.

The next case to which I shall call your attention is that of Ann Hetchins, ætat. 20, who was admitted on the 9th of September, stating, that about a year and a half ago she was affected with pain and weakness in the loins, after which she lost the entire use of her lower extremities, and soon after was admitted into the *Salisbury Infirmary*, where she continued for six weeks, during which period various remedies were administered for her relief, issued amongst other means being applied on each side of the affected part of the back, but without producing any advantage. At present there is very little pain, and she is comparatively easy when in the recumbent posture, but when made to sit up, she complains of a sense of weight and weakness in the back. Her lower extremities have lost all power of voluntary motion, but sensation is not entirely gone. At one time she had great difficulty in passing her urine, but now that symptom is much relieved. On examining the spine there is a projection backwards of some of the last dorsal vertebrae. The catamenia appeared when she was first affected, and have not occurred since. Her general appearance (says the report) is that of a person in good health. When the extremities are moved, it is apparently without her knowledge. There is no relaxation in the abdominal muscles, no bagging of the belly, and she can tell when her feet are cold, or when cold is applied to the extremities.

Here you have the brief relation of a case of scrofulous caries of the vertebrae, with acute curve of the vertebral column. The first point to arrest your attention in this case is, the formidable contrast which is afforded in it at least to the constitutional weakness, or predisposition to the disease, which existed in the other patient. The disease here is not actually formed in what may be called a vital part. The bones of the vertebrae, especially, are of a spongy and light texture, and are proportionably liable to become the subjects of scrofulous inflammation. There is some little debate among pathologists whether the disease of the spine in these cases commences in the ligaments, in the inter-vertebral substance, — or in the bodies of the vertebrae. On dissection we find that all are affected, and it is a vain speculation to endeavour to determine which of the parts is primarily affected.

We know that the bones, the ligaments, and the cartilage, are the parts of the body most liable to scrofulous action, and in this part they are more intricately combined than elsewhere. It is stated in the history of the case that she had experienced a wrench in the back, or, at any rate, that she had been in the habit of raising heavy weights. Now it is very possible that this may have been the origin of the disease, though I do not quite agree with my friend the dresser, that the patient appears healthy. On the contrary, I should say that a distinctly scrofulous diathesis is marked in her appearance. However, this girl may, by raising weights, thus have given origin to the disease.

Here now is an illustration of the advantage of a (concentrated) school. I am able to produce you a specimen of lateral distortion of the spine, not exactly resembling the last case, but presenting an acute projection, directly backwards, formed by the wasting, ulceration, and absorption, of some of the vertebrae. Pray let this specimen make a due impression on your minds. When these facts are placed before you, I need hardly point out what is the great doctrine for practice which the opportunity of observing them points out. But to return to the case. I stated that there was pain in the loins, and this is a remarkable circumstance; yet it is one which I observe in all these cases, and the reason of it is apparent. The power of motion is entirely gone in the lower extremities, but sensation is only partially affected in them. Sometimes, however, it is entirely absent. On referring to the spinal marrow, you will find that the nerves of motion are so directed, in issuing out from the chord towards the bodies of the vertebrae — that should inflammation take place in the bodies of the vertebrae, it must affect the motor nerves at an earlier period, and to a greater extent, than those of sensation. We observe the fact, and this is the explanation that I give of its occurrence. The circumstance leads to another question. There are persons in London who profess to cure diseases of the spine, and who ridicule the regular surgeon for not attempting an effecting the cure of scrofulous caries of the vertebrae. These spine doctors "cure" the disease by raising the body and stretching the spine. Now does this suggestion offer or not a very important remedy to our notice? Ought you to adopt the same plan in similar cases? It is true that you may lead the patient to believe that you can use fully extend the length of the patient some inches, and having done so, you may report the body at that length by a tape. But what more do you do? You do not raise the surface of the spine, you do not destroy the inflamed parts, you do not destroy the whole of the ligaments, and allow

separation of the vertebræ, and there is actual caries destroying one after another of the vertebræ. Then of what use is extension of the body? I know that it is quite possible to stretch these persons, to raise them up; but what can you expect to follow that raising? There is a large gap, a vast hiatus, between the upper and the lower portions of the diseased bones, so that ankylosis cannot possibly take place between them, although it is to that very process that you must look for the union of the vertebræ, and the mending of the diseased spine. Unless then the parts be kept perfectly at rest, and in apposition, how is it possible that we can expect a cure, knowing for a certainty that a cure never did take place in any of these cases, except through the process of ankylosis? Besides the prevention of this cure, there is also the danger,—though this may be only a speculative suggestion,—of a falling down again after it is raised, and support is removed. I look with horror on the consequences of such a fall after the bones have been thus upraised by mechanical means tending to separate them. The effect of a sudden fall would be not only a new curvature, but an injury of the spinal marrow itself. What then does this quackery mean? It must be productive of great harm if the disease have not proceeded to ankylosis, though it may do *some* good when ankylosis has taken place, by twisting and moulding the upper and lower parts of the body, so as to accommodate them to the fixed position of the ankylosed portion of the column. That is all which these quacks can effect. But suppose a person to labour under this disease, the inflammation to have subsided, the ankylosis to take place, the whole mass, by the solidification of ankylosis, to be strengthened, and the quack then to begin his forcible process of stretching, hoping to do no harm by it, but endeavouring only to cause the upper and lower parts to accommodate themselves to this permanent curvature; even then it should be remarked that he goes to work with the danger of breaking up the long-established connection of the bones, or tearing asunder that union which is not yet bone but only ligament. Thus you perceive that the preliminary cure requires a state of perfect rest. On looking round the hospital, you will see hundreds of instances of disease in which I am sure I do not exaggerate, when I say that motion alone is keeping up the disease of the patient. It is so in all the joints, it is so in ulcers, which are so much trouble, and it is so in ankylosis. So long as a person is kept in this position, there can be no cure, without a corresponding change in the nature, and as there is no incessant source of irritation kept up, motion of the parts diverging from

that centre, it is your business to keep the patient in the horizontal posture, and to have the mattress so moulded to the projection of the spine, that the latter can sink into the former without injury. The patient must be so guarded, that if she moves at all, there should be no motion in the inflamed parts.

The next point for consideration is the treatment by counter-irritation, which it is asserted by some persons does no good, though I am unwilling to admit the correctness of that denial. Counter-irritation by issues may be beneficial, but the greatest portion of benefit is to be derived by attending to the origin of the disease, the defects in the constitution of the patient, and endeavouring to rally its powers to get rid of the cause.

Before I quit this subject, I must make one further remark, because I have seen it stated in a book, that there are no diseases which present a greater variety of forms than affections of the spine. This seems to me to be a very extraordinary statement; but I know how it happens; it results from persons mistaking a sympathetic affection for the real disease. When there is actual caries of the vertebræ, and an actual falling forward of the spine, the symptoms may vary in consequence of the inflammation reaching to the spinal marrow itself, or it may be attended with more or less pain, and there may be more or less paralysis. But people class together fifty different affections under the head of caries or disease of the spine. I do not, after all, however, so much wonder at this, for I can assure you that there is nothing more difficult than the diagnosis where the spine is affected. There is a languid girl, for instance, who, when she walks, has great pain in the loins, and a suspicion arises that some disease exists in the spine. You strip her, examine her, and feel down each process of the vertebræ; you come to a particular spot where there is acute pain, and you say, "Do not deceive yourself; are you *sure* that there is pain at this part?" She will repeat that she positively feels pain in that particular spinous process. Here, then, is an injury, but it is not the disease itself. The principal source of derangement, in by far the greater number of such cases, is uterine irritation. If you place her on her back, and confine her to that posture for months, you ruin the constitution. You are just doing that which excludes all hope of amendment, for amendment depends on exercise and freedom of air,—on the restoration of constitutional strength, and the return of the uterine functions. By following a course of practice not indicated by the disordered uterine action and the pain in the back, as sympathetic of the original disease, you devote the poor creature to a condition in which she lies without a chance of improve-

ment. I have raised up at least twenty young women out of this condition, when they had been from eight to sixteen months in the horizontal posture,—not labouring under disease of the spine at all, but merely suffering from sympathetic pain there, arising from other internal disorder. The original cause is sometimes in the bowels; it may be in many other of the viscera; affections even of the lungs will produce it; affections of the heart will occasion pain in the spine. Pain in the mammae, or disorder in the colon, or disease of the uterus,—all these are pregnant sources of error, producing the very symptoms which may be mistaken for carious disease of the bones of the vertebrae. These are very different cases from those in which I have before described rest to be essential to the cure.

Another case in the hospital is that of Mary Blaymer, *etat.* sixteen years, who was admitted on the 6th of October, on account of a distortion of the upper vertebrae of the neck, which throws her head towards the left shoulder. There is a tumour, extending from the occiput, of five fingers' breadth, down the spine. The third and fourth vertebrae project, but they are only obscurely felt to do so, in consequence of inflammation and hardness of the tissue surrounding the vertebrae, and occupying all the upper and back part of the neck. She cannot turn her head without pain, and the chief motion takes place at about the fifth cervical vertebra; that is, when she attempts to move the head, she turns it on probably the fifth vertebra of the neck, all the upper part of the spine being consolidated. An example of this disease is now on the table, and here is also another specimen, proving what an extraordinary defect may exist in the upper vertebrae. In the summer, says the report, she had rheumatic fever, which continued for four months, and on getting better this swelling began. She has no weakness of the arms and fingers, and never bad: there is occasionally a difficulty of swallowing, or, rather, she has had that difficulty, for it is now removed. She herself attributes the difficulty of swallowing to tension caused by the pressure of the tumour. There is an issue in the neck, and she has taken liquor potassæ, and aqua calcis. Her head is more upright now than when she came into the hospital.

The first reflection that I shall make on this case relates to the long-continued fever. On inquiring into these cases of affection of the spine, you find, for the most part, that it is such long-continued fevers and long confinement that produce this scrofulous diathesis. A course of mercury will produce the same effect. In fact, whatever reduces the power of the constitution below par, will render the patient liable to scrofulous action, from a slight injury done to any of those parts, which, I repeat, are particularly liable

to disease. This case no doubt must appear more formidable to you than the last. Inflammation in the spinal marrow is serious enough; but inflammation in the medulla oblongata, or pressure upon it, must produce instant death. There have been in the hospital some melancholy cases of sudden death resulting from fracture of the spine, and a giving way of the upper vertebrae. It is alarming to find the vertebrae so diseased as you perceive them to be in this case, for the ligaments must also partake of the disease, and therefore the bones are particularly liable to displacement. If a wrench of the neck or a displacement of the vertebrae occurs, the medulla oblongata becomes nipped, and instant death ensues. If pressure be made there,—that part of the nervous chord being the source of all the nerves of respiration—not a word is afterwards spoken, not a breath more is drawn, but death as instantly follows as if an animal had been "pithed."

We cannot, therefore, avoid being alarmed on perceiving such a mass of disease around the upper part of this patient's spine. At the same time, however, it is obvious that there is some interposition between life and the fatal event. It somewhat resembles the disease called "pole-evil" in the horse. There are ligaments connecting the horse's head to the thigh and bursa, and when he is reined up suddenly he is very liable to injure the union of the head with the spine; but, luckily, this occurs not in internal but in external parts, and gives rise to a swelling, abscess, and suppuration. This is a scrofulous disease in the pole of the horse, and I apprehend that the same kind of scrofulous disease may be set up in the human neck, by a sudden wrench, followed, perhaps, by anchylosis of the vertebrae. The disease happens, in such case, externally to the theca, which, you will remember, is very thick. You remember the ligamentum infundibuliformis, the powerful ligament, which, like a funnel, runs down from the dura-mater and occiput to the spinal marrow. It is that which affords protection in this case, and allows the girl to move her head about with a degree of fearlessness which would otherwise make me shudder to see her move at all.

As to the cure of the case, it must be conducted by paying attention to the constant fixing of the part, preventing all lateral motion, and inculcating upon the patient the necessity of avoiding all acts of violence. I hope that if this advice be attended to, time will solder the parts together, producing anchylosis, and that the girl will, as regards her life; but she will, by this, lose all motion of the imperfectly ossified vertebrae at the lower part of the spine.

I make these remarks preparatory

notice of a case which I believe will prove a source of much interest to you,—that in which a woman has an affection of the sterno-cleido mastoideus, which is a very peculiar disease, of which I have seen a great deal; and this again will lead to the mention of another case, in which there is permanent rigidity of the sterno-cleido mastoideus. I shall speak of these patients on another day, and then advert to some interesting cases of disease of the face.

ST. GEORGE'S HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DISEASE OF THE HEART, DISEASE OF THE LIVER, CONTINUED FEVER, AND PALSY,

DELIVERED BY

DR. SEYMOUR,

On Saturday, October 31, 1835.

I HAVE very little to say to you, gentlemen, this afternoon. The fact is that the greater number of cases which remain for me to notice are getting well, and I have spoken of almost all of them to you in the progress of recovery; however, I shall allude to them in their present state, and then I shall speak of those cases of palsy which are in the house, the only cases of any great interest at present here, the others being in a progressive state of convalescence.

OSSIFICATION OF VALVES OF THE HEART (?)—There is a man of the name of Shepherd, of whom I spoke to you last, and who, according to my idea,—but any body may be wrong,—according to *my* idea, is labouring under a degree of ossification of the valves of the left side of the heart, without increased size of the heart, and unattended with dropsy, but it is sufficiently diseased to prevent the proper return of the blood from the lungs to the heart; hence there is extravasation of fluid into the chest, and a very irregular pulse, partly dependent on the state of the valvular apparatus, and partly on the necessary irregularities of the action of the heart in forcing on the fluid. He has been treated for inflammatory dropsy, which I am satisfied never existed.

He had all the symptoms of dropsy in the chest,—difficulty of breathing,—irregularity of the pulse,—swelling of the face,—blue-ness of the lips,—an irregularity in the circulation,—and all this without dropsy in other

parts of the body; proving that the obstruction, whatever it was, was partial, and acted more on the circulation of the blood through the lungs, than on its circulation in the other parts of the body. The blood was freely brought to the right side of the heart, but impeded in its progress to the left side of the heart. I put him on low diet, and gave the infusion of digitalis, with the oxymuriate of mercury, and the tincture of cantharides. He has made, ever since, a large quantity of water—two quarts, or more, in the course of the four-and-twenty hours. The consequence is that the startings in his sleep have been diminished—are gone, in fact; he sleeps quietly; the pulse is losing a great portion of its irregularity, is becoming full, is 84 in a minute, and the man expresses himself as being well. The *prognosis* in this case is dangerous. If the cause remain which produced the effusion into the chest, the patient will probably die suddenly.

ENLARGEMENT OF THE HEART, DILATATION OF ITS CAVITIES, ADHESION OF THE PERICARDIUM (?) FOLLOWING RHEUMATISM, WITH RENAL DISEASE.—Going, then, from that ward into Cambridge ward, there is a man of the name of Foster, who labours under dropsy—enlargement of the heart, with apparent dilatation of its cavities, and adhesion of the pericardium. He had been subject to rheumatic inflammation, which has produced the pathological condition of the heart—the uniform condition which accompanies this disease in general—the pericardium adhering to the heart. Two years elapsed from the rheumatic attack, without his suffering any inconvenience. The heart then began to dilate, and at present it is quite clear that it is so much dilated, that the valvular apparatus of the heart on the left side does not meet and fully close the cavity; hence the blood is forced out somewhat irregularly,—in gushes, as it were, and in larger streams. The pulse is larger, in this particular case, on this side of the heart than it usually is, because the valves are not closed; at least that is my explanation of it; there may be a more scientific one, but that is *my* explanation, and I am only here to teach you my own views.

The remedies employed in this case had the effect of getting rid entirely of the water. He was treated with calomel and opium in the first instance, with a view to diminish any inflammatory action that might be going on in the pericardium. He had some return of rheumatic inflammation, and he was bled. His mouth became a little sore, and I ordered him to take the nitre draught, two or three times a day, with ten drops of the tincture of squills, and a grain of opium at bedtime. The urine was not increased in quantity, and he was then ordered to rub in the squills, in ointment, which is the plan

I am now adopting in some cases, and which has appeared to me, in more cases than one, to be effectual. On the 26th he voided five quarts of urine in two days. On the 27th the anasarca appearance had disappeared. To-day there is doubt whether there is any fluid remaining at all. The heart is permanently diseased, and, consequently the prognosis is unfavourable. It does, however, occasionally, happen, that after having got rid of the fluid, and having reduced, in some degree, the inflammatory action, the patient does well, and goes on without feeling much inconvenience. At all events these are chronic cases, and admitting of great relief. This patient likewise labours under disease of the kidneys; the urine coagulates very strongly—another unfavourable prognosis. He is not able to retain his water for any length of time.

HYPERTROPHY OF THE HEART ?—A patient of the name of Ingram also labours under disease of the heart, but in a different way. He does not appear to have suffered from rheumatism, and his case is called, according to the language of the day—I will not say the *jargon* of the day, from fear of giving offence to any body,—but according to the *language* of the day, “hypertrophy of the heart.” The heart appears to be enlarged, and the walls are greater in proportion than its cavities; and it is in this way that secretion is produced and dropsy takes place. This patient's case is the reverse, in some respects, of what we saw before,—both, however, labouring under disease affecting the valves of the heart,—the one with an increased, and the other with a diminished flow of blood through them; and, consequently, in the one the pulse is small, the converse of that in which a large quantity of blood is sent out from the heart. The same thing, as to the small stream of blood to the vessels, takes place, where any obstacle to the circulation arises, as in aneurysm of the great vessels; more particularly where it appears to be aneurysm at the bifurcation of the aorta. In all those cases the disturbance in the chest is very great. I have often quoted to you, you will recollect, the case of a little boy who died here of rheumatic pericarditis, with an enormously enlarged heart. He had been four or five years the subject of the disease. He had various paroxysms before his death, and you could hear his heart beat as you went up stairs; but the pulse in that boy was always remarkably small. His heart occupied more than a third of the chest, and yet the pulse was so weak that it could not, or could scarcely, be felt. When he died, that was easily explained. The aorta had not grown from his infancy, and the heart had enlarged ten times beyond its natural size. The same

effect occurs here from disease of the semilunar valves.

However, this man's mouth became very sore from the mercury, which had the effect of getting rid of the dropsy, and I think the heart beats with less violence. To-day I ordered him a slight diuretic, combined with a little tonic medicine.

DISEASE OF THE LIVER (WITH ABSCESS?)—There is the case of a person of the name of Mills, in York Ward, which has excited considerable interest. He had laboured under inflammation of the liver, and was attacked with pain just where the lungs and diaphragm meet; he had a short dry cough, with occasional shiverings and sweats; and I was induced to look upon it as inflammation of the liver, with suppuration. Since coming into the house he has lost the pain in his side entirely; he gets better sleep, and, by giving him small doses of magnesia, and sulphate of magnesia, his stomach and bowels have been restored to a healthy state, and his tongue looks a great deal better, but he still labours under a severe cough. To-day he has spit up a little puriform matter. Of course if there has been inflammation of the lower portion of the lung, in consequence of inflammation in the neighbourhood, there must have been some effusion of fluid into the substance of the lung, which would not get well without his spitting up a considerable quantity of mucus; but I still look upon the disease of the lung as altogether secondary; however, as the pulse was quick and rather sharp, I have ordered some blood to be taken, that we may see how far inflammatory action is or is not going on in this part, and, if necessary, to continue the bleeding, watching him. If there be disease of the liver with abscess, as I have supposed, it is of the posterior part of the liver, where you cannot get at it by puncture: but, on the whole, the man's general health is much improved.

COMMON CONTINUED FEVER, WITH ULCERATION OF THE SMALL INTESTINES.—Among the female patients there is scarcely any that I shall have occasion to speak of. There is a little girl on the left-hand side in Queen's Ward, whose case is of great interest, because it affords an instance of disease which at present exists to some extent,—which, indeed, is almost always falling under the care of the practitioner, and which has proceeded very well under the ordinary treatment. It is a case of common continued fever, which is always in this country, and which is an ulceration of the small intestine, to you of this case, you length, when it came in, the much delirium. Sometimes of the face was very hot, a

other was very cold. The abdomen was tender to the touch. The stools were very much like water in which cabbage had been boiled, leaving a deposit at the bottom of the vessel of a glistening appearance, something like metallic antimony. This was attended with very great inflammation of the bowels. The practice was to give her five grains of Dover's powder, and five grains of Hydrarg. cum creta, three times a day, and enough of beef tea to support her strength. Dr. Hore saw her and recommended a blister to the abdomen, which is very good treatment, and castor oil every other morning. Under this very simple treatment, the efficacy of which I can speak to in dozens of cases, the patient is entirely convalescent. But there is always fear of relapse in these cases.

Let us see what is the pathological state of the case. The glandular structure of the intestines, which is always pouring out fluid, partly to shield the bowels from obnoxious matter, and partly consisting of matter which is to be thrown out in the stools, is very extensively diseased. Of course, where it is very largely diseased, there is a constant thin and sanious discharge from the ulcerations. I am talking no romance to you. I have seen those cases of ulceration of the bowels over and over again.

Well, what is the method of cure? Of course you can do nothing in a hurry. You must induce a healthy action of the excoriated surface, and that is done by exhibiting alterative medicine, of a soothing and oily property, which helps to move the bowels at the same time. This is the *modus operandi* of the medicine, and the philosophy of the treatment. We owe a great deal of our knowledge upon this subject to the pertinacity of the French. They certainly overdid the subject, but we improved upon their treatment, and there is much credit due to them.

As the disease advances, however, this may happen. The ulcerations may be more extensive in one part than in another. They may now and then become very deep, and suddenly ulcerate through. I have seen more cases than one of that sort. There was a patient up-stairs, in whom symptoms of this sort came on. Violent sickness occurred on the preceding day; one of those ulcerations penetrated through the peritoneal coat, inflammation of the peritoneum came on, and the patient died, rapidly, from extensive inflammation. You have always to fear some accident of this sort. It is very rare; it may not happen in one case in a hundred, but it may happen. Another

The patient may be about, may be taking food, and then again. What is the result of this? Why that the inflammation of the bowels was in a progressive

state of healing, but the process of cure had not been carried far enough, when something obnoxious was taken into the stomach and bowels, and then the vital parts became more affected than they were in the first instance. There is more heat of skin, more sinking, and the patient is worse than ever. What you have to do in that case is, to endeavour, as far as you can, to cure the disease, and to support the strength at the same time. Here wine may be given, and even nourishing food, with great advantage. Sometimes if the bowels are exceedingly irritable, it is necessary for a time to give injections of starch and opium. Always give castor oil, moderated, as to the dose, according to the necessity of the case. You may give from a tablespoonful to half an ounce, or six drachms. Remember that in women, when they are the subjects of such disease, they are very greatly distressed, because the frame and nervous state of women are more easily excited than those of the other sex, and you must with them, probably, resort to mask and camphor. Some will perhaps say that this is an inflammatory disease, and that you are ordering stimulants. Well, but you are to keep in mind what you are to do. It may be true that you are for the time supporting a very serious injury to a part at a distance, but then you are not relaxing your efforts to cure the disease. I have dilated upon this more than perhaps I otherwise should have done, because at this time there are a great number of such cases, and I am quite sure, from my experience, that if they are treated as the case you have seen has been treated, nine out of ten will do perfectly well, even if you never see them again, should the same treatment be continued long enough. Still, you have always to fear a relapse,—sometimes a sudden fatal termination. I remember having seen two cases in which perforation of the bowels took place from ulceration, just at the time the patient seemed to be getting better. I have seen those ulcerations of an extent varying from the size of a pin's head to a size only a little less than that of the palm of my hand, with large raised edges and sloughs. Such cases, however, in later years, have been more rare; but in one year, when an epidemic prevailed, there must have been as many as twenty-three cases in this hospital, all of which were declared to be labouring under this disease. Latterly we have been very free from it.

I had some drawings, gentlemen, to show you, but the darkness of the evening will not admit of it; I shall, however, take care that at our next meeting we shall have lights, when you will be able to examine them.

There are several cases of "nervous disease," as it is called, now in the house.

There is that unhappy man Noland, who has universal palsy. There is a man in the bed opposite to him, the "sneezing man," as he is called, who labours under a very peculiar state of the nervous system. There is another man, in the same ward, of the name of Williamson, who does not appear to me to be quite right in his mind,—with paraplegia. I think these are the only three cases of importance. I am very fortunate in this respect at present, because in general I have a great number of those broken-down cases.

Now, then, there are two conditions in which you are to look upon the brain,—its functional and its structural conditions. You are to remember, as a general rule, that the functions of the brain may be disturbed to any extent, without any perceptible organic disease. But when there is permanent loss of sensation and motion in any of the limbs, and more especially if it be confined to a single limb, and is not the effect of rheumatic inflammation, it is a proof that there is organic affection of the brain; and dissection shows us, invariably, organic disease of the brain. If a patient is paralytic,—not a young woman, who does not know what the devil she would be at,—her case may be hysteria; but if the patient have paralysis, where there has been a fit, that case is one of organic disease of the brain. Ordinarily speaking, if there be paralysis of a limb and loss of sensation,—and it has come on very gradually, there is disease of the brain. In the great majority of instances, disease of the brain is first shown by some loss of power, or diminution of sensation, in some one or other of the limbs. If a lower limb is affected alone, it is called "paraplegia;" and I believe that the term employed is the same where there is an affection of a leg and an arm, as in the case of our "sneezing" man. If it be on one side only, it is called "hemiplegia." These are common expressions that are used in mentioning cases of paralysis. Now it is a most uncommon circumstance to meet with these diseases, without there being organic disease within the brain. In very old people, simple pressure of blood upon the brain will produce palsy. In those cases, and where the palsy has come on without a fit, it is very easily cured, which is a matter of great importance; but where there has been a fit, and the patient has been deprived of sensation and motion for a long time, and then recovers sensation or motion in any of his limbs, there is generally organic disease of the brain. When the patient has lost the use of his limbs, and that loss is attended with trembling—when he sees double, or when he sees only half an object,—there is great reason to suspect disease of the brain, and such cases are very dangerous; they are dangerous when you

would least suspect it. They may arise from slow disease of the brain, of the nature of scrofulous tubercles, or even what has been termed "softening" of the substance of the brain, which, as far as I know, in the adult, is a disease of the extreme arteries. All these are cases of organic disease of the brain.

When a patient has had what is called an "apoplectic fit," and he recovers with loss of sensation or motion of one limb, you are pretty sure that there has been on the opposite side of the brain an extravasation of blood. Though the extravasation has not been sufficient to destroy life, it has remained there; the red colouring matter which it contains has been absorbed, the mass of matter has been, as it were, drilled through with small holes, and remains there doing no harm. That I think is the most common cause of palsy; and the case is called "recovery from apoplexy," though the limb still remains impaired. Sometimes we have extraordinary instances of this. We had a very extraordinary case of it in the hospital the other day. A man tumbles out of a gig and gets a violent blow on the head, or a severe fall,—or, like a friend of ours in the hospital the other day, he gets a devilish good licking, and becomes paralyzed. There was a man twenty-five years of age, a prize-fighter, who got what is called "a belly-fall," or, as I should rather say, a "head-fall," for he came into this hospital perfectly paralyzed in all his limbs. He did not see double, nor did he see half an object; his mind was perfectly undisturbed, nor was any portion of the body more affected than the other. I looked upon this as a case of congestion of the brain, or such an injury as to cause a larger portion of fluid than natural to enter the brain,—not enough to destroy life, but sufficient to interfere with the proper functions of that organ. When he came under my care, I cupped him every six weeks from the back of the neck, took a small quantity of blood from him, gave him calomel, applied a blister to the spine, and dressed it with mercurial ointment, and in the space of little more than two months he was able to walk about. He then began to move his arms, and after a progressive state of improvement he went out by his own desire. I have no doubt that that treatment, if it had been kept up, would have entirely cured him; but I have no idea that his was a case of organic disease of the brain—it was a mere case of extravasation of blood.

Well, then, as to Holland who came in labouring under universal palsy, his arms and both legs were at first as nothing alive but his bowels. At that time the functions of the brain were disturbed. I took blood from him, as in the other case; put

and put a succession of blisters on the spine, which I dressed with mercurial ointment. He became a little better, and I then left off this treatment, which was pretty severe. He was, however, still a good deal affected, and upon a consultation with Dr. CHAMBERS, it was agreed that I should give him the tincture of cantharides, and he has, consequently, been taking thirty drops three times a day for two months. It has produced no strangury, and he makes more water now than it would appear he has ever done before. Whether that may have stimulated the sacral nerves I don't know, but I dare say it did, because by stimulating organs you sometimes stimulate the parts on which they are depending, or which depend upon them; but be that as it may, he has recovered the use of his arms, as you may see, and he is fast recovering the use of his legs also.

Now I look upon the two cases I have just mentioned, not as cases of organic disease of the brain, but as cases of effusion of fluid into that organ. I cannot believe that they are diseases of the brain itself, because, if they had been, I do not think I could have cured them.

There was a young gentleman about this house—a young physician—and his case will illustrate to you how these affections go on—who had headaches; his stomach was out of order, and he thought it was devilish odd that every now and then he saw double. He went to Mr. ALEXANDER, whom he consulted, and Mr. ALEXANDER said it arose from the state of his stomach. He next went to Dr. MAYO, and I think the Doctor had some sort of suspicion that it had something to do with some previous venereal attack. Then he went to another gentleman who recommended him to take steel. Then he was ordered to ride on horseback. Then some other gentleman called his affection “hysterical.” I don't know how venereal and hysterical affections agree together, but, however, we were all at a botanical lecture here one night, when the late Mr. BURNETT was with us; and we all went into the next room, and were very merry,—the young physician as merry as any of us,—but he was found dead in his bed next morning, from effusion in the brain. I believe there was no organic disease of the brain in his case, but only a disposition in the vessels to pour out blood. Why it is so I do not know, but palsy occurs from simple effusion of fluid into the brain, which fluid may itself be got rid of, and the tendency to which effusion may be got rid of also.

These diseases of the brain advances sometimes there is no palsy at all, but there is often death, but there is often recovery. These cases are very little short of the cases I have just mentioned. Such cases are very common, and you may see every twenty four hours in the patients in bed, forgetting

themselves. I remember having been called up two or three years ago to see a gentleman who had consulted Sir BENJAMIN BRODIE, and who had some pain in his head, and who told me that he sometimes forgot himself. I was very much fatigued at the time of my visit, but this circumstance of his forgetting himself weighed much upon my mind. He said he was going into the country, as he had been recommended to travel. I called next day, and said to his wife, “I should not advise your husband to travel. It strikes me, that this loss of thought, which he has mentioned to me, is more dangerous than you seem to think it. Take him out of London to a place where he can have just enough of company to amuse his mind, and keep him as quiet as possible.” She did so, and I saw him no more for above two years. I was afterwards called in to see him again, in consultation with Sir HENRY HALFORD, and he was then raving. He is now in a state of confinement. Now this is a case in which you see disease of the brain gradually creeping on.

Some years ago a gentleman consulted me about some obscure pains in the head, attended by some absence of thought. I suspected that organic disease was going on in the brain at the time, and I told his family so. He got a great deal better. He consulted me again three years afterwards for diarrhoea, just at a time when he was going to get married. I suppose he thought diarrhoea an inconvenient thing on such an occasion, for that was what he complained of, and of that I cured him. Two years afterwards I was sent for again, when I found him perfectly sensible, but looking very ill. He was sick occasionally, and complained of pains in the region of the liver. He had taken mercury and employed leeches. I saw him first with Dr. NEVISON, and next with Dr. CHAMBERS, but he was no better, notwithstanding all that had been tried. His father then said to me, “Do you remember an opinion you gave five or six years ago, that he had disease of the brain?” The circumstance recurred at once to my recollection, and I said that I did remember it. In about three months after that time my patient had paraplegia; he lost the use of his limbs and died, and no less than five serofulous tumours were found in the brain. This was a very remarkable circumstance, and the case altogether shows how long such affections may go on, without ending fatally or producing very characteristic symptoms. There was no affection of the mind in this case. The mind was clear and unaffected up to the last day of his life. Even the mind of the man whose head was beaten to a jelly by his antagonist, was clear and unaffected throughout. In the case of the young physician of this hospital, the mind was as collected as possible up to the

last moment. Reflect, then, on the one hand, how often it happens that the mind is disturbed without organic disease of the brain, and how often it happens that organic disease goes on without what you would take to be corresponding derangement of the functions of the mind.

With regard to the treatment in these cases, that must vary very much. As to the treatment of the patients who are now up-stairs, it has been very similar in all of them. There are various remedies for palsy, after the cause of the disease is at an end. In the first train of cases in which there have been fits, and the patient remains paralytic, local stimuli, and setons on the neck, a succession of blisters, and stimulating the parts with electricity and strychnia, are recommended. Such cases I find to be best treated by blistering the spine, and dressing the blistered surface with mercurial ointment. By that treatment I have seen a great many obstinate cases really recover; but it is one that it is difficult to pursue in private practice, because it is so very painful. I think also that cantharides is useful, and it strikes me that electricity might have often a good effect. With strychnia I can do no good. I have tried it in fifteen or sixteen cases, but I do not think I have ever derived the least advantage from its use. The most effectual remedy is the blistering, and the next is electricity. Another plan, particularly with aged persons, is that of taking away a small quantity of blood by cupping, six or eight ounces every fortnight or month, and keeping the bowels open.

Now, gentlemen, this brings me for the present to the conclusion of what I have to say to you of paraplegic cases, and the treatment of disease of the brain. There is really little to be done in them. However, I shall be able hereafter to illustrate my views farther, by a reference to other cases in the hospital as they occur. Our old gentleman I do not expect will get much better; but Noland, I think, will, as well as the man from whose head I have endeavoured to produce a discharge. He is now getting better, and that discharge is in effect the same as if a seton had been applied. You are thus keeping up a constant discharge by the use of mercury, effecting a considerable drain from the vessels that supply the head, and, probably, coming nearer to the seat of injury than you could approach with a seton. There is one thing to be observed with respect to the use of setons in hospital practice, and that is, that they are apt to be attended with erysipelas, and therefore I never order them. I am sorry to have brought you out such a night as this; but next time we may have a finer evening, and then we shall have lights, and perhaps more curious cases to bring under your notice.

LECTURE

INTRODUCTORY TO A COURSE ON

HYGIENE,

OR THE PRESERVATION OF

THE PUBLIC HEALTH,

BY

WILLIAM FARR, Esq.,

SURGEON, LONDON.

Delivered October 28th, 1835.

GENTLEMEN,—The subject of *Hygiene*, as far as I know, has not yet been treated in a course of lectures by any one in the metropolis; consequently the attempt which I am this evening about to make, presents more than the ordinary difficulties of a first lecture, and must plead for the exercise of more than an ordinary degree of indulgence. Instead of entering directly on the matter of the course, as should be done, were the general nature of the subjects to be discussed thoroughly comprehended, I shall after examining the history of Hygiene, endeavour to lay before you an outline of the whole course, and direct your attention to some illustrations which may enable you to appreciate, at their just value, a few of the points of view from which we are about to examine Human Life.

"Hygiene" is a naturalized French word, taken from the Greek *hygieia* or *hygia*, health. In its present form it is not, as Dr. Fournier has judiciously remarked in his "Bibliography," very agreeable to the English ear; and I should have adopted the term *Hygiology*, but from the dread of attempting two innovations. It is considered equivalent to *the art of preserving health*; and while the exercise of *Therapeutics* restores the sick to health, *Hygiene* is said to teach how life is preserved. Life is valuable,—“All that a man hath will he give for his life,”—and health is a blessing which sweetens every other joy, or bears men up even against misery; so when private individuals only are considered, health and the extension of existence should be the primary objects of Hygiene; to be attained at the expense of almost any sacrifice. Every member of the body may be lost, all its form and loveliness may have perished around it, the intellect itself may be gone, and man may remain,

“Sans teeth, sans eyes, sans taste, sans every thing,”

and yet may it be our duty to protract existence to its utmost span. Even a destitute individual, in a wretched condition, nothing but the intellect of every necessity, except the inevitable morbid heart, to survive which—to s

solemn duties, friends, country, or truth, for life, and so, *propter vitam perdere causas evitandi*,—hygiene itself offers no incentive.

Although the preservation of health and the prolongation of life are the great objects constantly to be kept in view in private hygiene, they are subordinate in public hygiene, where nations are considered to the higher end of developing the human faculties, and raising them to their greatest possible degree of organic perfection. Regarding mankind with a general eye, would an intelligent being desire to see a feeble, imbecile, effete population, vegetating through an antediluvian age of some eight hundred winters; or would he attempt to call forth all the energies of humanity, to flourish for a few years or generations, and then to ebb with terrible revulsion? Would he not rather seek to temper the intensity of life, so that, when multiplied by time, the greatest possible sum of vitality might be produced?

"Hael," the Saxon root of "Health," implies *strength*—hence we have "a hale man;"—and "Healer" was a bestower of Health. "Physician" and "Saviour" were translated by the Saxons "Healer." In speaking of the preservation of health, I wish health to be understood as implying not only that smooth course and equilibrium of the functions which is now commonly indicated by the word, or the state to which patients are restored after sickness,—but the *strength* and continued energy of the mental as well as the muscular system. "Cultivation" would be a more appropriate term than "preservation;" as the latter implies only *continuance*, while "hygiene" employs all external influences, and all our knowledge of the organs, the functions, and the habits of the human economy, not merely for its *preservation*, but for its *improvement*.

The true object of hygiene, then, is to increase the *sum of vitality* by extending individual life to its full term (averting death); by obviating sickness; and by increasing the energy of all the vital forces, whether nutritive, formative, locomotive, or sensitive and intellectual.

A history of life, of the natural and supernatural means which nations and legislators have employed for its preservation, the plans proposed by enthusiasts, and the valuable precepts which medical men and philosophers have successively deduced from the observation and experience of mankind, would afford us abundant instruction; as it would show the human mind at issue with a problem of the greatest importance, and the highest speculation.

My first step, however, will be directed to signalize the cultivators of hygiene; and to refer for more information on the subject than can be given in these lectures,—and to guard

against some false doctrines, which float like warning wrecks on the surface of its past history.

Egypt was considered by the ancients to be the seat and source of medicine. The observance of great bodily cleanliness, strict regimen, mild diet, from which the use of several animals was proscribed; vomiting, purging, and fasting, for three days successively every month; and a simple, invigorating education, inuring the youth to hardships,—these were some of the doctrines of the Egyptians, and formed part of their laws. Physicians were included in the learned class, constituting one all-powerful priesthood, to whom a third of the land was allotted. They practised their art for the advantage of poor and rich indiscriminately, their endowed riches raising them above the necessity of requiring fees. In the time of Herodotus, it is said, the plague was entirely unknown among the Egyptians, many of whom attained a great age.

The four last books of the Pentateuch unfold a great system of hygiene, not constituting a mere philosophic unapplied theory, but enforced by legal sanctions, and carried out in practice to the very letter of its enactments. Moses was learned in all the wisdom of the Egyptians, and adopted several of their practices; but together with the great idea of emancipating his countrymen, and carrying them from a land of bondage to a land overflowing with natural riches, came many profound principles of truth, resulting from the study of the moral and physiological condition of mankind, and a thorough knowledge of the external circumstances—of the country—the wilderness,—through which people were to be led. On account of the relation of miracles mingled with the narrative of Moses, some persons object to references being made to the Pentateuch; or to considering it as historical authority for scientific truths; but internal and circumstantial evidence proclaims its authenticity too strongly to justify the rejection of the facts which it contains, whatever differences of opinion may attend their interpretation. VOLTAIRE says that every thing about MOSES is supernatural: "Chaque peuple a ses prodiges, mais tout est prodige chez le peuple juif." After examining the records collected in the Pentateuch, the manners and the style of the Arabs, and all the other attendant circumstances, I think you will come, if not with WARBURTON, at least with MÜLLER and ROETTECK, to a different conclusion. I shall here assume that the facts are historical, and proceed to develop a faint outline of the Mosaic system of Hygiene; important, because it is the first recorded with detail, and because of the mighty principles it involves. The great theological system revealed by MOSES, I am neither qualified nor called upon to discuss;

in hygiene we have only to do with the physical facts.

MOSES, after carefully distinguishing the contagious diseases of the Israelites, commanded that the infected should be isolated.—In *Leprosy*—a cutaneous affection allied in character to Tubercular Elephantiasis—the suspected man was brought to the priest, who pronounced him “unclean;” or, if there were any doubts, shut him up for seven days, until the symptoms of the case became well marked. The “unclean” were put without the camp, and only visited by the priest: their clothing was burnt. When the people possessed settled habitations in Canaan, unhealthy houses were directed to be examined, and “scraped within and round about,” the dirt thus taken off being carried out of the city to an “unclean” place. The worst buildings were to be entirely broken down and removed.

In the disease of *Gonorrhœa*, the identity and antiquity of which, will, I think, appear indisputable to those who read the 15th chapter of Leviticus, every thing and every person touched by the patients, was declared “unclean”—to be set apart and purified by washing. Seven days of purification were prescribed for the cleansing of the impure person; who afterwards offered before the congregation “two turtle-doves or two young pigeons.” The minute regulations on this head deserve your attention; so do those relative to the menstruation of females, to their purification, and to cohabitation, particularly in the East, and among the Arabs. Circumcision, still practised among the same races, and, in some tribes, upon females, was intended to promote cleanliness; perhaps to prevent some diseases of the prepuce; or to obviate phymosis and paraphymosis. It was performed on the eighth day after birth; and often must have destroyed the most weakly children, who would bleed to death, or die convulsed: at least such a result has sometimes been observed among the German and Polish Jews. “A bloody husband,” said ZIPPORAH to MOSES, “art thou, because of the circumcision.”

Animals were allowed for food, but a great many species were prohibited. “Whatsoever,” says the Jewish law, “parteth the hoof, is cloven-footed, and cheweth the cud, ye may eat:” swine were excluded because they did not ruminate; coney and hares because their hoof was not divided. The prohibition of hares would recall to mind the modern Game Laws, were it not in conformity with a principle; and did we not know that Moses always carried out his principles to their most rigorous consequences. Birds of prey, “whatever in the waters hath neither scales nor fins, whatsoever goeth upon its paws,” and all flying creeping things, except locusts, grasshoppers, and beetles, were forbidden. The lat-

ter flying creeping things were, probably, not unacceptable in the wilderness. The ox, the sheep, the goat, the deer, and the chamois, were orthodox food; in fact, the classification excluded few animals which we now eat, except swine, hares, and rabbits. Everything that “dieth of itself” was pronounced inedible; and the blood of all animals was to be poured out.—“Ye shall eat the blood of no manner of flesh; for the life of all flesh is the blood thereof” *Lev xvii, 11*. Blood is rarely taken by Europeans, although it is drunk by some carnivorous animals and savages. It is not very palatable, but I am not aware that blood is indigestible. Some think that this enactment was intended to prevent cruelty; in support of which, BRUCE relates, that somewhere in Abyssinia, the fierce nomads drive their cattle and cut steaks from them as they are needed; but this very much resembles MIZELN’s story of the goose.*

The enactments relating to marriage, which are now adopted in Europe, were founded on the physiological law, that a degenerate offspring results from the intercourse of animals which are nearly related; and that a proper mixture of alien blood, can alone give birth to an untainted and vigorous race. Cons-ins and near relations, by being brought into contact when young, and when the affections are opening, too often lay the foundation of matrimonial alliances which infringe upon the general laws of Hygiene. What would have been the result of allowing the connubial union of nearer relatives? The denouncements of adultery, which was punished by death, and the strict investigation of virginity, disapproved promiscuous intercourse,—destructive of the bonds of families, calculated to yield a degenerate spurious issue, and likely to involve nations in exhausting pernicious diseases. Such a restraint was necessary, and justified by the truths of physiology, as, in the language of BEAUMARCHAIS, man is the only animal “qui boit quand il n’a pas soif; et qui fait l’amour en tout temps.”

The Levites (the priests or learned caste) were the medical advisers of the people: they were remunerated from the tithe, and received offerings on recovery. JENOVAH himself was his people’s physician; and on condition of their hygienic and religious obedience, declares, “I will take sickness away from the midst of thee; the number of

* Animal food is so abundant in some parts of South America, in Chdi, for instance, that it is not uncommon in that country to kill a large beast for the sake of the single meal of a few pounds, which a few travellers can make use of. The rest of its carcass, the remainder being too small to appease the hunger and desire of the natives, which are less delicate than ours, when flesh has been for some time exposed to the heat of a climate which is not very temperate. The statement of Bruce may have been correct.

thy days I will fulfil"—the great aims of our art.

Moses, assisted by the princes of each tribe and the High Priest, made two enumerations of the people, distinguishing "their families by the house of their fathers, with the number of their names, every male by their poll, from twenty years old and upwards, all that were able to go forth to war in Israel." The first census was made by assembling the congregation together on the first day of the second month, in the second year after they were come out of Egypt: 603,550 males above the age of twenty were enumerated. The force of each tribe is stated; the Levites, a month old and upwards, amounted to 22,000; the first-born of all Israel to 22,274. The males above twenty in western Europe constitute about a quarter of the total population, so that 600,000 males imply a total population of 2,400,000. Many believe that there is an error in this enumeration, but it is not necessary to examine the arguments on either side here; I only call your attention to it as the first census recorded, and to the fact that Moses employed this enumeration of the males of twenty years old and upwards, as a measure of the strength of the population at his disposal.

Before him were the thousands of Israel reluctantly torn from slavery, debased in intellect, and corrupted by circumstances, but now safe from Egyptian pursuit. Let us ask "what was the hygienic problem which Moses had to solve?" His great and avowed purpose was to put the Israelites in possession of Palestine, already fenced with walled cities, and guarded by a warlike population; the difficulties to be overcome were the traversing of an uncultivated but not extensive desert, obtaining supplies of food, and converting a race who were rendered dastardly and feeble by bondage into the warlike progenitors of an exterminating people, to extend its numbers from Lebanon to the Euphrates. Led to action in the first year, the unwarlike combatants, affrighted by the Egyptians, and easily turned aside by other small tribes, were driven back by the Amorites, like swarms of bees. Moses, from the moment of that defeat, devoted the entire generation to death in the "terrible wilderness," where pestilence, thirst, and hunger, in the course of forty years, destroyed all that bore arms (above twenty years of age), and only allowed the stronger children to grow up for the purposes of war, disciplined by the Mosaic laws. In the accomplishment of his purpose, the lawgiver spared no lives: at the hands of his own people were slain the conquered tribes were plundered, their riches were appropriated to the men only, who had not families, were spared to augment the number of children. Notwithstanding the

waste occasioned by death or war, on numbering the Israelites a second time, at the expiration of thirty-eight years, the great legislator records with dignified satisfaction, that the males of twenty years old and upwards still amounted to 601,730, animated by a very different spirit, and a far higher degree of vitality, than languished round the whitened bones which were sleeping in the desert. With the prophet called to curse them, gazing on one hand over the country they were about to possess, on the other over "Israel abiding in his tents;" his enraptured lips might well exclaim, "Who can count the dust of JACOB? How goodly are thy tents, O JACOB! and thy tabernacles, O Israel! As the valleys are they spread forth, as the cedar tree beside the waters. God brought him forth out of Egypt. He couched, he lay down as a lion, and as a great lion, who shall stir him up!" Thus Moses left the Israelites, a numerous nation, raised by great principles, a system of laws, and hygienic adaptations from slavery, and perfectly fitted to its great destiny; and thus he accomplished one of the most interesting physical regenerations recorded in early history. In contemplating this mighty work, shadowing forth preconceived ideas, and the result of theoretical principles, rigorously and sometimes cruelly enforced, the fugitive herdsman of Jethro, on the volcanic Sinai, standing before a rebellious people, and viewed with an enlightened philosophy, must remain for ever sublime in character, as he was conceived by ANGEO.

Turning now from Egypt and the southern shores of the Mediterranean, let us direct our attention, northwards, to the coast of Asia Minor and Greece, where the first temples were raised to ESCULAPUS and HYGEIA, and where human culture developed to a high degree all the physical and psychological powers of our nature.

The constitution of Sparta, founded on simple principles, and professing as its determined purpose, the development and equal distribution of physical strength and vitality among all the citizens, presents another remarkable example of the influence of hygienic agents on races of men. Some degree of uncertainty hangs over the early history of Lacedæmonia and that of its lawgiver LYCURGUS. We do not know in what precise hygienic condition he found and left that people; but it is almost certain, that after journeying several years, studying the laws of Minos, comparing the effects of Cretan simplicity with Ionian luxury, and making himself acquainted with the physical condition and the philosophic doctrines of the surrounding nations, LYCURGUS returned to Sparta, and established a new legislation, founded on education, which he looked upon "as the greatest and most glorious work of a lawgiver." The children were taught to endure labour, to fight, and to

conquer; they were lodged in the country; went barefooted, played naked or wore one upper garment, and slept together on rushes. They were fed on coarse spare diet, exposed to alternations of hunger and thirst, bodily suffering, and fatigue, and practised severe gymnastic exercises. After an animal is born, its character and nature are cast and fixed. So the education of LYCURGUS began before birth. He sought at its source and root to fashion the Spartan race in the iron mould of his system; for this purpose he first reduced, according to ARISTOTLE, the women to some rule: "he ordered the virgins to exercise themselves in running, wrestling, and throwing quoits and darts; that their bodies being strong and vigorous, the children afterwards produced from them might be the same. At certain festivals they sang and danced, unapparelled, but with all modesty, before the fathers, the young men, and all but the mocked and scorned bachelors of the city; and, to use the expression of PLATO, drew the young almost as necessarily by the attractions of love, as a geometrical conclusion follows from the premises. On marriage, the bride was carried off by violence; and only seen illicitly by the bridegroom, neither oppressed by wine, nor enervated by luxury (*Plutarch*). The father could not rear his own offspring before he had carried it to the elders; who, if the child was strong and well-proportioned, left it with the mother, and gave orders for its education by the state; but if it was weakly and deformed, commanded it to be thrown into a deep cavern near the mountain Taygetus. The women, too, washed their new-born babes with wine, to try, *PLUTARCH* correctly adds, "their habit of body; imagining that sickly and epileptic children would sink and die under the experiment, while the healthy would become more vigorous and hardy." The public education began at the age of seven years. For further details on the Spartan education, I must refer to *PLUTARCH*, *XENOPHON*, and *PATW*. These outlines present a picture sufficiently revolting to the better feeling of this age,—to us of the nineteenth century, who send foundlings to hospitals, nurse scrofulous infants, and educate the children, even of the labouring poor, in workhouses. Yet revolting as this system seems, it formed *LEONIDAS*, and the three hundred who fought and died at Thermopylæ "to obey the sacred laws of their country." It was founded on physiological laws, and realized at a great expense of suffering and life, the idea of *LYCURGUS*, in producing a chosen nation, endowed with extraordinary energy and an uncommon degree of vitality.

This investigation of the hygeinic legislation of the Hebrews and the Spartans, appears to me to preclude, to a certain extent, the necessity of further historic inquiry into

the hygeine of ancient and barbarous nations, for their institutions embody the practices not only of the early, but of the modern uncivilized nomad and fixed tribes which are scattered over the earth, and present them in a tangible, but improved and refined system. Hunger and necessity exposed the North American Indian to the hardships and dangers, the alternations of heat and cold, the inanition and fulness which the Spartan laws enjoined; the Indians were taught manual dexterity; their eye and senses were keen; they too could endure corporal suffering, and smile in the very pangs of death; they also disciplined their women, and abandoned their weak children. And so it was not only in North America, but in South America, and among all the vigorous races of savage men which we now call "barbarians."

In order to understand a system which attempted to augment the sum of a people's vitality, by eliminating and pruning remorselessly away all the weak shoots, imagine 1800 children born on the same day at Sparta. They are taken before the elders, and a certain number are rejected; those that are strong and well-proportioned are carefully educated, and their bodies are tempered by discipline to the circumstances in which they are destined to move; after the expiration of twelve years, only 1000 remain. Now conceive the same number 1800, born in a neighbouring city, where the circumstances are nearly the same, with the exception that all the weakly children are tenderly brought up, till they are driven by necessity from their parents' arms. How many of such children would be alive at the end of twelve years? Not all, but probably more than 1000; more lives would exist than at Sparta, but the vitality of many of these saved children would be feeble, their lifetime would be impaired by sickness, and afterwards, in youth and in manhood, they would be swept away by the implacable severities of a rude and uncivilized state, if these were not by some accident averted. If they lived to possess offspring, and that offspring extended to three or four tuberculous, scrofulous, enfeebled generations, their proportion would be augmented; while organic debility was weeded from the Lacedæmonians, the North-American Indians, and vigorous barbarians, in its germ, by the laws, and by the stern discipline of nature.

The Russians, in an extreme climate of rapidly alternating heat and cold, still bathe their young infants in the cold rivers, and then bring them suddenly to the warm stoves, to harden their constitution, according to Russian writers. I shall prove, by experiments, and the relative mortality of infants in the warm and in the cold, that extreme cold destroys the vitality of blooded animals; whereas, the cold-baths are a substitute for both the Spartan exam-

our Gallic neighbours in the use of their "Eau de Vie," in every case of recent injury. When, indeed, there is danger of a loss of vitality through gangrene, we may apply a firmentive cataplasm of yeast to the wound, and bathe the surrounding parts with the brandy aforesaid; but as this state of things is the inevitable consequence of previous and too violently increased action, running into mortification, the surgeon will use every gentle means that mercy can devise to prevent such a catastrophe, the best being found in proper agents to allay heat, which spirit or brandy would create and excite.

Page 382 of Sir Astley Cooper's "Treatise," contains his "general directions for the treatment of compound fractures of the fore-arm," which run thus:—"The arm should be supported upon a splint, so as to be kept perfectly free from motion." And I should for the same reason place the arm, the leg, or the thigh, upon a soft pillow. What! rest a sore limb on the narrow line of a splint board? Bid me repose on the bars of a gridiron! To think of keeping a limb "perfectly free from motion" there, is absurd. If you wish your patient *not* to be easy, *not* to enjoy repose, nor to keep his limb still, lay it on a splint. Again; "evaporating lotions should be applied;" but of what use can they be when the immovable bandage confines the hot vapours close around the limb? "And the limb should not be disturbed,"—true, but foreign aid creates more disturbance than the injury itself,—“unless the patient has symptoms of a suppurative process, when a small opening should be made in the bandage, to allow of the escape of pus, but still the bandages should be suffered to remain,”—that is, all must remain in *statu quo*; no one must examine the seat of injury. Like the man with the iron mask, every feature of the disease must be hidden from scrutiny, the masked party himself not daring to remove the dressings in which his limb is incased. "The bandages are suffered to remain." The patient treated in this way, finds that he has much to *suffer* besides the bandages. "The patient should be bled from the arm if the inflammation and constitutional irritation be considerable." "Certainly," said I, two years ago, after perusing the "Treatise," and transcribing the passage, in the excitement of the moment I added the following remarks:—"If it was, for some unknown reason, a *desideratum* to produce local and constitutional irritation, and to urge on that irritation to active inflammation, I know of no plan of treatment so likely to produce those mischievous effects as the above-recommended long-continued pressure on a pierced, lacerated, and fractured limb, where the natural sensibility is vastly increased by diseased action."

I now retrograde to page 173 in the

"Treatise," which relates to fractures of the lower portion of the thigh, *in the joint*. The treatment is thus described:—

"The limb is to be placed on a pillow in the straight position, and evaporating lotions and leeches are to be used, to subdue the swelling and inflammation. When this object has been effected, a roller is to be applied around the knee, and a piece of stiff pasteboard, about sixteen inches long, and sufficiently wide to extend entirely under the joint, and to pass on each side of it, so as to reach to the edges of the patella, is to be dipped in warm water, applied under the knee, and confined by a roller. When this is dry, it will have exactly adapted itself to the form of the joint, and this form it will afterwards retain, so as best to confine the bones. Splints of wood or of tin may be used on each side of the joint, but they are apt to cause uneasy pressure. In five weeks passive motion of the limb may be made, to prevent anchylosis."

In the first part of the quotation I only glean negative support for my pillow mode of curing fractures; but new light soon breaks in upon my plan,—original with me, because twenty years ago I confess at that time I had not read Pott, from the first day to the last of my attendance on a case of fracture, no other basis was employed on which to rest the limb, but a pillow and the bed, nor other restraint used than a bandaging nor other means than lotions, to accomplish a cure.

The case of Sir Astley is one of the worst of fractures, and as it is a most painful one, the limb is directed to be placed on a pillow, with a piece of pasteboard sixteen inches long and of goodly width, *interposed between it and the injured joint*,—a splint in a modified form! Venerable fathers of surgery, who have departed, just look over your shoulders, and see what a motley group ye have travelling behind ye! *Plaster-of-Paris dealers*, looking for orders to incase immovably straight a fractured limb; *carpenters*, with their boards and glue; *leather-makers*, with japanned splints; *ironmongers*, with tin splints; *blacksmiths*, with iron-plate splints; *Madons*, with cane splints (better be applied to some backs than broken legs); *sailors* from the Arctic seas, with Martin's whalebone splints; *milliners* with pasteboards, for Sir Astley's splints; and *breeches-makers*, in the rear, with straps and buckles to bind the broken ends of bones together. How many more I cannot stop to say, for really this system ought long since to have passed the rubicon of humour and railery, and journeyed into oblivion. Had the words "directed fractured limbs to be placed on pillows, without a splint" been the authority would long since have banished my puny efforts to banish the system needless. Had Sir Astley pulled

his patients, as I do mine, I should not now have been attempting to do my best to save future painful throes to those whose nerves are racked with pain in and out of hospitals under the torture of tight bandages and hard splints.

"But, perhaps," say some, "the splint is padded, and the pasteboard is wetted, therefore they are soft and yielding; what harm, then, can they do?" I ask, "What good can they do, which the simple pillow would not effect? Are you not thus striving to approach the pillow mode? You have relaxed a little, and softened down your treatment, in an *extremely painful case*; and if the pillow mode is the best in a desperate case of fracture, how much would it advance the cure in every common and less dangerous case?" Take this syllogism: The application of a pillow is right in the worst and most painful cases of fracture. Why? Because of the pain. But every fracture is painful; *ergo*, every fracture should have a pillow. But Sir Astley recommends stiff pasteboard, macerated in water until it become so much softened as to admit of its being moulded to the shape of the part. I grant that this is the least objectionable of the tribe of splints; but even this is unnecessary, and inflicts a memento of pain, which, even, is injurious. Soaked pasteboard, or light millboard, is only useful to envelop the arm or the leg of a person who must prematurely labour after a fracture. In this way my instructor, a talented surgeon (Dr. John Hughes) of Liverpool, was accustomed to use these materials nearly thirty years ago.

One paragraph respecting the more argumentative reasons why the splint is employed, and I quit reasonings for facts. A judicious writer (Mr. S. Cooper) says, "Hence there is a necessity of employing means for fixing the broken limb so effectually, that it may continue perfectly motionless during the whole time requisite for the union of the fracture." The truth of this I positively deny. It is *not* necessary that any limb, with any kind of fracture, should be kept so perfectly motionless. True is it that Sir Astley Cooper, at page 382 (before quoted), says, "The arm should be supported upon a splint, so as to be kept perfectly free from motion." These latter words are synonymous with "perfectly motionless." They echo the same sense. But in page 97 of the "Treatise," there is a discrepancy with some of the contents of page 382. In a note to that page, speaking of common fractures external to a joint, Sir Astley says the following important monition:—

"The object by saying, that at no time they speak of common fractures, and that of those which are compound. But no one would venture to say, that what is safe in a com-

time to time, that in proportion to that motion is the quantity of callus produced." Of course callus means ossific matter. The more motion, the more bone. Nothing can be plainer. So much for the theory of perfect immobility,—a theory founded on erroneous perceptions. Of course too much motion would produce great mischief, and as to the due quantum, "wisdom should be present to direct it."

Another argument used by the defenders of splints is this, that splints keep the extremities of the fractured ends of the bone in contact. Attend to Sir Astley Cooper's admission on this point; I quote *verbatim*, as in all the other instances:—"When a fracture occurs amidst muscles, those which are inserted into the fractured part of the bone, have generally a tendency to keep the extremities of the bones together, with some few exceptions." Why then use splints? The display is one of false science to effect what nature does by a natural process. If this in the generality of fractures be true, and what good surgeon will deny it? the arguments for splints are a waste of breath, and the simplest mode of cure should be at once admitted in their place.

I shall now aim to prove, that in no case of fracture whatever (that of the radius sometimes excepted), is anything more required than a strapped pillow, with its padding, a tailed bandage, and such lotions and dressings as it may be proper to apply to the surface of the limb. Simple fractures being by far the more numerous, are those with which we shall have most to do. The "exceptions" are fortunately few, and if they attended, as they too frequently are, by desperate and complicated circumstances! cannot be cured, they must, I suppose, be placed in the "chapter of accidents," in the usual way. My theory and practice shall be drawn from *bond-fide* cases,—not manufactured to support views that need the friendly aid of fictitious patients.

CASE 1.—Mr. Moses Crossman, sen., of the village of East Ogwell, in 1819 fractured his tibia by a fall from a horse, or, I rather think, by his horse falling with and upon him. It was a very bad simple fracture, attended with tumefaction and pain. One unfavourable and vexatious circumstance was (too common in country practice) the distance which I had to travel before I could get to the residence of the patient. Although there was much swelling in this case, yet an aluminous lotion and a tailed bandage, with the aid of a pillow and straps, cured this fracture in five weeks, when Mr. Crossman quitted his bed altogether for the day.

At this period, every case of fracture was a battle of words between the friends and

mon fracture must be inadmissible in a compound one. Fracture is fracture; and the nature of either case is the same.

myself, about the non-employment of the splints: in the present case, the Rev. Mr. W——— called in while I was engaged in the remedial operations on the leg. His stay was short. It developed a few questions on the "usual means" of curing fractures, accompanied by a look of contempt at my simple mode, and ended in a sneering sentence, muttered in the door-way, about "dabblers in the art." I only smiled, allowed the ill-bred gentleman to go his way unanswered, and resolved to persevere in my plan of curing fractures with as little pain as possible to the patient, who in this case was a healthy man of forty-five, who, as I have said, soon got well, and prided himself as much after the fracture on his small leg with a light low boot, and fine muscular calf, as he had done before it, and with as good cause.

CASE 2.—This occurred nearly seven years ago, and shall be related at greater length, because more witnesses can be cited to prove the truth of the details:—Mrs. Alsop, about seventy years of age, in the month of April 1829, was placed in great peril by the fall of a stack of chimneys during a storm, which dashed, with the roof under it, into her bed-room. I then resided in the adjoining house. Hearing an indefinite crash, I dressed, and hastened into the street, and soon found my way to the scene of danger. The bed was demolished, and the old lady lay under a great weight of bricks, slates, rafters, &c. On being removed from her alarming situation, the tibia of one leg, and the fibula of the other, were found to have suffered the injury of simple fracture. Mr. Charles Gaye, a surgeon of valued professional ability, whose friendship I have long had the happiness to possess, was also called in; as also was Mr. W. Y. Bond, another surgeon, who usually attended the family, the extent of injury done to the vital parts not having then been ascertained. But as I was first present, the more immediate care of the patient was willingly confided to me by Mr. John Alsop. We (the surgical trio) now formally deliberated on the case, and the best mode of securing the fractured limbs, when the following dialogue occurred.

Mr. Gaye. "Why, Radley? where are your splints?"

R. "I never use any; I have not used any for many years."

Mr. Gaye. "Where is your authority for that practice?"

R. "I have none but my own experience, that splints are useless in fractures."

Mr. Bond. "What! set a fractured bone without splints? I never heard of such a thing in my life!"

Mr. Gaye. "Nor I."

R. "Well, let me have my way on this occasion, and you shall have yours another time."

The concession was granted with a good-

natured smile of incredulity from Mr. Gaye, and a polite assent from Mr. Bond.

Mr. Gaye. "Proceed. We will look on."

Three lengths of tape, each of two yards, were each doubled, and laid on a common feather-bed, and on these straps a feather pillow, beaten smooth, was laid. Boyer would have exclaimed "C'est tout trop doux!" It is all too soft! Pardon me, say I, it is not too soft in any case. A sixteen- or eighteen-tailed bandage, I don't remember which, was laid on the pillow, and the patient carefully removed to the bed, and the most painful limb, that with the fractured tibia, was placed on the pillow. A reduction was then gradually and effectually made, the tails of the bandages were lapped over and over, and the sides of the pillow were brought to the sides of the leg, gently supporting it *in situ*, while the straps became a threefold means of keeping all steady. To support the foot, a piece of tape was sewn to each of the lower corners of the pillow, and tied close underneath the sole, which it supported much easier and better than does the usual "foot-board." My two friends assisted me, with many a humorous wink.

The leg was placed in the straight position, and rested on the calf and the heel. In order to relax the muscles to the half-bent state, or the degree of semiflexion, a large piece of flannel, perhaps a petticoat, is, in such cases, inserted between the pillow and the bed, for the purpose of raising and bending the knee-joint. The leg now presents the usual *declined* plane. The femur is a little thrown towards the pelvis, until the most important of the flexor and extensor muscles of the thigh and leg lie *en ease*. The under surface of the pillow was, in the present case, padded up, here and there, to support the small part of the leg, until the patient, after frequent and cautious inquiries on my part, declared that the limb seemed to lie with an equal pressure on every part. This latter circumstance is very necessary to be observed. Now look at the limb! As steadily supported as a ship resting in the stocks, and yet on so soft a basis, that nothing in it gives pain or uneasiness. What principle of surgery ought to have prevented this limb from lying in so much comparative ease, and the patient from reposing thus quietly? She did repose; and all persons in cases so treated, will repose likewise. All injuries will excite increased action, and produce some degree of heat, tension, and pain. The next morning my patient complained a little, and the surface of the tibia and the fibula of the other leg (treated much in the same way as its fellow) but in a different position, being placed on the bed, were moistened with the lotion above mentioned, much diluted. The skin having previously been sponged with tepid water, the wetted with the lotion above, were

and a hoop, fastened to the sides of the bedstead, supported the bed-clothes on the arch of its space, and prevented them from pressing on the toes or any part of the limb, and aided to keep it cool.

The tumefaction was moderate, as was the pain, because the heat was not allowed to remain confined long enough to produce its exciting effect; and as to other irritating causes, there were none, save that of the injury, the force of which had been very great, and at the end of a week caused great tenderness on the surface, the nervous papillæ being very irritable. *Tinct. Opii, Spir. Vini Rectificat.*, and *Tinct. Hyosciami*, were alternately used, with a pledget of lint, bathing the surface over and over again while any undue heat remained. Invaluable is this mode. The matter of heat readily unites with sulphuric ether, or a strong pure spirit, and flies off. The main point is not to reduce the natural heat of the limb much below, nor let it reach above the natural standard. On this hinge turns the state of suffering or of ease in these cases. Living so near to my patient, I was enabled to attend to this frequently. Indeed, she found the heat, pain, and soreness, thus fly off together so certainly, that I was summoned whenever there was a little return of pain. But the nurse was well able to attend to it, by turning off the tails of the bandage, wetting them, bathing the limb, and replacing the bandage as before. This was done perhaps twenty times in the day and night for a short period, and with the aid of a sedative and narcotic draught at night, and occasional doses of ol. ricini, she made good progress towards a cure. As for the incessant care with which I attended this case, and which, in narration, may seem tedious, to me it was not tiresome, though no one has a greater dislike of vicious irritability in the temper of a patient, excited as it sometimes is by factitious wants. But such a case as this (and there are many such) demanded every care. The patient was a feeble, aged woman, with all the querulousness of numerous years upon her, justifying and amply repaying the frequent treatment of adjusting the pillow by padding here or there under it, or the occasional insertion of a little cotton wadding between the pillow and the leg, for even a *soft pillow itself* will incommode a surface exquisitely tender. The limb was not moved, or only passively (and then moving pillow and all together), when the bandage was remoistened, and the fractured part exposed to view, by which nothing wrong could have been without being seen. But not once did the patient displace the ends of the bone. A small abscess occurred to effect such a union, and in the course of a long examination I never reflect to have attended to a patient who was so easily fretted by pain and pain.

At the end of the third week, my patient being naturally an attenuated subject, the eye could plainly distinguish, through the integuments, the breach of continuity in the bone, marked by a rough, irregular, thick line, or cleft, descending obliquely through the bone; appearing in a vertical direction, proceeding from the anterior to the posterior surface. But not the least deviation from a straight line in the general contour of the limb could be detected, nor could the finger discover anything in passing over its course, save the oblique line or depression described.

At the end of the fourth week, by comparing the legs, it was not distinguishable which tibia had been fractured, until the finger was slowly passed over the fractured part, and on the last day of four weeks from the accident, she walked across the room, leaning on the arm of her son. Now, remember, here had been simply a rolled bandage applied spirally around the leg. I said to her, "Madam, you have heard much of splints, and have been advised by some to have them, will you now wear one, or a piece of pasteboard?" Her reply was, "Neither, sir, I thank you; I feel very comfortable, and shall be able to take care of the leg myself." And from that time forward she did so, with no other assistant means than the spiral bandage, which was taken off every night and reapplied every morning. In the autumn of the same year, I frequently had the pleasure of seeing her walk in the street, with her accustomed light and nimble step.

Some have complained that little progress has been made in the treatment of fractures since the days of Hippocrates, but, I trust, that this is a great improvement.

CASE 3.—The next case I shall relate is one of a very different character from the last. It occurred in the person of a rough labourer, from the granite mountains of Dartmoor; presenting in many respects contrast enough to the preceding patient. The Hightor quarries, about nine miles from Newton, afforded employment to two or three hundred men, and as one of these was engaged on the granite bed, in removing what is technically called "the head" (a thick super-diluvial deposit of moor-stone, lying on the more compact rock), a mass of it fell, and buried him beneath. He was carried to a cottage at Hightor vale, from whence an express was sent off to me, for it was then a part of my occupation, and one irksome and laborious enough, to attend, on contract the sick and injured workmen at this place. I found him writhing under a fracture of the right femur, three inches above the patella,—quite near enough to the knee-joint. The man possessed robust strength and rigid muscular fibre. As to

the direction of the fracture, the great tension already existing prevented my knowing much about it at that time, but I afterwards found that it passed obliquely across the bone; the mass of stone having broken it short off. The man lay on a poor feather bed, with a coarse sacking bottom, laced up with a slack band, so he sunk down low enough posteriorly. What would Boyer have said on this occasion? "Soft and yielding indeed!"

In this state of things it would have been difficult to lay out the thigh straight, which I never do, according to Desault; so the method of lying "at ease," something in the way of our surpassing countryman Pott, was adopted; the lower part of the thigh and the whole knee and leg, being so supported on a long pillow, and padded up underneath, that a regular plane was obtained; no one part sinking lower than the rest. Slight extensions were made from time to time, in the hour or two employed to get it into a comfortable state, talking to and cheering him the while. The fracture being reduced, the bandage applied, and a hoop employed to support the bed-clothes, I left him.

Second day. The "gude wife" thought the hoop useless, and had taken it away. The thigh was rather too warm, and the man not by any means easy; so I nailed on the hoop to his old oaken bedstead, wetted the bandage, bathed the skin, and left him easy, in a better state, with full instructions to the mistress what to do to prevent pain.

Fourth day. Other cases prevented me riding over until early on the morning of this day, when I was summoned by one of those hasty messages that put an abrupt termination to all philosophic speculation, desiring me to come to him, for he had not slept during the night, from pain &c. I hastened up and found him with a red face and a bounding pulse, and the skin hot and feverish. How could this be? The hoop remained as I had left it, but on removing the coverings, cause enough presented. The careful wife, after wetting the bandage in the night, which she thought was too cold, had placed a heap of blanket under the hoop, upon the leg, instead of spreading it in a canopy over it. On removing it a cloud of hot gas arose, almost like the discharge on letting off the steam from a little engine. The causes of pain, restlessness, and fever, were at once fully explained to them, and in no very measured terms. The limb still lay well, and in a good position. Bathing the skin with tepid water first, and then with spirits of wine, caused evaporation until he said, "Cool enough now." He had a white tongue, so I gave him two large spoonfuls of the following julep, instead of abstracting blood, and left him:—

R. Antimon. Tartarizat. gr. ij; solve in Aqua Bulientis ℥i; et addo: Aqua Frigor. ad ℥iv; Liqueur. Annon. Acet. ℥i; Spirit. Camphora min. xx. • M. cibus, cap. cochl. maj. j om. bis hor. postea.

Some persons regard a little alteration of temperature as a trivial matter, but of all things in the treatment of fractures, this appears to me to be the most important in the inflammatory stage. Let the limb be placed and the fractured bones be reduced with whatever perfection of art may be used, if an atmosphere, *sui generis*, surrounds the limb, heat, tension, pain, spasm, and a starting in sleep, are sure to follow. In the present case no other mistake of the sort occurred. On the following day he was much better; he had perspired freely, and had from that derived what Mr. Pott recommends in strong terms; while it was to the patient an invaluable advantage, as Mr. Pott further says, "that the surgeon never found it necessary to have the leg or the thigh once, during the cure, removed from the pillow on which it had been deposited." Of course I feel the great practical value of this sentence, but Mr. Pott might, had not his splints been in the way, have said,—“The advantage of that mode of cure is invaluable which allows any old woman to open the bandage, permit the hot air to escape, and, after bathing the surface again, lay on the tails of the wetted bandage, and thus yield the patient ease twenty times in a day or night, with as much facility as she overlaps the belt of her gown,”—all which cannot be done where splints are used. Surgical dandyism in this case would have applied four splints,—one above, another underneath, and one on either side; and with so many “safeguards” few surgeons would consider it safe to tie and untie them every half hour. Besides, it would occupy too much of the time of a professional man; for surgical pride would not allow such frequent meddling with the established order of things by any old wife. Yet it would be impossible, even for a four-legged Chivon, to keep a patient easy at a distance of eight miles over the most hilly and rugged roads.

Perhaps some surgeons would have thought it right to bleed this patient as recommended by most authors, but I never yet bled a patient with a fractured bone (fracture of the rib and cranium excepted), nor shall I ever, while other antiphlogistics, Mindererus's spirit, and emetic tartar, are extant.

But to return. In ten days this man was safe from inflammation and its effects, and on the fifteenth day from the accident he was perfectly astonished to find himself

* *Mistura Camphora* would have been what is carried in the pocket should be parva.

under his foot and over his neck, pacing in front of his cot on a pair of crutches. I remonstrated with him on his danger, and represented to him the certainty of his having a crooked limb, but found all argument was uselessly opposed to his obstinacy, so I threatened to speak to Mr. Whittaker the superintendent of the mines. "He did not care a — for any body," he said, and would do as he liked. My first impulse was to forsake the patient at once, but mercy, as I thought, forbade, so on the next visit a pair of wide plasters of *emplast. lithargyriæ. resini* were overlapped on each other across the rectus femoris and above the fracture, which had barely united, at the same time admonishing the man to be careful. "When may I go a fishing?" however, was then, as it had frequently before been, his anxious inquiry. "Don't think of it yet," I always answered; but believe it or not who likes, at the end of three weeks (to a day) from the fracture of the bone, he went on one crutch, using his fishing-rod as a walking-stick, to a trout stream below Holwell Tor, and there fly-fished for the starvelings till he was tired, and almost every day in that fine season he was the next toward so employed. This was in the summer of 1825, and as he was off for employment on some other work, I lost sight of him until the last summer twelve months (1831); when, walking over one of the extensive marshy meadows of Kingsteignton, I saw him immersed up to the insertions of the glutei muscles in the muddy bottom of a water brook, sinking down at every step he advanced, with a sort of net in his hands, catching eels. Conversing with him about his thigh, he informed me that in one of his fishing rambles near Hightor, soon after he supposed the bone to be quite strong, he was lured so far from home by the romantic scenery about Becca Foll, that he became exhausted, fell on the ground, and might have died there, had not a boy, who was casually passing, procured a man and horse from a neighbouring farm, and he now laboured in most pathetic words to convince me how much pain he suffered on being set on the back of a wretched animal, whose false movements hurt him at every step as he passed over the rocky ground on his way home. Foolish fellow! His was the quickest, and, from his great imprudence, the worst cure of broken limb I ever had. True, the limb was always afterwards strong enough and long enough, but he turned out his foot awkwardly. Had he remained in bed for four weeks instead of two, it would not only have been well, but would have been well.

Figures like this, near the following candid motto in the "Surgical Dictionary," Mr. Samuel Cooper:—"In a fracture, near an articulation, it is to be

observed, also, that the splints have no command over the short fragment of a broken bone."

But is it that they should ever be laid over any portion of a limb at all. If some fractures will heal without the "command" of splints, why not more central fractures in the same bone?

Newton Abbott, Devon, Nov. 2, 1835.

. Another valuable paper by Mr. RADLEY, on this exceedingly important subject, is in our possession, and should our space admit of its introduction, it shall have a place in THE LANCET of next week. We consider that the facts which have already been advanced by Mr. RADLEY, are entitled to the particular attention of English practitioners, and we believe that the liberal and enterprising surgeons of the *North London Hospital* will be the first to give the plan of Mr. RADLEY a trial in the metropolis.

THE ACARUS SCABIEL.

In a clinical lecture delivered last week at the "London Infirmary for Diseases of the Skin," Dr. J. P. Litchfield, physician to the Infirmary, gave the following demonstration of the above supposed author of the irritation experienced in the itch:—

I have here, gentlemen, a patient, a young girl, from whom I shall endeavour to extract the *acarus scabiei*. She has been affected with the disease twice, although she is only ten years of age. She is the child of a tradesman, and caught the complaint of a female servant, who was immediately afterwards discharged. The child communicated the disease to her family, thereby fully establishing its contagious character. Frictions with sulphur ointment were employed to cure it, and the remedy succeeded after a month's assiduous application. Shortly after the patient was cured she came again in contact with the servant who had before infected her, and the result was a second attack of the disease; it is for this attack that she is now under my care.

You may perceive that the disease is at present confined to the fore-arm and hand; you will also observe that the eruptions are of different kinds, some being of the true primary vesicular character, others having the inflammatory and pustular appearance, which is caused, as I have explained, by external irritation. I now select three small vesicles which I surround with a circular ink-mark, in order that we may not confound them with the adjacent eruptions. By examining the interior of this circle with the powerful magnifying-glass which I here have, you will perceive, a small faintly-marked red line, diverging from the

centre pustules, at nearly right angles. This I consider to be a small furrow or canal, and if we are so fortunate in the present instance (and I succeeded yesterday and this morning in the same subject) as to find the acarus, it will be in this minute covered way. I now, therefore, take a needle about three inches long, with a fine flattened point, and puncture the pustule. I next gently and slightly slit up the integument in the direction indicated. If I mistake not I have now upon the point of my needle a small white globular body, scarcely perceptible to the naked eye. Having placed this shapeless point in the field of the glass, you will, on looking steadily at the object, see the globule, magnified to the size of the sketch which I now show you,* and which was made from an insect extracted yesterday. The insect under the glass exhibits so much vivacity in its movements, and such power in its many-jointed limbs, that you will have no difficulty in understanding the cause of the intolerable itching under which patients in this disease uniformly labour, and which we should find it hard to explain on any known pathological principle.

The acarus scabiei, as you are probably aware, belongs to the order *aptera*. It has, as you may perceive, eight legs, divided into flexible joints. The legs and proboscis are of a purple-red colour, as though injected with dark venous blood, but it is rather remarkable that the colour disappears almost entirely after the insect has been kept for some time. I have here one which was taken this morning from the same patient. For nearly an hour after its extraction this insect exhibited the same coloured appearance. But you will observe that the legs and head are now both nearly colourless. The body of the insect which I have last shown, is dry and shrivelled, very different from the full form and gelatinous appearance of the recently-extracted insect. In both cases numerous small spinulae or hairs may be seen passing off from the extremities and body of the animal.

LIGATURE OF THE SUPERIOR THYROID ARTERIES,

IN CASES OF

LYMPHATIC GOITRE.

REPEATED success has confirmed Professor CHELUS, of Heidelberg, in the favourable opinion which he has held for several years, on the propriety of tying the superior thyroidean arteries in cases of large

goitre, contrary to the advice of many surgeons. In all cases of *lymphatic* goitre, where these arteries are much dilated and sensible to the touch, this ligature is as much indicated as in the *vascular* goitre. In four cases, where M. Chelius has tied these arteries, the success of the operation was not retarded by any accident; the two following will serve to show what benefit we may hope to obtain from the process, even under the most unfavourable circumstances.

CASE 1.—G. Haltenstein, twenty-six years of age, was attacked at the age of fourteen years with a tumefaction of the thyroid gland, which gradually increased. At the age of sixteen, in consequence of the patient having carried a heavy load on the head, the tumour became much larger, and during the last two years remained stationary. The goitre now presented a nearly uniform tumefaction; however, the left lobe ascended somewhat higher than the right; the tumour also exhibited a central, and two lateral portions, divided by two furrows, very sensible to the touch. The tension is equal throughout; the skin not altered, merely covered by blue varicose veins. The tumour extends from the os hyoides to a little below the upper part of the sternum; its dimensions before the operation were as follows:—

The greatest circumference at the base of the tumour, 25 inches, 4 lines.

Distance from one angle of the lower jaw to the other, measuring over the tumour, 18 inches, 6 lines.

Transverse measurement at the most voluminous part, 15 inches.

Perpendicular measurement from the os hyoides to the sternum, 7 inches, 10 lines.

The left thyroid artery was felt beating for the extent of about an inch at the left upper angle, but the vessel was not enlarged. On the right side the pulsations were more sensible, though more feeble.

The inconveniences occasioned by the pressure of the goitre were very great; the patient slept but little; he swallowed with difficulty; the respiration was short and difficult, and on the least effort he was attacked with pain in the head and oppression about the chest.

The ligature of the left superior thyroid artery was performed on the 23rd of March, 1834. Its tract being determined by the pulsations, an incision was made in the direction of the vessel, which was isolated with difficulty from the tissue of the goitre. The wound was immediately closed with sticking-plaster, and the patient bled. Rest and a strict regimen were ordered. In the evening the patient felt well enough; the tumour was flattened on the left side, and was

* An inch and a half in its long diameter, and very similar to the engraving which we gave of the animal in THE LANCET for Oct. 4, 1834, page 61.—Ed. L.

insensible. The wound healed rapidly, and on the fourth day after the operation the tumour was reduced to the following dimensions:—

Circumference of the base diminished by 5 inches, 5 lines.

Transverse measurement, diminished by 2 inches, 6 lines.

Percpendicular measurement, diminished by 3 inches.

The inconveniences to which the patient had been subjected now gradually disappeared, and he was soon able to return to his ordinary occupations. The tumour continued to decline. Towards the end of 1834 the left side had become remarkably smaller than the right, and the patient enjoyed the full exercise of all his functions; he was advised to submit to a new operation in case the right side of the tumour should increase and give rise to any inconvenience; but as yet this has not happened.

CASE 2.—N. K., 30 years of age, of a weak and scrofulous constitution, perceived the first trace of goitre at the age of 11. The disease was hereditary in his family, his mother and five of her brothers and sisters being also affected. The tumour having gradually increased, and occasioned uneasiness in respiration, the patient, who had previously tried various internal remedies in vain, presented himself for treatment in June 1832. The tumour, as large as the doubled fist, corresponded to the left lobe of the thyroid gland; it had a pear-shape, and the inferior rounded part hung down upon the upper third of the sternum. The tumour was hard and uneven, and exhibited in several points traces of the application of the seton. The superior thyroid artery, very much dilated, was felt pulsating strongly, over a great extent of surface. In this case the knotty form of the tumour, its long duration, and the change of texture produced by frequent applications of the seton, left little hope that ligature of the artery would be attended with success; the case was one which rather seemed to require extirpation of the gland; however, the ligature was chosen as a means of rendering at least any secondary operation more easy. The two superior thyroid arteries were therefore tied; the wound healed readily by the first intention. The tumour immediately became more flaccid and soft, and gradually diminished in a manner beyond all expectation. After having remained a considerable time in the hospital, during which the swelling still decreased, but not very sensibly, the patient was discharged, with injunctions to return again in case of necessity.

The disease is followed, according to

Professor CHELIUS, for the ligature of the superior thyroid arteries, should vary according to the circumstances of the case &c. As it is impossible to determine beforehand in what direction the first incision should be made, the Professor considers the rules laid down by JAMESON, ZANG, WALTHER, LANGENBECH, and others, as illusory. He thinks that the vessels never pursue a constant direction, and are, moreover, frequently displaced by the tumour. The only guide we can follow is the pulsation of the artery. We are sometimes compelled to take it up above, and sometimes below the omo-hyoideus muscle, but in either case this is done with equal facility.

CASE OF

CROUP WITHOUT COUGH.

The following case, observed by Dr. Michaelis, is so interesting, that we are induced to extract it, nearly entire, from the second number of *Hufeland and Ossen's Journal* for the present year:—

CASE.—In the month of February 1831, the author was called on to see a child who had been dangerously ill for several hours. The patient, between four and five years of age, had been quite well the day before, and was suddenly taken ill within a few hours of the visit; when first seen he was lying on his back in bed, and the face was expressive of great anxiety and suffering. On examination, nothing could be discovered but some trouble in the respiration. There is no pain in the abdomen or head. The disease was therefore regarded as a severe inflammation of the lungs, and some leeches were applied to the chest, and ammonia and tartar emetic were given in small doses. At five o'clock p.m., the child's state was much worse; the difficulty of respiration is so great as to cause apprehension of instant death; the child lay immovable on its back, the head was thrown backwards, and the arms stretched out on the bed so as to form a right angle with the rest of the body. The little patient *had not yet coughed*, and, indeed, it was doubtful whether he was hoarse before, as the parents are not certain on this point.

The absence of any cough in the present instance was calculated to throw great difficulty in the way of diagnosis, and after having reflected at the bed-side on the various affections of the respiratory apparatus to which children are subject, M. MICHAELIS was induced to ask himself, "Could this be

an example of croup without cough?" Every effort was made, but in vain, to force the child to cough, until at length the object was obtained by forcing him to respire the vapour of strong vinegar; this produced the wished-for aspect; a violent cough, having all the characters of the croupal cough, came on. The true nature of the disease was now manifest. A vomitive was immediately ordered, and the child threw up a quantity of glairy mucus, and a substance whose membranous nature was quite evident. The repeated vomiting was followed by a marked improvement in the respiration, and the little patient lay with his arms more close to his body. Leeches were now applied to the neck, and calomel, with sulphur, antimonii, was administered, to procure copious stools. On the following morning the child appeared much better, he slept pretty well, and the cough was softer and more easy. Towards morning a general sweat had come on; the respiration was much more free, and without any peculiar tone. The calomel powder was continued, with the antimony, and, finally, senega was given, and in four or five days the child was so completely recovered as to be able to play about with his companions.

M. MICHAELIS justly considers this case as unique in the records of medicine; because the cough, which all writers mention as the pathognomonic symptom of the disease, was here artificially excited, while in the cases given by HEIM, the true nature of the disease was not discovered until after the patient's death. In his excellent treatise on croup, HEIM makes the following remarks:—"Even the best physician may mistake the nature of this disease. Not long ago a child two years of age died at Berlin, who had been hoarse before he was attacked with the disease, and therefore did not present the change from a clear to the croupal voice. It was only two days before his death that I discovered the true nature of the complaint, and that principally from the circumstance of his having the head constantly thrown back; all aid was now too late to save the infant's life." And in page 15 he says:—"We sometimes observe catarrhs without any hoarseness, and the latter symptom is frequently but slightly marked in several cases of croup, but when it is very much developed, the patient is incapable of producing the characteristic tone." Finally, at page 19, he says:—"When the voice is totally extinct, the physician may readily be deceived; I confess that I have been mistaken this way more

than once." These citations prove, beyond all doubt, the existence of croup without its peculiar cough, and it seems strange that the circumstance should not have drawn the attention of writers on diseases of children, to whom HEIM's work cannot be unknown.

In the first case of croup which we published in the first number of the volumes of THE LANCET for the present year, page 29, the child's voice was completely extinct, and the efforts of cough took place without any of that crowing sound which is peculiar to croup. The absence of these two symptoms is noted in the report of the case, but as no doubt whatever existed as to the nature of the disease, sufficient attention was not paid to a circumstance which, in other cases, would certainly have rendered the diagnosis very difficult if not impossible.

EXISTENCE OF SUGAR

IN THE

BLOOD OF DIABETIC PATIENTS.

A PAPER on this subject has been published in one of the continental journals, by M. AMBROSONI, head apothecary to the hospital of Pavia. Chemical research has already placed beyond doubt the existence of saccharine matter in the urine of persons affected with diabetes mellitus, but the presence of sugar in the blood or other fluids has as yet remained very doubtful. Marcet, Wollaston, Prout, Kane, and, lastly, Berzelius, have endeavoured to discover it, but without success. Wollaston was so frequently disappointed, in his attempts at discovering saccharine matter in the blood of individuals labouring under this affection, that he was led to conclude, either that the sugar is formed in the kidneys, or, being produced in the stomach by an imperfect digestion, is carried at once to the bladder by some unknown passage. The pharmacien of the Pavia hospital has been more successful in his experiments. In the month of June 1834, Professor Corneliani forwarded to him about a pound of blood drawn from the arm of a patient whose urine had furnished a large quantity of sugar. The following process was employed for its separation. The clot and serum, mixed with a certain quantity of water, were gently heated, the liquid parts separated from the solid, and filtered by a filter. The residue was a dull-red colour. In order to ascertain the colouring and other animal matter

treated with the subacetate of lead, which threw down a dense, dirty-white, precipitate. A current of hydro-sulphuric acid was now passed through the mixture, to throw down the lead; the residue gave a pulsatious, dark mass, which, when diluted with water and filtered, became a brown liquid; this latter was boiled in an aqueous solution of white of egg, which, by coagulating, divided the liquid into two parts, one flocculent, brown, and insoluble, the other liquid and colourless. The latter, being gently evaporated, gave a sirup analogous to the same which had been extracted from the patient's urine. The sirup, being laid on one side for a few weeks, gave rise to the formation of colourless crystals of a prismatic form, and with a rhomboidal base, in a word, exactly similar to those of sugarcandy. The non-crystallized sirup having been exposed to a temperature of 26°, R. with a little beer-washings, the vinous fermentation was soon developed. The quantity of sirup obtained from the pound of blood might have amounted to about one ounce; the crystals of sugar weighed nine grains.

The same chemist has also analysed the blood of a female who died of diabetes mellitus, but he was unable to find the least trace of sugar, either in the blood itself, or in the serum effused into the cavity of the pleura.

VENEREAL DISEASES OF THE TESTICLE.

Abstract of a Communication by J. W. Cusack, M.D., of Stevens's Hospital, Dublin.

So many surgeons of the highest authority have admitted the existence of venereal affections of the testicle, that we must assume the existence of an acute or chronic enlargement of the testis, originating in the action of the venereal poison, to be proved; but here our knowledge, derived from published opinions, ceases. These affections have never been classed, described, or explained, according to their differences, from dissection. From the general conviction of the profession, Mr. Cusack considers himself justified in assuming the existence of a disease of the testis depending on the presence of the venereal poison in the system; at the same time he admits, that as the disease occurs in the more advanced stages of constitutional lues, and after the use of mercury, it must be entertained as to the disease, which constitution and treatment are progressing this disorganization, so far as he has observed, in the body of the testis, and

there is at first little alteration in the form of the organ; as the enlargement advances, the tumour becomes more globular, the epididymis soon being lost in the general mass; the tumour has a fleshy feel, but differs much in density in different parts. Partial adhesions in the cavity of the tunica vaginalis, combined with effusions into that cavity, even independent of the internal changes which may be going on, render primary smoothness and uniformity of the surface an uncertain symptom; so uncertain indeed and so little uniform are the primary appearances, that Mr. Cusack believes that the best practitioners would be unable to make a perfect diagnosis of the disease, if unacquainted with the history of the case, and the attending circumstances. Its termination is either resolution or suppuration or induration, and the formation of granular bodies, ending in total destruction of the functions of the organ. Mr. Cusack hesitates to believe, and is unable to affirm from his own practice, that this affection of the testis is met with in the earlier stages of secondary symptoms, or during the presence of any of the forms of true papular eruption. The acute form accompanies venereal hectic, pains in the bones, and either a scaly eruption or perhaps a solitary spot, apparently belonging rather to the genus acne; but these instances are comparatively rare, and of fifty patients at present under treatment in Stevens's Hospital, there is not one case to adduce in confirmation of such an opinion. The patients who suffer from this affection are those persons who labour under affections of the periosteum and bones, and bear the marks of having suffered from pustular and tubercular eruptions. Specimens of the disease were submitted to the Surgical Society, and these were wholly derived from persons whose constitutions were broken down from the protracted forms of the disease with which practitioners are familiar, but neither from his own opportunities nor from any other source could Mr. Cusack exhibit a specimen of the changes which take place in the more curable forms of secondary syphilis. Ten preparations were laid on the table, exhibiting the disease in all the stages of its progress, from a small circumscribed tubercle, in an otherwise sound testis, to the contracted, indurated, and completely disorganized gland. The structure of the tubercle is rather soft, but harder than common scrofulous tumour, and surrounded by a thickened layer resembling a cyst, the product of inflammatory action. In one preparation the tubercle was in the lower part of the testis, which was otherwise so sound that the epididymis admitted of injection by mercury, while in the opposite testis the tubercle was softened, and contained a glairy fluid.—*Dub. Journ.*, Nov. 1835.

OPERATIONS FOR STONE.

The following statistique of operations performed at the *Hospital of Incurables* and of *St. Mary*, at Naples, during the Spring of 1835, we extract from the *Gaz. Med. de Paris*, No. 41:—

The neck of the bladder was divided downwards and to one side. Professor Dr. RENZI is in the habit of publishing annually the statistics of all the operations for stone which are publicly performed at Naples. How much would be gained by science if the surgeons of our great hospitals were compelled to imitate this example, for the principal operations which they are called upon to perform! We should then have a body of authentic facts upon which confidence might be placed, and from which deductions of the highest value might be drawn.

At the *Hospital of Incurables*, ten operations were performed; six of the patients were below ten years of age, the others had not reached that of puberty. In four cases the stone was large; in three it was small; in three of a moderate size. There were nine males and one female. Only one patient died of the ten; after having cut into the bladder, the surgeon was unable to extract the stone. The bladder, after death, was found much inflamed, almost gangrenous, and the mucous membrane was reduced to a kind of pulp.

At the *Hospital of St. Mary*, four patients were cut, and all recovered: three were below fifteen years of age.

Since the year 1821, up to the present time, 454 patients have been operated upon in these two hospitals. 439 males, 15 females; or 216 children, 191 adults, and 47 old. Of these there were cured 388; died 66; giving an average of one death in nearly every seven cases.

ARTIFICIAL ANUS CURED BY A NEW PROCESS.

In the month of September last, M. AMUSSAT, of Paris, was called on to see a child two days old, who had not yet passed any meconium. The anus existed, and was well formed, but the rectum terminated by an opening in the vagina. On examination it was found that the rectum did not exist for two inches from the anus. M. AMUSSAT, therefore, determined on seeking the extremity of the great intestine, separating it from its attachment, and fixing it by suture to the opening in the skin; for this purpose he made a T incision between the vaginal

opening and the anus, and having introduced the finger by this opening, he separated the vagina from the coccyx and sacrum, until he arrived at the blind end of the great intestine, which was placed above, to the right side of the sacro-vertebral angle. Arrived at this point, the manœuvres produced a desire to evacuate the meconium. The gut was recognised by Messrs. Denenx and Lebaudy, who were in attendance. It was seized with a hook, separated from the surrounding parts by the finger, and drawn gently down to the opening in the skin, where it was fixed with several points of suture. It is now twenty-eight days (said M. AMUSSAT at a late meeting of the *Academy of Medicine* since the operation just described has been performed, and no accident has occurred, the child being in the most satisfactory state.

INQUEST AT FARNHAM.

To the Editor of THE LANCET.

SIR,—The details of the subjoined case will go farther to prove the necessity for the appointment of medical coroners, than any which I have yet known to be brought before the public. The verdict delivered was "Accidental Poisoning," and nux vomica was the poison sworn to have caused the fatal result. The medical evidence and a general outline of the inquest I transmit for publication, well assured that the pages of THE LANCET will be open to the insertion of facts of so much general importance, especially as the character of a respectable individual is involved in the inquiry, the medical evidence having guided the coroner and jury in the delivery of the charge and the verdict. No other channel offers to clear the person on whom odium is attempted to be cast (the local opportunity being hermetically sealed), and he here, therefore, begs to challenge those opinions which can decide the question at issue. The details are given from memory, for on applying to the coroner for a copy of the depositions, he declined granting one, on the ground of the concession being illegal, though he politely read the depositions to me; and as Mr. Portello appealed to me in his distress, I am bound to carry the inquiry forward to an issue, that I may not be involved by undertaking a defence.

On Thursday, the 8th of October, a travelling man and woman, who were the property of Mr. Postello, a druggist, were requested some medical assistance. The child, thirteen months old. The child and its bowels were much confined.

viate which latter symptom, he gave two aperient powders. (In the course of Mr. Postello's examination he stated his entire forgetfulness of this circumstance; but that the man and woman had applied to him was distinctly proved in the evidence). The first powder was given on the Friday morning, and was followed by sickness, the stomach doubtless rejecting it from previous disorder; nothing having passed the bowels, and the child becoming more drowsy and insensible on the Sunday morning, the other powder was given. Its effects were four stools, and no sickness. Nothing further was attempted for its relief until Thursday, when Mr. Bury, a surgeon of the town, was called in. He found the child in a state of coma, with very contracted pupils, and at first slight pronounced the child to be *poisoned*. He attended it up to Friday, and as the coroner also declared to me, administered medicine, although it was not stated in evidence that he did so. On the Friday it died.

The rumour of a case of poisoning justified the holding of an inquest, Mr. Bury having previously opened the body and head to illustrate and establish the fact. A copy of the exact words of the evidence having been refused, I can only state the substance; and as the material part is the post-mortem examination, I give it as read to me, waiving the phraseology.

Mr. Bury stated that he found the brain healthy, but with rather an *undue quantity of water in the ventricles*. His researches were then transferred to the body, where he found the lungs and heart and the abdominal viscera healthy, excepting the stomach, in which he found a powder, which he secured by a process which he specified, and instantly adjudged it to be nux vomica. He stated that as no analytic test could establish its identity, he depended on analogy; and having procured some of the recent drug, he mixed it with the fluid of the stomach, tasted the suspected and the real, and was satisfied that nux vomica had killed the child. It did not appear in evidence which of the two he had tasted first, nor how long a period there was between tasting the true article, and the supposititious one. Having thus satisfied himself as to the nature of the poison, he stated that there were traces of inflammation of the coats of the stomach. This closed the substance of his medical evidence.

It appears that Mr. Postello had forgotten every thing connected with the dispensing of the medicines; but the local situation in his shop of a jalap preparation which he used for purgative purposes, and the powdered nux vomica were remote from each other, and it was shown to be the fact on cross-examination. In the routine of a business, it is possible that no remuneration may be paid to personal attendants, and Mr. Postello failed to remem-

ber the individuals who had called on him about the child. The verdict was returned, and Mr. P., not by direct charge, but by *in-fuendo*, was asserted to have caused the death of the child, and this too even by one of the jurymen. On the Sunday following, he sent for me, and begged me to inquire into the justice of the allegations. I saw the parents of the child, and then for the first time it was discovered, that Mr. Bury had himself given it medicines; and from the woman I learnt, as well as from the father, that the effect of Mr. Postello's powder was precisely that which was intended. Mr. P. having entrusted his case to me, and well knowing the serious consequences of such a general impression, I advised him by all means to adopt the most strenuous measures to clear himself from so unhappy a suspicion. We went to the coroner, who feelingly expressed his sincere regret, and viewed the case in the most serious light, promising Mr. Postello to give him, if possible, a copy of the evidence; but this has since been refused on the ground I have named. The question of the propriety of a druggist prescribing for a sick person is not for me to determine. The proceeding had already taken place, and my desire is to establish the impossibility of the powder given by Mr. Postello having poisoned the child. I believe that no reasonable man, certainly no medical man, will assent to the allegation, that a medicine given for a specific object, and fulfilling its design, and taken on a Sunday morning, could be found in the dead child's stomach on the Friday morning. As to the accuracy of the mode of determining the poison adopted by Mr. Bury, or its incompatibility with the appearances found in the stomach, together with the state of health which the child was admitted to have possessed for the nine days previous to the fatal event, I have nothing to say. I appeal to every reflecting mind to decide whether the powder so found, could be the powder given by Mr. Postello. Both the father and mother declared, that the child became sick, very sick, from the medicine given by Mr. Bury, and that it was much convulsed after taking it. Now the ways of Providence are indeed mysterious, for the elucidation of crime and criminal carelessness. Mr. Postello's medicine, after operating four times, six days before, must, to have so poisoned the child as Mr. Bury imagined, have traversed back, as a purgative, many feet of bowels, to reach the dead child's stomach, and then maintained its position in defiance of the vomiting produced by Mr. Bury's medicine. It shall be conceded that nux vomica was found; found by Mr. Bury. All I seek to prove is, that Mr. Postello was not the instrument of its introduction there, either directly or indirectly. But why do I argue for a conclusion that must be inevitable? This inferential mode of destroying

a character, is sad indeed. Had Mr. Postello been provided with a competent medical friend at the inquest, the coroner and jury, if they had believed the child to be poisoned, would never have suspected Mr. Postello of the act, and that the coroner had that impression on the inquest I can positively assert. A hundred times better would it have been for Mr. Postello to have been committed for the crime of poisoning at once; he might then have cleared himself on his trial, in the minds of his townsmen, from what has excited, and is calculated now to continue to excite, distrust. But this inquest is final, and although to clear Mr. Postello every fair proposition has been made, especially that of strict inquiry by a select body of medical men, the appeal has been contemptuously rejected, and a threat of action even hinted at, if he perseveres in the demand. The coroner, Mr. Woods, is in every sense a gentleman, and was most anxious that the character of Mr. Postello should be cleared; but the only resource now is the public press; and to your journal he appeals, as to the most honest of medical periodicals. With respect to my position in the affair, Mr. Postello having thrown himself in the emergency on me, I cannot allow the facts to be smothered.

That medical knowledge in a coroner is a most essential requisite for the good both of the public and of individuals, must be too obvious from the history of this case, to need further exposition from me. I remain, Sir, your most obedient servant,

G. V. ROGERS, Surg.

Farnham, Surrey, Oct. 26th, 1835.

P.S. The mother was found by Mr. Bury in a state of extreme intoxication, when he first visited the child.

THE LANCET.

London, Saturday, November 14, 1835.

A FACT which is most happily characteristic of the hole-and-corner proceedings in the College of Surgeons, has just been presented to the profession in the election of a new member into the Council. We ought, in truth, to make some distinction between the two last elections, referring specifically to the first of them as furnishing the best evidence of the event to which we allude. Mr. GREEN, of *St. Thomas's Hospital*, was not chosen the other day by the self-perpetuating junta, but was, positively, elected

some months since, on the resignation of Mr. LYNN; and yet so secretly, so covertly, and—we may, in justice, state, with reference to the great body of the members—so clandestinely, that it was not known up to this very week, to the profession in the metropolis, that Mr. GREEN had become a member of the Council; and, in reality, the circumstance is now for the first time published to the profession generally.

What a state of things is this! And yet this system of secrecy has been endured by the medical community since the barber-surgeons were first erected into a corporation! Even the charter of 1800, under the authority of which these odious secret elections were conducted, was merely, in spirit and in letter, an emanation from the Act of the 18th of GEORGE II. It was not, therefore, Mr. GREEN who was chosen in consequence of the vacancy which was caused by the death of Sir WILLIAM BLIZARD, but Mr. CALLAWAY, the Assistant-surgeon of *Guy's Hospital*. Although, therefore, we were wrong with respect to the name of the gentleman who was last week stated by us to have been elected, still, so undeviating is the College in showing its unjust and pernicious partiality towards the surgeons who are connected with the hospitals of this metropolis, that not a little of our argument was inapplicable to the occasion. If Mr. KINGDON and hundreds of others had not been turned aside to give place to Mr. GREEN of *St. Thomas's Hospital*, they were made to yield to the preference which was shown for Mr. CALLAWAY of *Guy's Hospital*. To such a barefaced and scandalous extent is this practice of choosing the hospital surgeons carried, to the exclusion of other gentlemen of acknowledged attainments, abilities, and industry, in the profession, that out of the twenty-one Councilors who at the present moment sit in the College, the enormous number of thirteen are holding office in the various hospitals of this metropolis, and are conferring in conclave in the College.

their regulations for the government of the students who belong to their own institutions as well as for the government of the gentlemen who are connected with the private schools. Seventeen out of the twenty-one Councillors belong to the "recognised" hospitals. What an astounding fact!

In defiance, however, of these circumstances, the members of the Council have the effrontery to contend, that when a vacancy occurs, they elect the new member according to the seniority of his standing in the list of the commonalty. The gross and daring falsity of this assertion is evident from throwing into contrast the few hospital surgeons, with the many thousands of the medical commonalty who hold no situations in our public medical establishments. If it be a system of "seniority" or of "rote," let us see with what honesty it has worked:—

In London, and within a circle of ten miles around the capital, it has been calculated that there are nearly, if not quite, a thousand resident members. How happens it, then, if the rule of seniority be observed in taking the names as they stand upon the list, that a moiety of the entire body of the surgeons and assistant-surgeons of our hospitals should be seated in the Council at one time, and only four be selected from the remaining nine hundred and sixty-six members? These numerical facts are so damnable to the electoral proceedings of the Council, that it is unnecessary to expatiate on the infamous partiality which has been shown towards particular individuals and institutions. On some occasions, it is quite evident that the names of hundreds of members must be passed over at a single election, in order to reach that of an hospital surgeon, and having arrived at persons connected with their own institutions, seniority is then allowed to exercise its full influence in guiding the decisions of the Council.

Does our attention to the choice of the surgeons of *Guy's Hospital*?

Mr. ASTON KEY, Mr. JOHN MORGAN, and Mr. BRANSBY COOPER. Who is the assistant surgeon of that institution? Mr. THOMAS CALLAWAY. How many of the four occupy seats in the Council? Only one. Who is that individual? THOMAS CALLAWAY, the assistant-surgeon. In this election, therefore, the practice of election according to seniority has been observed, Mr. CALLAWAY being the senior member of the College.

This exposition will lead many persons to inquire, how it has happened that the three surgeons of the hospital, who are Mr. CALLAWAY's juniors in professional standing, occupy a higher station than himself, when it is well known that the whole four were the apprentices of the former surgeon of *Guy's Hospital*. Adequate information on this subject can only be furnished by our ancient friend KING HARRISON; but it is a well-known fact that on the election of Messrs. KEY and MORGAN, a scandalous attempt was made to nullify the claims and pretensions of Mr. CALLAWAY, and, subsequently, when Mr. B. COOPER was chosen, having served an apprenticeship there to render himself "eligible," after he had acted as an assistant-surgeon in the army, the office of assistant-surgeon in *Guy's Hospital* was then, for the first time, created. Mr. CALLAWAY received it, and the enrolment, it was hoped, would operate as hush-money on the mind and tongue of that gentleman. We apprehend that the wily treasurer was successful in his project, and it is now sufficiently obvious that the scheme was by no means an unfortunate one for Mr. CALLAWAY. Had that gentleman been excluded,—had he, through the instrumentality of calumny or intrigue, been cut off permanently from all official connection with *Guy's Hospital*,—is there a man in the profession who will not believe that such a circumstance would have been made by the majority of the Council in Lincoln's Inn Fields, the ground-work for visiting upon him a continuance of the

persecution; but Mr. CALLAWAY having become the assistant-surgeon of *Guy's Hospital*, the Councillors of the College leap over the heads of some two or three hundred members of the commonalty, for the purpose of bestowing upon that gentleman their smiling and corrupt partiality. Far be it from us to deny that the Council have a legal right to act as they have done. The charter has conferred upon them an odious power, and odiously do they exercise it. Ignorance gave them a bad law, and they have perseveringly resolved that its provisions shall always be executed with cupidity. There are, however, some members of the College,—no, we mistake,—there is one member of the College, who says that “it cannot be denied that the changes made of late years by the Council have been marked by increasing justice and liberality; and, to revert to the case in question” (the admission of Mr. KING to an examination for the diploma), “the Council in that case acted upon principles more liberal than the charter itself seems to have prescribed.” This language we quote from the letter of Mr. KING, which appeared in *THE LANCET* of September the 26th, the first Number of the current annual volumes. The introduction of seventeen hospital surgeons into a Council of twenty-one, the whole twenty-one having been selected from amongst upwards of 6000 members of the College, furnishes a beautiful “mark of increasing justice and liberality.”

This may not be an inopportune moment for referring to the attempt which was made by Mr. KING, in the letter already cited, to draw a contrast between the proceedings of the London University and the College of Surgeons, more especially as related to the election of professors in the former establishment, and the admission of candidates to an examination for the diploma in the latter.

Mr. KING is of opinion, that the College made a display of “liberality” in his own case, in admitting him to an examination.

But did not the Council know that he had gone through all the routine of academic costs and charges, and that as they could not expect that he would then pay any fees, as a pupil, in the hospital schools of London, it was evident that they would extract something from his pockets if they did not obtain the twenty-two guineas for the diploma? It was a god send to the Council, as it could not be pleasant to them that a gentleman who had been an *interne* of the *Hôtel Dieu* should practise in London as a surgeon, without being a member of the College; and yet Mr. KING considered that the circumstance of his having an opportunity afforded him by the Council of fooling away twenty-two pounds, and throwing the money into their pockets, was “a mark of their increasing justice and liberality.”

Extraordinary as is this opinion, Mr. KING is equally peculiar in his notions of justice with respect to the administration of affairs in the College and the University. In the one case the writer tries to test the conduct of the rulers at the head of the collegiate institution, by reference to the terms of the charter. In the other instance he makes no mention whatever of the deed of settlement, but relies on the speeches and professions of individual proprietors, who were amongst the earliest supporters of the University. Mr. KING is for the concours in medical appointments; and in a note which was inserted in *THE LANCET* of Oct. the 19th, professes to be glad that *THE LANCET* is “beginning to advocate the election by concours.” Why, *THE LANCET* advocated the concours long before Mr. KING took up his residence in London! This was the first journal that called upon the Council of the University to elect its professors by concours,—by competition, or wrangling. A similar call has repeatedly been made by us on the Council of the College of Surgeons, and many years since we joined in a petition to the Legislature, praying that the members of the profession generally, might constitute a majority in all medical elections.

When the Council of the University declined to elect by the open system of concours, we were not insensible to the force of the reasons which induced them to elect their professors in private, and under the authority of such information, regarding the candidates, as they were able to obtain from public and private sources. The University was altogether a new institution; it was an experiment on the public mind. Owing to the liberal principles on which it was sought to be established, all the host of bigots and fanatics of the day vomited forth their calumnies against it, and endeavoured to overshadow the prospects of its conductors. It was felt, therefore, by every person who was desirous that the spirit of the age should be liberalized, that a knowledge of science should be more widely diffused amongst the members of society, and that the literary reputation of the country ought not to be wholly centred in Oxford and Cambridge, that the failure of the University would be a national calamity. The most extreme caution, therefore, on the part of the conductors was demanded, not only in the election of professors, but in the arrangement of every circumstance which was calculated to affect the permanent interests of the establishment. Who, then, shall blame the Council for having endeavoured, at the opening of the institution, to present to the public a phalanx of professors who had already acquired a certain extent of reputation, and had won, by their displays of industry and talent, a considerable share of the public confidence? The concours had not been tried in England; it was not understood here; and men of intelligence and reflection will allow that the Council were warranted in not attempting to sustain the experiment of establishing the University by the institution of what was to them a new experiment, the concours. But the moment that competition has commenced, the University confers the office of Professor on the successful competitor in an open examination, where the

minds and qualifications of the candidates are tested by appropriate measures. This is a symbol of what is to follow. As the chairs become vacant, and as the University maintains its hold on public opinion, there cannot be a doubt that the Council will open the professorships to the medical community, and confer the vacant offices on the most successful of the wranglers. But there is a wide difference between electing gentlemen in the slow succession arising from individual vacancies in the respective departments of an institution, and starting, at the very outset, with an entire body of unknown men, who, nevertheless, may have obtained their offices by concours. In the College of Surgeons the case is wholly different, and nothing can be more scandalous than the system of election in that establishment,—nothing more disgraceful than the absence of open competition in filling vacant seats in the Council. The charter neither stipulates nor interdicts, relative to the elections, further than by declaring that the Councillors are always to be selected from the commonalty. In conformity, therefore, with the liberal spirit of the charter, the Council were bound by their duty to the profession and the public, to select the best-informed men they could find among the members at large, and no proof of qualification could be presented equal to that which is derived from an exhibition in a concours. In neglecting such a fair and open trial for competitors, the Council have degraded the character of the institution; and, further, as the executive governors of a College of Surgeons, they have long forfeited every claim to the slightest share of the public confidence.

INSTEAD of furnishing proof of the truth of his base and slanderous allegation against the Editor of this journal, Mr. DERMOTT has forwarded to us five folio pages of what he calls an "explanation." That part of his communication which refers to the accusa-

tion that was so distinctly made in his paper in the *Morning Advertiser*, we here insert *verbatim* :—

"But to the point at issue, I certainly did make use of the following words—' Besides, ' Dr. Plausable had now by these means (his ' conversaziones) extended and improved ' his connections vastly amongst the go- ' vernors of a neighbouring hospital, a va- ' cancy for a physician occurred and I need ' hardly state that his parties ensured him ' success. He now sends occasional letters ' to THE LANCET, which it is scarcely neces- ' sary to state are always inserted and " well ' displayed." For let me tell you, gentlemen, ' that it is very seldom indeed, unless under ' some most peculiar circumstances, that a ' persons " communication" is refused pro- ' vided he has *plenty of the essential heavy ' metal*.* This is a very weighty reason ' with many Editors; provided too the com- ' municant drives his carriage, keeps a good ' establishment and is *therefore* considered ' as a most respectable and influential mem- ' ber of society. In a just state of society, ' &c."

"Looking at the paragraph, at what pre- cedes it, and what follows, as reported in the *Morning Advertiser*, it will be seen, in the first place, that I was speaking of the evil tendency of money upon society in general— and stretch the signification as much as you please, you cannot therein show that I lit- erally state that you have taken a bribe direct."

AS GEORGE DARBY DERMOTT has here made a clear and distinct confession of his guilt, we leave him to eschew the happy consequences of his own malignity and folly.

A word to the Editor of the *Morning Advertiser*. On the 20th of July last, the annual " Cartwright Dinner " was held at the Highbury - Barn Tavern, Islington, Mr. WAKLEY in the Chair. On the following morning a few sentences of a report of the proceedings at the dinner were published in the *Morning Advertiser*. It was therein stated, as a part of a speech made by Mr. WAKLEY, that he had said in his notice of the public press, " that the *Morning Advertiser* newspaper had neither scope, space, " nor talent, to espouse the cause of the peo- " ple efficiently."

In another part of the paper there ap- peared an editorial comment, in which Mr. WAKLEY was called upon, under a threat, to explain whether he had or had not used these words. The threat was, of course, regarded by Mr. WAKLEY as an invocation to silence. Had there been no menace, he would most cheerfully have stated that he did not utter one word or syllable injurious to the character of the *Morning Advertiser*. On the contrary, he most distinctly and un- equivocally declared that of all the morning papers the *Morning Advertiser* advocated, on the broadest and most liberal basis, the rights of the mass of the people. In fact, the editor of the *Advertiser* was im- posed upon, on that occasion, by a tissue of infamous falsehoods. Mr. BARCLAY, late candidate for the representation of York, and other gentlemen, addressed letters to the *Advertiser*, showing the inaccuracy of the statements in the report, and the Editor of the *True Sun*, who was at the dinner, gave a report of the proceedings at variance with that which appeared in the *Morning Advertiser*. That gentleman even offered his own personal testimony in proof of the fallacy of the calumnious statement. But there was one person who wrote to the *Advertiser*, affirming the accuracy of the words which had, in the first instance, been attributed to Mr. WAKLEY. That person was GEORGE DARBY DERMOTT, whose feelings towards THE LANCET have, for some time past, been those of bitter enmity, from his entertaining an opinion that his labours, as an author and a draftsman, were slighted by that journal. This was the witness.

The editor of the *Morning Advertiser* ought now to be convinced that he acted very harshly, if not unjustly, towards Mr. WAKLEY on that occasion. But it is quite true that a reformer, or the conductor of a journal, who pursues his course honestly and inde- pendently, cannot, by any possibility, escape false imputations; but, if he persists in his course in utter defiance of such imputa- tions, the labours of such a journal can be of no use to the public.

* These words were printed in *italics* in the *Morning Advertiser*.—ED. L.

IN publishing the letter from Mr. ROGERS, which will be found at page 256 of the present number of *THE LANCET*, giving an account of an inquest which has recently been held at Farnham, we should violate our own sense of justice and propriety, if we were to refrain from stating that Mr. POSTELLO does not appear to have incurred the slightest degree of culpability in connection with the decease of the child. In short, there is not a tittle of evidence in proof that the child was poisoned. Certainly the powder which was administered on the *Sunday* morning, was not the cause of death by poisoning on the following *Thursday*, and was assuredly not that which was found in the stomach of the deceased at the *post-mortem* examination on the following day. Mr. POSTELLO is entirely exonerated from blame, and it is an act of malicious cruelty to make him the object of suspicion or reproach on an occasion in which his conduct is wholly blameless.

CREOSOTE is now enjoying in London the vogue which it possessed one or two years ago in Paris, and, at an earlier period than that, in Germany. The various experiments made with this new remedy, and the different opinions prevailing with regard to its medicinal powers, induced the Royal Academy of Medicine in Paris to appoint a commission of its members, with a view of examining the several memoirs addressed to the Academy on this subject, and of performing for themselves experiments with this highly extolled substance. These trials have been concluded, and in a report on the therapeutic properties of creosote, made by M. MARTIN SOLON, on the 6th of October last, on behalf of the commission, it is stated that they do not at all confirm the character for success given to it by most of the authors who have written upon creosote. The commission, therefore, are inclined to believe, that its therapeutic powers have been very much overrated; but their investigations have led to the discovery of its use for the preservation of anatomical preparations. Thus a heart, a portion of epiploon, a portion of liver, and other preparations, were

placed in a jar containing a weak solution of creosote, in order to test its quality in this respect. The jar remained in the amphitheatre of the *Hopital Beaujon*, from the month of August last until the presentation of the report, when the preparations were still in a state sufficiently good to give an exact idea of the organs themselves, and the lesions by which they were affected. The commission concludes by stating, "that creosote, a substance very remarkable in a chemical point of view, has a peculiar action on albumine, which it coagulates very quickly; that it has an exciting action on the economy, but is not more efficacious than other means which we already possess; and, finally, that, dissolved in water, it may serve for the preservation of anatomical preparations."

On the report being read, M. ANDRAL junior remarked, that he had made numerous experiments with creosote, without obtaining satisfactory results. He said he had tried it in pulmonary phthisis, in cancer of the uterus, and in the various forms of leucorrhœa. In eighteen cases of pulmonary consumption, neither the cough, nor the diarrhœa, nor any other of the symptoms, was alleviated by its use. In cancer of the uterus, when used in the form of injection, it acted simply like any other astringent. M. EMERY, in addition to this, said that he had employed this substance in various cutaneous affections, and generally with the effect of exasperating the disease. M. VELPEAU also spoke on the subject, and stated that he had tried it two years ago as an external application to cancerous, scrofulous, and syphilitic ulcers. He observed that he regarded creosote as an excitant, and even as slightly caustic, but he considers the nitrates of silver, of mercury, and some other such substances, as much superior in remedial efficacy. Some of our medical brethren on this side of the channel, hold a very different faith from the general creed of the French commission.

DUPUYTREN'S MUSEUM.

THIS museum, which with much greater propriety might have borne the name of ORFILA than that of the great surgeon whose bust is placed over the entrance, was thrown open to the public on the 2nd day of

this month. It occupies the small gothic church which was formerly attached to the old convent des Cordeliers, which, like so many other buildings in France, has passed from the service of the church to that of the state. It seems strange enough, as one of our contemporaries has observed, that visitors should enter a museum of anatomy through the door of a Catholic church, but anomalies of this kind are so frequent in France, that the *morale* of the circumstance does not seem to affect or disquiet even the most steady advocates of "the present order of things." In fact, we know not where a better study of a true creed could be found, than among such exquisite evidences of creation. Here, indeed, men have "reasons for the faith that is within them." We shall defer anything like a detailed description of this establishment, until a catalogue is published, and the presses are somewhat better garnished. The creation of a few months, "*Dupuytren's Museum*" is, of course, at present very incomplete. It contains, however, already, about 1500 preparations, which are labelled with care, and arranged in a manner well calculated to facilitate their study. The greater part of these have been removed from the museum of the Faculty, and are highly interesting, as numbers of them refer to the "*Memoirs*" of the old Academy of Surgery; the rest have been prepared by the young anatomists of the school. The establishment of the museum reflects the highest credit on the zeal and perseverance of M. ORFILA, to whose exertions alone the medical public of Paris are indebted for an opportunity of studying the various morbid alterations to which the human body is subject, in the most complete manner. Should the zeal of the dean be seconded, even feebly, by the different hospital surgeons or physicians, the *Musée Dupuytren* may soon hope to rival or surpass any similar establishment in Europe.

HUFELAND'S ELIXIR.

Formula for a very efficacious Anti-catarral Elixir.—In the obstinate and frequently distressing cough which remains after the influenza, as well as in other chronic and catarrhal coughs, the celebrated German physician HUFELAND has found the following mixture of the greatest benefit:—

R. Extract. Card. Bened. 5j; Dulsamar. 9j; Aqua Fœnic. 3j; Lauraceras 5j. M. 60 drops four times a-day.

Under the influence of this mixture the cough diminishes in a few days and disappears. The author has also found it useful at the beginning of consumptive cough, supervening on common catarrh.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 7th, 1835.

Dr. ADDISON in the Chair.

DEATH OF SIR D. BARRY.

AMONGST other subjects which engaged the attention of the Society this evening was the death of Sir David Barry, whose name circumstances had combined of late years to bring frequently before the profession, and who was consequently pretty generally known as a metropolitan physician. The decease of this gentleman was announced by Dr. James Johnson, in the subsequent observations, which were followed by remarks from several members, occurring in the order in which we now proceed to report them.

Dr. JOHNSON said the death of Dr. Barry had occurred within the last few days in a sudden and seemingly-mysterious manner. His professional services were well known to the Society, and of them he need not speak, as were many of the qualities which would render his loss severely felt. The facility with which he communicated his ideas, the fertility of his imagination, the brilliancy of his wit, and the poignancy of his satire, were all equally remembered; though he might add, with regard to the latter, that whosoever he wounded his good-nature was eager to heal. On Tuesday last, Sir David dined out in perfect health. After dinner he ate three pears and some nuts, and in the evening some cake, which he did not relish; afterwards he felt an uncomfortable weight about the chest. On the following day, on his way to the city, through the Haymarket, he was suddenly seized with excruciating pain in the stomach and loins, and faintness, and felt assured that he was dying. He (Dr. J.) was sent for, but being from home, his son attended, who found Sir David pale, chilly, and with the aspect of a person who had sustained a severe accident. Sir David was conveyed home, and at one p.m. on the same day he was visited by Dr. J., when he was still chilly, and a slight reaction had commenced. The pulse was bad, and was beginning to be developed. Sir David considered that his sufferings were entirely dependent on the presence of indigestible matter, and that this

would be removed by an emetic. He (Dr. J.) demurred to prescribe this, but Sir David urged its administration. He (Dr. J.) reasoned with his patient on the subject, pointing out that as the indigestible substance had been swallowed fifteen or sixteen hours since, without doubt it had passed the pyloric orifice of the stomach, and that an emetic would occasion considerable pain and inconvenience. He therefore wished to prescribe four grains of calomel, and one of opium. To this Sir David acceded, and he was directed to be kept warm in bed, and to have hot cloths applied to the stomach. At his next visit, two hours afterwards, he found his patient relieved, and more composed, his skin was warm and moist. A warm aperient was prescribed, and as it had not sufficiently operated at eight p.m., an enema was injected, which produced copious evacuations. Between the time of prescribing the aperient and administering the injection, Sir David felt better; his pulse had become better, and no symptom was present, indicating that his end was so near; nor did Dr. Copland, who saw him, consider his life to be in danger at half-past ten p.m.; he remained quiet until one p.m., when suddenly he expired, after getting out of bed. He was in the fifty-sixth year of his age. The post-mortem examination was performed on the following Friday evening by Mr. H. Johnson. On laying open the abdominal coverings, remarkable layers of fat were found between them and the peritoneum, the stomach and intestines were empty, and exhibited no traces of disease. On making an incision into the right side of the chest, an immense quantity of clear serum burst forth, but he (Dr. J.) was not a little astonished at finding the left side of the chest filled with water, and five pints of blood effused into the cavity of the chest, an aneurysm of the descending thoracic aorta being discovered, of the size of an orange, which had burst into the posterior mediastinum. The left ventricle of the heart was hypertrophied, and found to be upwards of an inch in thickness. On reflecting on the matter, now that Sir David's sufferings and the cause of his death were ascertained, he (Dr. J.) was extremely glad that he had insisted on the impropriety of using an emetic, for had it been taken, death must evidently have occurred during its action; and if an examination had not been permitted, it would have been extremely difficult to account satisfactorily for the fatal result.

Dr. Copland said that he had but little to say on these particulars. When he was sent for, he found Sir David still expressing a great desire for an emetic, but not consenting to be required he (Dr. C.) hesitated in pressing on him to wait until the consultation at eight p.m., when Dr. Johnson and Mr. McIntyre would also be

present. When he (Dr. C.) arrived, a few minutes after Sir David's death, he hesitated at first what step should be taken; but he found that the lips were perfectly blanched, and that it was impossible by pressure on the vessels of the neck to fill them with blood; the same phenomenon was present in the veins of the arms, indicating death from hemorrhage, therefore nothing was attempted at this period to be done in the way of treatment.

Mr. STREETER inquired of Dr. Johnson whether there was any valvular disease existing. (The answer was in the negative.) He was induced to ask the question, because his (Mr. S.'s) father had died from symptoms very similar to those affecting Sir David, and in his case valvular disease existed, and was recognizable during life. His father resided at Clapham, and retired to bed one day as well as usual; presently after he was heard to fall on the floor; on being found and placed in bed, he could not articulate; the pulse of each wrist was different in its beat from that of its fellow. He (Mr. S.) arrived at seven p.m., at about four hours and a half from the attack; the power of utterance was still absent, but the patient was evidently conscious. At midnight he died suddenly, apparently while awaking from a quiet sleep. On the following day the body was examined, when no disease was discovered in the abdomen; but in the chest, one to two pounds weight of clotted blood was seen, and a large quantity of blood had made its way into the posterior mediastinum.

Mr. H. JOHNSON offered to describe the condition of Sir David when he first saw him. He found him sitting with his head on the epigastrium, the seat of agonizing suffering. Sir David at once urgently requested that an emetic should be administered, but with this request he did not comply; an opinion against it also was maintained by his seniors on their attending, the impropriety of the step being also since sanctioned by the ascertained condition of the sufferer. He was then cold, the lips were blue, the pulse was small, the countenance portrayed intense anxiety and suffering, and Sir David felt convinced that he should die. The morbid appearances were those detailed by Mr. Johnson. He (Mr. J.) believed that aneurysm of the thoracic aorta was extremely difficult to detect, and that even the most elaborate medical inquirers had admitted that fact. Dr. Green, it was true, had, in an able article in the Dublin Journal, arrived at the conclusion that the morbid condition could be predicated, yet the indications amounted in his opinion to little more than a series of guessings. In rupture of the aorta into the pericardium, it was not generally considered that death must necessarily follow immediately after the accident, and in Sir David

Barry's case, several hours had elapsed between the accident and the termination of life.

Dr. CHOWNE said he was aware that Sir David Barry was impressed with the idea that he laboured under an affection of the heart. Was Sir David of the same opinion during the present attack?

Dr. JOHNSON replied that about four years ago Sir David called on him, and requested that he would examine his chest with the stethoscope, as he (Sir David) feared that his heart was affected; but at that time no disease could be detected, although it was not impossible that the hypertrophied condition of the right ventricle had already commenced. As Sir David was inclined to be stout, and one who might justly be termed a *bon-vivant*, though not irregular in his habits, he (Dr. J.) recommended him to live rather more abstemiously. The circumstances of the sudden death of a Dr. B.—were recalled to his mind on the present occasion. The doctor was rather an invalid, and he (Dr. J.) called to see him in the evening, when he found him taking his wine. He (Dr. J.) sat with him for about half an hour, when, all at once, without any evident cause, Dr. B. complained of pain in the head and stomach, and turned pale. Presuming that the doctor was fainting, he administered some brandy and water, which presently revived him, but, shortly after, the pain returned in the stomach and back with increased intensity, and in a few hours after he died. At the examination, a considerable quantity of blood was found effused from the rupture of an aneurysm, which no doubt burst when he (Dr. J.) was first sitting with him, and the faintness induced, arrested the hemorrhage, but at last the gush was too large to be thus checked, and death followed.

Mr. COSTELLO related the case of a young gentleman who was brought into the *Hôpital Dieu*, under the care of Dupuytren; who had, while fencing, the point of a dagger thrust through the pericardium, which corroborated the opinion, and in great measure served to lay the dispute that had long existed, whether such injuries were fatal or not. Dupuytren maintained that they were not always followed immediately by death.

A few other remarks followed, and then the subject dropped. The other discussions of the evening, as well as those of some other societies, shall find a place in our next number.

THE *Medico-Chirurgical Society* held its first meeting for the present session, on Tuesday evening last. A report of the proceedings shall be given in the next LANCET.

MEDICO-BOTANICAL SOCIETY.

Tuesday, November 10th, 1835.

EARL STANHOPE, President, in the Chair.

THIS being the first night of the session, on the President taking the Chair, an address of congratulation on his return to England after a long absence was read. His lordship, in returning thanks, assured the Society that he felt most anxious for its success, and that he should devote much of his time to promote its welfare, both from his love for botanical science, and from the great respect he felt for the medical profession.

Dr. SIGMOND then read an eulogium on the late Mr. Gilbert Burnett, which was ordered to be entered on the minutes of the Society.

Mr. JOHNSON read an address introductory to the opening of the session, pointing out the advantages which had resulted from the study of botany, by contrasting the present objects pursued in medical education with its state many years since.

A paper by M. GERMON was next read, on the application of the juice of the *Mandarin tree* in cancerous diseases. The remedy is to be brought into contact with the eschar alone; care being taken to prevent its absorption at the edges, from which the worst effects might follow. Its analogy to the action of arsenic induced M. G. to recommend the juice, and anticipate success from its employment.

LONDON MEDICAL SOCIETY.

OBSERVATIONS BY DR. RAMSBOTHAM, ON EXTRA-UTERINE PREGNATIONS, AND ON THE TERMINATIONS OF THE UTERINE VESSELS, IN CONNECTION WITH THE PLACENTA.

To the Editor of THE LANCET.

SIR,—As you have noticed in the last number of your journal some remarks I made at the *London Medical Society* on a case of extra-uterine conception, I shall feel obliged by your correcting the following trifling inaccuracies into which your reporter has fallen.

I stated,—not that there were only recorded five cases of extra-uterine pregnancy, but that I was only acquainted with five reported in our language, in which extra-uterine foetus had been extracted by operation through the abdominal parietes, and that none of those cases had occurred in Britain. The earliest is given by Mr. Wood,

of Nexis, W. I. (*Philosoph. Trans.* vol. 19, June 1697.) Mr. Bard of New York has furnished one. (*Med. Obs. and Inq.* vol. 2, March 1760.) So has Dr. Bell of Dublin. (*Med. Commentaries*, vol. 2, part 1, 1774); in which instance the gestation was twin; and both fetuses were removed at the same time. We have another by Dr. McKnight of New York. (*Mem. Med. Soc. Lond.* vol. 4); and a fifth by Mr. Baynham, Essex County Virginia. (*Med. Facts and Obs.* vol. 1, 1791.) I might have added a sixth, which at that time escaped my recollection. (*Philosoph. Trans.* vol. 41, 1741); in which a butcher, named O'Neil, in the County Tyrone, Ireland, extracted by incision a fetus, whose elbow appeared through an ulcerated aperture in the abdominal parietes.

I mentioned also, as your reporter states, that I had personally known ten cases of extra uterine conception, besides the one under consideration; but as he has made me affirm what could not possibly happen, you will allow me also to correct him here. Four of the patients died from rupture of the sac, as evidenced by dissection; three of these were tubal—the most frequent form of all the varieties;—and the other parietal, or as the French call it, “interstitial,”—in which the ovum is lodged within that portion of the fallopian tube which traverses the parietes of the uterus. Three women died during the process of aliteration, established for the purpose of getting rid of the putrid mass; and three have recovered,—two after the evacuation of the foetal body, piecemeal, *per rectum*; and the last, who had the fetus remaining within her when I last saw her (having conceived about 26 years ago), and who has, to my knowledge, borne three children since she became the subject of this irregular species of gestation.

In noticing my remarks also on Dr. Lee's description of the connection between the uterus and placenta, your reporter asks in a note, “Where does Dr. Lee state that the apertures [described in the uterine vessels in communication with the placenta] are at their extremities?” It is true that Dr. Lee does not use the word “extremities,” but in his paper on the connection between the uterus and placenta, published in the *Philosophical Transactions*, and reprinted in his essay on some of the diseases of women, we read, p. 203, “The semilunar or valvular-like edges of the vessels at their terminations in the inner surface of the uterus, are admirably adapted to ensure the effects of arresting the current of blood,” &c.; and in the letter from Mr. Osborn of the College of Surgeons, to him, which Mr. Kingdon has inserted in that paper (and whose opinion we may therefore fairly suppose that he adopts) we find the following passage:—“In every instance, the vein, having reached the inner surface of the uterus, terminated in an open mouth on

that aspect.” “But with respect to the veins, they invariably presented the same appearances, terminating in open semicircular orifices, which are closed by the apposition of the deciduous membrane, and placenta.” Again: “The preparation which accompanies this letter shows the termination of a vein on the inner surface of the uterus, and an artery of the decidua cut through, with the corresponding appearances on the surface of the placenta.”

Dr. Nimmo's report, also embodied by Dr. Lee in his paper, is to the same effect. “These (uterine vessels), instead of passing directly into the placenta, are distinctly seen applying their open mouths to the membrane of the placenta;” and Dr. Lee himself states that “Mr. Broughton after having re-examined the preparations on which Dr. Nimmo had previously made his observations, authorize I him (Dr. Lee) to state to the Royal Society that Dr. Nimmo's account was perfectly correct.”

I think, from these quotations, we may presume that Dr. Lee's opinion at the time they were published was, that the uterine vessels, in connection with the placenta, terminated by open extremities. I am, Sir, your obedient servant,

FRANCIS H. RAMSBOTHAM.

14, New Broad-street, Nov. 11, 1835.

COUNCILSHIP IN THE COLLEGE.

To the Editor of THE LANCET.

SIR,—Let Mr. Kingdon take all the benefit he desires from his “appeal” to the profession. “What's he to Heenba, or Heenba to him?” The Council of the College of Surgeons dishonestly exercise the power which they wield;—to share this power Mr. Kingdon aspires, and bases his claim on the same pretensions as have been advanced and acted upon by all successful candidates for the usurpation, and he now grumbles that he is denied the power of riding roughshod over his fellow members, and demands their sympathy that the power is refused him! The members of the College have not shown all the spirit which their declarations in 1826 justified us to expect; but they surely will not weep with Mr. Kingdon, he having sought for office by recognising the unworthy principle which excludes from the Council the very men whose support he now supplicates. Let this gentleman show cause for the inconsistency which thus marks his conduct. I am, Sir, yours respectfully,

A MEMBER OF THE COLLEGE.

London, Nov. 5, 1835.

MIDDLESEX HOSPITAL.

To the Editor of THE LANCET.

SIR,—Fully convinced that you are a zealous advocate for the correction and reform of all abuses in the medical profession, I shall feel obliged by your inserting in your valuable and independent periodical the subsequent remarks on a subject relative to the *Middlesex Hospital*.

On my first perambulation through the wards of that institution, I felt surprised at the small number, comparatively speaking, of students really belonging to the hospital. From what cause, thought I, can the fact emanate? Can it be for want of scientific practice or principles on the part of the attendant medical men? Certainly not. What then! The causes are to me sufficiently obvious: viz., a deficiency in cases, and an impossibility of witnessing operations. Mayhap, I shall render the latter point more intelligible by an illustration. I, accompanied by three other college students, went to the hospital, one day last week, with the view of witnessing an interesting operation—the excision of a very large inguinal tumour, which proved to be medullary sarcoma, and which was rendered more interesting from the hypothesis, that the femoral artery and vein permeated the tumour; but so far from seeing the operation, we could scarcely obtain a sight of the patient, that part of the theatre designed for the students having been previously occupied with a very few exceptions by unrecognised students, —*students totally unconnected with the hospital*. This, Sir, is one case out of many; but, why, I ask, are students first to be *admitted* to attend that hospital, and then to be deprived nay, robbed for it is nothing less, AND THAT WITH THE ASSENT OF THE MEDICAL AND SURGICAL STAFF, of a portion of the benefit supposed to accrue from their attendance, and for which privilege they have most amply remunerated the governors or functionaries of the institution? In conclusion, Sir, I can confidently assert, that, so long as the officers so blindly pursue their present course, so long will the number of students continue to decrease. I am, Sir, your obedient servant,

A MEDICAL STUDENT.

London, Oct. 26, 1835.

ST. BARTHOLOMEW'S HOSPITAL.

CONVALESCENCE FROM FEVER.—DEATH.—AUTOPSY.

MARY ANNE DOWLING, ætat. 24, but whose appearance rather indicated 40, was admitted into Mary's Ward, on the 2nd of July, under the care of Dr. LATHAM. On admission, her countenance was flushed, and

the cuticular surface was dry, and increased in temperature; tongue white, but red at the tip and edges; pulse small and rather sharp, computing 100; bowels constricted; considerable emaciation; she complains of great oppression over the forehead and eyelids.

Her habits have altogether been intemperate. She has been indisposed for four weeks, commencing with a bilious attack, to which succeeded rigors, pains in all her limbs, severe pain in the epigastric region, with great prostration of the animal powers. She has been restricted to her bed, has had leeches applied over the stomach, and has taken medicines. Prescribed, now, castor oil directly, and three grains of hydrargyrum cum creta every six hours.

3. The night was passed sleeplessly; she complains of still more exhaustion: the cuticle is apparently peeling off; pulse very small, feeble, and numbers 120; tongue moist at the edges, the centre being completely covered with a dark brown fur. The bowels have defected three times. Ordered to have six ounces of wine and strong broth. It is stated that if wine be not administered every hour, the patient must inevitably sink.

4. The night was passed without any sleep, but no delirium was noticed; her aspect and general appearance indicate yet more depression; the wine was increased to obviate absolute sinking; pulse 110, more feeble; teeth covered with sordes; tongue moist, though enveloped in a thin brown fur; three watery though fibrous evacuations were voided to-day. Let the head be shaved and a blister be applied, and let her have seven ounces of port wine.

5. Passed an exceedingly restless night. She presents the same languid and feeble appearance; pulse 104, with increased power; teeth covered with dark sordes; tongue white and moist. She turned from one side to the other this morning; bowels have excreted pretty freely; heat of skin somewhat diminished.

6. Tongue clean and quite moist; pulse 120, though very weak; requires wine, without which she appears to be quite lifeless; bowels not relieved to-day.

7. The *ressemble* augurs improvement, pulse 120, with augmented power. She was perfectly tranquil, without any delirium, during the night; tongue moist, with a fur in the centre; her condition continues to demand the steady and frequent repetition of wine. The bowels have evinced no action for two days. The pill to be omitted, and a dose of castor oil to be exhibited.

8. During the afternoon of the 10th she sank so low, that her pulse became imperceptible, her skin cold and clammy, and tongue dry; in fact she appeared *articulo mortis*. It was deemed expedient to administer four ounces of brandy mixed

with water, in the short space of an hour, under which influence she rallied; her skin became warmer, her countenance was flushed, and she passed a favourable night. A solid and not unnatural evacuation has this day been passed; tongue rather dusky, inclining to brown in the centre; aspect not very propitious; pulse 120, feeble; no evident delirium. Ordered eight ounces of brandy and one grain of the sulphate of quinine every second hour.

9. There has been no very remarkable degeneration of vital energy since yesterday; aspect ameliorated; tongue moister and less furred; pulse still very feeble, amounting to 120; the same quantity of stimulus resorted to at the same intervals, continues to be indispensable; the quinine has of necessity been omitted, after its third exhibition, in consequence of its producing a flushed countenance, and determination of blood to the head.

10. Has had little or no sleep; countenance dejected; three dark watery evacuations were voided during the night; the first of these was tinged with blood. She evinces to-day some tremour of the limbs; tongue moist; pulse 130, with decidedly less power; bears pressure over the whole abdomen without exciting pain. Brandy exhibited every hour to prevent dissolution; if wine be omitted longer than an hour, the tongue becomes dry; apply a blister to the abdomen.

11. Aspect improved, though her countenance is flushed; had no sleep; blister rose well; stimuli administered every hour as before, to prevent sinking; pulse 120, still very feeble; tongue moist, furred, red at the tip and sides. Three watery stools were passed.

12. Passed a favourable night; aspect indicates an improvement; articulates with more power; teeth free from sordes; tongue moist, with a white fur, red at the tip and edges; bowels constricted; wine still persisted in; during the last four days she has taken a pint of wine and eight ounces of brandy in the space of twenty-four hours. Let her have a mixture consisting of twelve grains of the carbonate of ammonia and three ounces of camphor mixture; a tablespoonful to be taken every two hours.

15. Countenance more cheerful; rested better; pulse 120; bowels not relieved; perfect absence of pain in the head, chest, and abdomen; the wine and broth resorted to every hour; the brandy has been discontinued during the last twenty-four hours; the mixture was likewise rescinded after the second dose, on account of its exciting

13. Aspect more progressive; stimuli produced no longer intervals; has had no sleep, but healthy dejection; pulse very feeble, numbering 120.

14. Wine and broth persisted in as before; bowels confined; tongue covered with a white

fur, but red at the tip and edges; pulse as in last report.

16. Complains this morning of severe pain in the abdomen, especially in the epigastric region; no alvine excretion; tongue unaltered, and there remains the same urgent necessity for stimuli. Five grains of rhubarb and one grain of calomel directly. A sinapism to the abdomen.

17. Immediate relief succeeded to the application of the sinapism; sustains pressure without pain; the powder produced one dark solid evacuation, anorexia; tongue still coated with white fur. Continue the wine as before.

18. Slept tranquilly; evinces a brighter and more intelligent aspect; the frequency of the circulation continues, with no augmentation of its power. Abdomen remains free from tenderness. Persist in the use of wine and broth.

Acute pain diffused through the right arm, which appears increased by pressure, and is unattended by any visible change in the condition of the limb; pulse stronger, from time to time, at different periods of the day.

19. Had a rigor in the night, which lasted for ten minutes, followed by great heat; bowels relieved; other symptoms unalleviated. She has since manifested at one time improvement; at another a decided aggravation of all her symptoms. She has occasionally been up and walking about the ward, and then relapsing into the same depressed state; but under the influence of medical treatment in watching and ministering to her various symptoms as soon as they became evident, she continued to linger on, though spending a miserable existence, until the 12th of September, when death terminated her protracted sufferings.

Examination twenty-four hours post mortem.

The following phenomena were observed:—*Head.* Contents of the cranium quite healthy.

Thorax. The pleurae were adherent; no serum could be discovered in either cavity; the lungs contained an unusual quantity of serum, and their texture was large and easily torn. The posterior portion of the inferior lobe was greatly congested. A quantity of fat was observed at the base of the heart, and about the origin of the larger vessels. Two ounces of straw-coloured fluid were detected in the bag of the pericardium.

—*Abdomen.* The peritoneum was perfectly natural. The mucous membrane of the stomach was red with blood, but no ecchymosis was discerned. The small opening of the stomach was contracted. The duodenum was deeply injected; there were some circumscribed patches of vascularity in the small intestines, but not a vestige of ulceration nor any enlargement of any of the mucous glands was to be discovered. The inferior portion of the small intestines was of

a deep-red colour; the cæcum and the commencement of the colon were of the colour of soot, dependent solely on the mucous membrane, which appearance was entirely removed on the separation of that tissue. The liver was mottled, and easily lacerated; the remaining viscera evidenced not the slightest appearance of diseased action having in any time disturbed their function.

FIBRO-ALBUMINOUS TUMOUR OF THE BACK.—OPERATION.—James Jackson, ætat. 55, was admitted under the care of Mr. EARLE, on the 10th of September, with a tumour which had existed about fourteen months, and occupied the hollow of the venter of the left scapula, projecting about two inches beyond its base towards the spine, where it exhibited itself in the form of a deep rounded swelling. He complained of an uneasiness from its existence, though the actual pain which he suffered was but trifling. He could draw his arm forwards on the chest, and backwards towards the spine, without difficulty, and he possessed the entire power of rotation of the arm in its socket. Repeated applications of leeches had been employed, with cold lotions and purges, but as no benefit resulted from this treatment, it was deemed requisite by Mr. EARLE and his colleagues to remove the disease by operation. Accordingly on the 3rd of October he was conveyed into the theatre and secured on the table, when Mr. EARLE commenced the excision of the diseased part, by an incision about seven inches in length, along the base of the scapula, which exposed the insertions of the muscles into that portion of the bone. These were then divided along the line of the first incision, and the tumour exposed. It extended forwards below the blade-bone and the ribs. The operator then dissected round it, beginning on the surface which confronted the ribs, in which part it was found to have advanced very considerably, and it was separated only with great difficulty from the scapula, partly by the scalpel, and in part by the finger. The difficulty which existed in this part of the operation, originated from the circumstance that very close contact subsisted between the tumour and the bone, which at one part was denuded of its periosteum and rough. On the removal of the tumour a very considerable cavity was exposed to view, the walls of which exhibited the appearance of a large, thickened, whitish cyst. The wound was slightly dressed, and slight pressure was employed on the scapula. The tumour was afterwards examined in the library, and its nature determined by Mr. KIRKMAN to be *fibro-albuminous*. The case is doing well.

NORTH LONDON HOSPITAL.

CONCUSSION OF THE BRAIN.—FRACTURE OF THE NECK OF THE SCAPULA.—James Ricketts, aged 44, was admitted, Oct. 2 under the care of Mr. COOPER, in consequence of a fall while painting the roof of a lofty room. The pupils were dilated, his pulse was slow, and he was affected with sickness and vomiting. After a copious bleeding his pulse rose. On being brought to the hospital he was partially insensible but could be roused by questions put to him in a loud tone of voice. The iris acted on exposure to light. Pulse 120. The head was kept in an elevated position and a cold spirituous lotion was applied to the scalp; his bowels were opened with calomel and croton oil, followed by a mixture containing the liquor ammonia acetatis sulphate of magnesia, and antimony wine. On examination the neck of the scapula was found to be fractured,—a kind of injury Mr. COOPER remarked, which was very easily detected through the medium of the coracoid process. The arm was put up with a wedge-shaped cushion in the axilla the elbow being at the same time well supported in a sling. This case went on very favourably; the patient recovered the full power of moving his tongue, and left the hospital at his own request. Mr. COOPER remarked that a fracture of the neck of the scapula generally occurs through the notch in its superior costa. The case he considered to be an interesting one, because it was attended with some symptoms resembling those of dislocation of the humerus downwards. The arm sinks, the shoulder drops, the deltoid is flattened, and the elbow lowered. But the humerus can be readily raised again, which is not the case in a dislocation. The elbow is not drawn away from the side, as in a dislocation, and the humerus, after being raised, falls again on being left to itself. The crepitus can be distinctly felt on lifting up the shoulder, and applying the fingers to the coracoid process.

REMOVAL OF A SCIRRHOUS TUMOUR FROM THE BREAST.—Ann Price, a married woman, aged 36, was admitted, Oct. 22nd, under the care of Mr. COOPER, with a tumour situated below the left mammary gland, and towards the edge of the pectoral muscle. It began to form six or seven years ago, when of course her age was not more than 29. As she suffered a good deal of lancinating pain in the swelling, which had long resisted iodine, and other medicines usually prescribed in cases of mammary tumour, Mr. COOPER recommended the patient to have the part taken away with the knife. Accordingly, on the 4th she

was brought into the operating theatre, when Mr. C. OPEN, assisted by Mr. QUAIN, made two semicircular incisions through the integuments, in a direction downwards and inwards, one on each side of the diseased mass, beginning with the lower one. He then detached the tumour from the surrounding connections, and removed it from the surface of the pectoral muscle, by cutting from the axilla towards the sternum. Three or four strokes of the scalpel readily accomplished this separation. Two arteries having been secured, the wound was closed with adhesive plaster, and a piece of linen was put round the chest. The arm to be kept quiet in a sling. In some clinical observations on this case, Mr. COOPER observed that the tumour had every appearance of being a true scirrhus, though the patient was only 36 years of age. The fibrous septa between the light-coloured semi-transparent scirrhous matter, could be seen with the naked eye. This opinion was also corroborated by the sharp, pricking lancinating pain which was almost continually experienced in the part for some considerable time before its removal. In this woman, however, menstruation had not ceased. In the axilla there is a small indurated gland, not much larger than a pea, which Mr. C. proposes to remove if the woman will consent to it. It is at present quite indolent, and has never given any pain. In removing diseased breasts and tumours of this part, Mr. COOPER recommended the incisions to be made in the direction of the fibres of the pectoral muscle. The lower incisions, he said, should be made first, because, otherwise, the bleeding from the upper cut would obscure the parts below. The tumour should then be detached from its connections all round, and finally dissected from its subjacent connections, beginning from the angle of the wound which is towards the axilla, and proceeding downwards and forwards. The chief bleeding is always from branches of the thoracic arteries on the external side of the wound. Sutures are for the most part unnecessary. Mr. Cooper thinks them disadvantageous, from becoming a source of irritation, and sometimes an exciting cause of erysipelas. No operations, he added, were more frequently followed by secondary hemorrhage, than those of amputation of the breast and removal of the testicle. When a breast of some magnitude has been removed, he recommends the application of a compress over it, with a broad piece of linen passed round the chest, capable of being drawn tight with packthread, in the event of hemorrhage. Thus the bleeding may be immediately commanded, as he knew, he

SIR H. HALFORD and BENJAMIN BRODIE failed to obtain for their diligent friend ROTHERICK, the vacant professorship of Materia Medica, at King's College, Strand. The medical department of the institution was in a declining state, and it was considered that, for once, private interests must give place to the public credit of the establishment. Dr. PARIS, therefore, on the score of his well-advertised name, was solicited to accept the chair, but the old gentleman coquetted so long on the occasion, that at length Dr. WEBSTER, a physician to one of the metropolitan dispensaries, was applied to, and that gentleman is now delivering the winter course of lectures on Materia Medica in the College, and, we hear, with great satisfaction to the class, which, however, was not, in point of numbers, so tempting as to induce Dr. PARIS to accede at once to the proposition of the Council. We believe that Dr. WEBSTER will fulfil the duties of the office with diligence. He is a conscientious man, and will unquestionably do his best to instruct the pupils. Moreover, another change would yet more depress the fame of the College, and will be avoided, if possible. It is whispered, that in addition to other fancies and reasons, Dr. PARIS did not relish coming after Dr. Hawkins.

SOLID NAUSEOUS MEDICINES.—*To the Editor.*—Sir,—Perhaps you will, through the medium of your widely-circulated and invaluable columns, make known to the profession an easy method of administering electuaries, or any species of nauseous medicine, when in a solid state. It is by taking a piece of confectioner's wafer, softening it by immersion in water, and enclosing the medicine therein. By this means the taste cannot be offended by the most unpalatable compound. I first observed the practice on the continent, and have since named it to one or two practitioners, who have adopted it with much benefit to the patient. The knowledge of this method, however, is at present confined to but few. I am, Sir, your most obedient servant, V. DANIELS. Brompton, Nov. 4th, 1835.

CORRESPONDENTS.

A LETTER has been forwarded to us for publication, containing the signatures of a number of gentlemen who state that they are the pupils of Mr. DERMOTT. As the document is without either date or address, it may be a fabrication. If it be not, we may state that although we respect the motives and zeal of the subscribers, those gentlemen can scarcely expect that we should allow an odious accusation against

THE LANCET to be made the foundation of [illegible] (I have a son, bestowing an eulogy on the calumniator in [illegible] who is well able to fill the columns of the slandered work. [illegible] as dispenser to a surgeon. Can you [illegible] of obtaining a suitable and comfortable situation for him? The address of our correspondent may be obtained at the Office.

We never undertake to preserve papers. Articles not inserted are destroyed.

The letter of *Humanitas* on medical attendance in the North Aylesford Union, shall appear next week.

The note of *G. M.*, if published in its present form, would be no voucher for the fact which the writer states. Our remarks, as he will perceive, applied to the hospitals. As the fact stated by *G. M.* is one of some historical importance, it certainly ought to be announced under the authority of the name of the lecturer. Shall the name and address be attached?

A report of *Mr. Ellis's* "reform" lecture has reached us, but not in time for publication this week. A commentary on the report, or the report itself, shall appear in the next LANCET.

An able professional Correspondent residing in the country says (and we here very will-

L. The lectures of *Mr. Preston* have nothing to do with medicine.

The communications of *Mr. Cheyne* and *Mr. Edwards* will be inserted, the latter as soon as space will allow. The requests relating to [illegible] neither of them be forgotten.

A Medical Student. The indentures mentioned would not be received. Proof of execution of proper indentures would, in case of their loss, be received.

If A Subscriber will read the original remarks, he will find that they denote a principle of high professional importance. Common justice required that the rest should not, under the circumstances, be rejected.

ERRATUM.—We forgot to point out to the notice of a correspondent, that the words "plumbe of lead," in one of *Orfila's* receipts for dyeing the hair, were a misprint for "plumbe of lead."

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. $51^{\circ} 37' 41''$ North. Long. $31^{\circ} 45''$ West.)

Days.	Thermometer.		Barometer.		Rain. Ins. Decs.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Nov. 2	46.	41.	29.96	29.88	0.4	E.	Day fine; rain evening & night.
3	42.	36.50	.81	.78	0.175	S.	Frequent rain during the day.
4	38.75	34.25	.79	.75	—	E.	Dull and heavy, but no rain.
5	38.75	25.25	.71	.66	—	E.	Dull without rain.
6	42.75	26.50	.72	.64	—	N.	Morning foggy, afterwards fine.
7	44.50	31.	.74	.64	0.3	S.	Rained freely during the day.
8	46.25	35.50	.77	.69	—	N.W.	A fine seasonable day.

Observations for October.

Thermometer....Highest 61.25 .. the 6th.
Lowest 28. the 18th, 19th, 21st, 27th, and 29th.
Mean 43.98588.

Barometer.....Highest 30.13 .. the 16th.
Lowest 28.63 .. the 10th.
Mean 29.49924.

Number of days of rain, 18. Quantity of rain in inches and decimals, 6.06875.

Winds.—6 East; 3 West; 3 North; 5 South; 1 North-east; 1 South-east; 6 South-west; 6 North-west.

So cold and wet an October has not occurred since 1823, and the rain exceeded what fell in Oct. 1823. Indeed so much rain has only once, viz. in July 1834, fallen in any one month during the last twelve years and a half.—The maximum of the thermometer was upwards of ten degrees below that of last October. The barometer was lower than since October 1824, as regards the mean; but the minimum was equal to the mean of the like months of the years 1824 and 1825. A few days were fine, but the number of fine days was much less than the average.

Nov. 9, 1835.

W. JACKSON.

THE LANCET.

LONDON, SATURDAY, NOVEMBER 21, 1835.

[1835-36.]

NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DEFORMITY OF THE SPINE, PAINS IN
THE HEAD, NEURALGIC PAIN OF THE
STOMACH, AND GOUTY AFFECTIONS.

Delivered in the Session 1835-36.

By DR. ELLIOTSON.

DEFORMITY OF THE SPINE.—*Deformity.*—The first case I shall notice to-day, gentlemen, is one of deformity of the spine, partly resulting from weakness, and partly from strumous disease. The patient was a girl, aged ten years, admitted on the 27th of July. The account obtained from her was, that she had had a curvature of the spine as long as she could remember. About eighteen months ago she began to complain of shooting pains in the right foot and leg, and soon afterwards in the left. These were gradually followed by partial loss of motion and complete loss of sensation. She also lost the power of retaining her urine and feces. About a year ago she was admitted into St. Bartholomew's Hospital, under the care of Mr. LAWRENCE, where she remained four months, and during that time had two issues formed on each side of the dorsal part of the spine. She improved very much while in the hospital, and when she left had regained the power of retaining her urine and feces, and perfect sensation in the lower extremities, but she is still unable to use her legs for support or motion. In other respects her health is good.

On her admission here she was in a state of extreme weakness, and there were other curvatures of the spine beyond what the disease of the dorsal vertebrae had occasioned, while curvatures appeared to be owing to the want of power in the muscles to keep the body erect. It was this curvature which appears to have existed ever since he could remember. The disease of the

spine appeared to have been perfectly cured by Mr. LAWRENCE. To have attempted a restoration of her shape would have been fruitless, but there was an evident indication that improvement of her strength should be attempted, and for this purpose I ordered a cold shower-bath daily, and half a drachm of carbonate of iron three times a day.

On the 11th of August she had become considerably strengthened, her complexion was even rather florid, her appetite was good, and on the 15th the dose of carbonate of iron was increased to a drachm. On the 23rd she could move her legs freely, although only through a limited space. She was unable to bend any of the joints of the lower extremities beyond a small angle, but within that distance she could move them with the greatest readiness. Her complexion was improving. On the 1st of September she was much stronger, and her complexion absolutely florid. Her appetite was good, and she could now walk alone, though she was unable to support herself upright on her feet. This is an instance of the great benefit that may be derived in cases of curvature of the spine from debility, by the use of tonic measures, and, among those, certainly iron and the cold-bath rank the first. Had the disease not lasted so long, and the curvature not been so great, and had there not been, also, scrofulous disease of some of the vertebrae, extension might have been proper, but in this case I conceive it would have been useless.

I may mention here that I was greatly delighted lately, when visiting Paris, to see the beautiful plan of treatment adopted in an *Orthopédic Institution*. I visited that of Dr. BOYER, and of all the things that I visited belonging to the medical departments of Paris, nothing gratified me more; little, indeed, gratified me so much.

The plan adopted by this gentleman, and, I presume, by others, who have similar institutions in that capital, is two-fold,—that of invigorating the system as large, and that of restoring the misshapen parts as far as possible to their proper form. For the former purpose the patients are supplied with proper food, there are baths of various descriptions in the establishment,

and the persons under treatment exercise as much as possible in the open air. The hours of exercise recur three times a day, and unless in weather which is bad, it takes place in the grounds belonging to the institution. Tonic medicines were also given, and I took the opportunity of pointing out to M. BORVIER, as I did to M. LIGER, the great advantage that would arise from the employment of very considerable doses of the carbonate of iron. With the utmost liberality he assured me he would exhibit it in these diseases, for the purpose of ascertaining the superiority of rail doses. The other indication, that of restoring the deformed parts to their proper shape, is effected in the most agreeable manner. They practise a considerable number of gymnastic exercises, all of which have a tendency to extend the parts which are curved, while they strengthen the system in general. These exercises are infinitely varied, so that they are carried on with pleasure. The patients pass from one sort of exercise to another, and labour just as much as they themselves please. Some ascend ladders by the aid of their hands only, which ladders are suspended with a spring, so that the weight of the patient while hanging on the ladder, in ascending and descending, tends to bring the spine into a straight direction. Then they lie with their faces upon a sort of chair, which is placed on an inclined plane, and from a handle and thus draw themselves up the plane. They take hold of horizontal poles, and move about to a considerable extent, by means of their arms alone. I cannot detail the number of other contrivances and designs for the purpose of letting the body extend itself principally by its own weight. The patients are never allowed to rest upon their seat, or upon their bed. At dinner their *muscles support them in the stool* on which they sit to their amusements, so that the spine is supported—not pressed so as to have a tendency to curve; and the supports are more or less movable. In passing from the house to the grounds they use crutches, supporting them *one at a time, under the armpit, the elbows resting on the middle of the crutch*. As they pass from one gymnastic contrivance to another, they have these crutches *one with them*, so that they never rest for a moment on their feet, because while passing from one apparatus to another, while they use the crutches, their toes only touch the ground. Then their gymnastic exercises, which are quite a delight to them, are never continued long at a time, so that they could be fatigued. The patients practise them three times a day, and repose upon their backs I think for eighteen hours out of the twenty-four; and while in repose there is a moderate degree of extension kept up. They go on with their education while in this position, and from their

leaving this position for the purpose of gymnastic exercises three times a day, it is not irksome to them. They all seemed to be perfectly happy, and, in fact, in the highest spirits. The improvement which was effected by this mode of treatment, was manifested by the casts which had been taken of several young ladies, at the time of their admission, and at the time of their leaving the institution. Many had been quite cured, and many who had been greatly distorted were now comparatively but little deformed. In fact, a friend of mine, who accompanied me, with some other English medical men, met a young lady there with whom he was acquainted, and he was quite astonished at the improvement which had been made. The gentleman who superintended the establishment, Dr. BORVIER, appeared to be a most philosophic and amiable man, and I must repeat, that I greatly regret that there are not institutions precisely upon the same plan in this country. I say I regret, because I have not time to say, that notwithstanding the institution was but an hour's ride out of Paris, and my time was limited, I could not remain more than a scanty time to visit it, and the result which I experienced was participated in by all the English gentlemen who accompanied me.

PARIS IS THE HEAD-QUARTERS OF PARALYSIS AND DEFORMITY. *Chief of the Hôtel of Pains*. The next case which I have to mention, is that of a female, Ann BERTHE, aged 24, who was admitted on the 11th of August. About twelve months since she caught a severe cold, and was exposed to wet. This was accompanied by a kind of the tetanizing spasm. Ever since she has been subject to severe pain in her neck, head, and at the vertex, sometimes shooting down the chest. The pain was attended with heat. Cold applied to the face gave relief. About eighteen months ago she was admitted into an hospital, where she remained under treatment until her death again. During that time, as she was bedridden, the pain continued at the vertex, and at the back of the head, and at the face, and at the vertex, up to the armpits, and was once alleviated, from which she gained relief, but for a short time only.

It was quite certain that antiphlogistic treatment would not cure this patient. The antiphlogistic treatment had been fully employed, and from her pains, and the insuccessfulness of previous antiphlogistic treatment, it appeared to me that the exhibition of nuxvomica was likely to be of great benefit to her. There are a number of cases of pain in the head which yield to the exhibition of nuxvomica, and not to antiphlogistic means. These are cases in which, as in the present instance, there is painness, debility of body, and feebleness of pulse. The painness and feebleness here might arise from the strong

antiphlogistic means that had been employed; but as those had done no good, it was highly probable that measures of an opposite description might; but as the pain appeared seated in the periosteum, outside the head, and perhaps also in the dura mater within, I resolved to give her the benefit of what is of great use in these affections, the hydriodate of potash. She therefore took it in solution, with the carbonate of iron three times a day. She began with about three grains of the hydriodate, and two drachms of the carbonate, three times a day. On the 29th of August she was gaining her strength fast, as well as her colour and appetite. The quantity of the carbonate of iron was increased to half an ounce, and the hydriodate of potash was now as much in quantity as to give one to every dose. On the 1st of September her pain was less violent and her strength greatly improved. On the 12th the headache was less, her complexion absolutely florid. Up to the 17th the headache was daily decreasing in severity, and she slept well, and on the 29th she was discharged perfectly well, free altogether from pain, having complete possession of her strength, and presenting a fine florid complexion.

In chlorosis it is a very common thing for females to experience violent pain in the head, and loss of blood only makes this pain worse. The mode in which I discover the treatment necessary in such pains, is to observe the colour of the face, lips, and tongue, and the character of the pulse. If the redness of the face, and weakness and want of body in the pulse, I conjecture the case to be one which, like chlorosis, indicates the adoption of treatment which is calculated to restore the quality of the blood, and do not on any account think of employing antiphlogistic remedies. The pain of the head goes away, together with the palpatation, under the use of iron. But whenever I am satisfied that the pain is in the membranes of the head, and here it was in the periosteum, I give the hydriodate of potash, and it is just as successful in these cases as it is in others where there is no degree of paleness. The two remedies, combined together, appeared to be indicated, one by the state of the constitution, the other by the head symptoms. Although I might have cured the pain by the hydriodate of potash, yet I do not believe that I should have done any good to the constitution by it, without giving the carbonate of iron; and knowing how useful iron was likely to be in one part of the complaint, I gave her the benefit of both these remedies.

SPASMODIC OR NEURALGIC PAIN OF THE STOMACH.—*Crescote*.—The next case is that of Catherine O'Keefe, aged 47, a married woman, who has had several

menstruated since Christmas. "About nine years ago she began to have attacks of spasmodic pain in the stomach, which occur at intervals, and continue for two or three hours, and always come on an hour or two after dinner. She has been salivated several times, and bled and blistered, but was never relieved. Nine months ago she began to feel pain and a sensation of weight between her shoulders, and a sense of burning along the oesophagus. At present she is quite free from pain, excepting when she takes food, after which her pain returns in the most agonizing manner." She can only lie on her back, and she is at all times easier in that position. The pain is always relieved by hot ingesta.

Now this was decidedly a case merely of spasmodic or neuralgic pain of the stomach, not constant, but occurring at intervals. It was not increased by pressure, nor by hot ingesta. Had it been an inflammatory pain it would have been constant, although perhaps worse sometimes than at others. The pain would have been increased on pressure, and by ingesta of all descriptions, but particularly by hot and stimulating ingesta. The pain it is true was always worse after eating, but not worse immediately after eating. Where the pain is inflammatory, the pain comes on immediately upon taking stimulating food. It is common in these cases of spasmodic pain to find more or less tenderness, but this is merely the result of the straining caused by the spasm, just as every one must have experienced after severe cramp in the calves of the legs. The part is found rather tender the next morning. Now I was determined to give her what I knew to be a good remedy in the disease,—*Crescote*. Her pain was always relieved by hot ingesta, and therefore a stimulating narcotic like *Crescote* appeared strongly indicated. I mentioned in a paper printed in the volume just published of the *Transactions of the Royal Med. Chir. Society*, that although *Crescote* is an admirable remedy in gastrodynia, yet that it does not produce those striking effects which attend its administration, in vomiting unaccompanied by inflammation; I therefore was prepared not to expect immediate benefit from the *Crescote*, nor, indeed, until I had increased it to a considerable amount. I began with two minims every six hours, on the 25th of August, and it was gradually increased until we had reached ten minims, given every four hours, without causing any alleviation of the pain. The dose was then increased to twelve, and then to fourteen minims, and then the pain began to lessen. Still, however, she had considerable pain, and therefore on the 22nd of September the dose was increased to sixteen minims. On the 25th the report states that she had scarcely any pain in the epigastrium; her appetite was

3rd of October she had only slight pain to walk from Carshalton to this hospital, occasionally. Still, however, she had some pain, and therefore I increased the dose of creosote to seventeen minims. On the 6th of October she was perfectly free from pain, excepting a very slight twinge occasionally, and on account of the *slight twinge* I made the dose eighteen minims, and from this time she was perfectly well. She was discharged on the 6th of October, full of gratitude, declaring that this was the first time she had ever taken any thing which did her the least good.

Now, in cases of gastrodynia, without inflammation, mercury is useless, and so is bleeding, both generally and locally. From the want of an accurate diagnosis, the remedies which are proper in inflammation may be improperly employed in cases where there is only spasmodic or neuralgic pain, and the remedies of spasmodic or neuralgic pain may be employed where there is inflammation, not only without doing any good, but, for the most part, doing mischief. We are the more liable to make mistakes in these cases, from the tenderness which is left between the nature of spasmodic pain; but if we admit that tenderness is not greater than the violence of the previous spasmodic pain, may enable us to account for, and gradually to remove the spasm, we may almost always neglect, and retard it, by the use of the remedies of inflammation, or by employing the remedies of spasmodic pain to drive the pain from the spasm, by attacks very severe, it will be necessary to employ leeches and blisters, but these will not prevent the return of the spasm.

COLICA PICTORUM.—Purgatives and Creosote.—The next case was an example of acute spasmodic affection of the lower part of the alimentary canal, caused by lead—an instance of colica pictorum. This case likewise illustrates the great power of creosote over certain derangements of the alimentary canal; not that it was of any service in removing the colic, but in removing one of the symptoms which the colic occasioned. We have had many cases of this disease in the hospital since it was opened, and in many a very rapid cure has been effected by the exhibition of strong purgatives, combining them with creosote, for the purpose of arresting vomiting and causing purgatives to remain.

G. T., aged 27, admitted on the 25th of September, a painter, was in the hospital last April for the same complaint, and was discharged cured. He has been working in a room for the last fortnight, with the doors and windows shut, using a paint which was made of turpentine and white lead. He was then seized with severe pain about the navel, constipation, and vomiting of everything he took. This morning he attempted

to walk from Carshalton to this hospital, but the pain became so severe that he fell down and was unable to move. He was brought to town in a cart. "The pain in the abdomen is excessive, but is relieved by strong pressure. He has had no stool for three days. There is great oppression; the tongue is white, and the thirst is great." Mr. Taylor ordered him scruple of calomel, which was to be repeated in three hours, and an injection containing two ounces of oil of turpentine into a pint of barley-water, and this injection was repeated, the first having produced no evacuation. The second produced a copious evacuation of black feces, without pain. On account of his pulse being full he was bled to a pint, and the blood was bluish and cuppy. Calomel was given him every five hours, and his bowels soon became freely opened, but one symptom remained, and that was the vomiting. He still continued to vomit everything he took. Notwithstanding, too, the free state of his bowels, he had considerable purpura, for which Mr. Taylor gave him half a grain of nuxom of morphia; the vomiting ceased, and creosote was employed.

He gradually got rid of all affection of the stomach, but the vomiting returned as soon as he was bled. So on the 2nd of October, a scruple of creosote in an ounce of water and a scruple of nuxom of morphia, and in that state the vomiting ceased, and he went out perfectly well on the 13th of October.

I want to lay this opportunity of mentioning a case of vomiting to which I was called in private practice, and which had existed for some time, reducing the patient to such a state of debility, that she was nourished only by nutritive injections, and was considered to be in great danger; but a few doses of creosote arrested the vomiting permanently, and she became perfectly well, but the case has been published, and therefore I need not again enter into a detail of it.

With regard to CLINICAL INSTRUCTION, it may safely be stated, that no mode that can be devised is more helpful to the student in acquiring a thorough knowledge of medicine—the term *medicine* including both medicine and surgery. The present era has been, and will continue to be, distinguished in all times for the great contributions made to this department of science. Its advantages are most obvious. The mind is far more difficult to be fastened on a subject when it is addressed only through the ear, than in the general systematic lecture, but what adds the advantage of other senses is in clinical instruction, is calculated never to quit the mind.—*Mr. Tynan's Advice to Students, Oct. 6.*

ST. GEORGE'S HOSPITAL.

CLINICAL LECTURE

ON

E P U L I S,

WITH REMARKS ON OPERATIONS IN GENERAL.

Delivered, Nov. 3rd, 1855.

BY SIR BENJAMIN BRODIE.

GENTLEMEN,—I will read to you the history of a case in which I have been operating. The patient, who is now fifty years of age, “has had,” as she states, “bad teeth for many years. Four or five years ago she suffered very much from what she considers to have been toothache, after which two of the back teeth of the lower jaw became very loose, and dropped out, and then, for the first time, she felt a tumour occupying the place of the lost teeth, apparently rising from the alveolar process. It was at that time firmly bound with the jaw to her face; it progressively increased in size, and at times smelt. I have given her a great deal of pain, occasionally bleeding so much that she has been considerably weakened by the hæmorrhage.” This runs the report, which proceeds to say,—“At the present time,” that is previous to the operation which I have performed, “the tumour occupies about one-third of the left side of the lower jaw. It is firmly attached by a broad base to the bone. It is ulcerated on the surface; covered as it were with a membrane, something similar to that of the gum.” There was no discharge from it when she came to the hospital, and it gave her no pain. She said that her grandfather had a tumour of the same kind, from which he actually died. When she was admitted into the hospital the tumour was hard, as it the greater part consisted of bony matter; but when I questioned her on the subject, she said that in the first instance it was of soft consistence. The tumour in some respects, as I will explain to you presently, differs from many of the tumours which go under the name of “*epulis*,” but, nevertheless, I believe it to be one of the same kind.

In order that you may fully understand this case, I propose to give you the history of this disease. I use the word “*epulis*,”—reading the *you* like *poir*,—because that is the usual mode of pronouncing the name, and the mistake has lasted so long that it is not worth while to alter it. We ought to call the disease “*epoulis*,” with the true diphthong, because it is derived from the Greek *ἐπὶ ὀδῶν*, on the gum. This being the name given to it, so far back I believe

as the time of Hippocrates, you might suppose that the disease was well understood, and that, at any rate, you would find a good account of it in some writer or other. However, I have looked in vain in books for a history of the disease, or the mode of treatment necessary for its cure, to which I could refer you, and find that there really is none. I looked into Mr. SAMPSON COOPER'S Dictionary of Surgery, because that gentleman has taken great pains to collect whatever has been said on surgical subjects, and I think that if there had been a good description of the disease, he would have found it out. But his account is this:—“*Epulis*, a small tubercle on the gums. It is said sometimes to become cancerous. The best plan of cure is to extirpate it with a knife.” I then thought that I would look into an older authority, and turned to Hislop's “*Surgery*,” published more than a century ago. He says that “*epulis* are mild, and not cancerous; they may be removed by ligature, by caustic, and by the actual cautery.” This is the substance of what he has to say on the subject, though his account occupies perhaps two-thirds of one of his quarto pages. I have looked to other books, but I can find no history of it there; and, consequently, in order to give you the history, I must refer to cases which I have seen myself. I have seen a great many instances of the disease, and I dare say that I can furnish you with a correct account of its character.

This disease, according to my experience, occurs generally in women. Why it should do so I do not know, neither can I tell whether it is accidental or not. I think it hardly can be accidental, for during the many years that I have been in hospital practice, and during the shorter number of years that I have had a large private practice, it is improbable that I should have seen it much more frequently in women than in men, unless women really were most subject to it. Nevertheless I have seen it in men.

When you look at the disease in its early stage, it appears as if a part of the gum were more prominent than the rest; the prominent part is covered by a membrane like the gum, and when cut into, it is not very different in appearance from the consistence and structure of the gum itself; at least, so far as the eye can discern. On these accounts, as it looks like the gum on the surface, as it cuts like the gum, and as it is connected with the gum, so it is supposed generally to have its origin in the gum, and I cannot say that that is not its source in some instances; but yet I must own that in cases which I have had an opportunity of examining, it has appeared to me that the disease originated in the alveolar processes. I have observed that the disease is always situated by the side of one tooth, and generally a tooth is pushed out of the

socket as the disease advances. The history of the present patient tends to confirm this opinion, for she says that the teeth became loose and dropped out, and then upgrew the tumour. Here is a specimen *presenting it* of the disease, attached to the jaw, and in which it evidently appeared to have originated in the alveolar process. In the operation, I removed with the tumour the portion of jaw belonging to it; and I found in that part of the jaw which was sawn through and where it was not supposed that any tumour existed, that there was a substance exactly like the tumour itself, in the alveolar process. I sawed through the bone where I thought it was healthy, and there I found the socket of an alveolus, in which the structure was so exactly like that of the large tumour, that I thought it right to destroy this part. The tumour is at first small; as it advances the teeth drop out, and the tumour at last extends from one side of the jaw to the other. If the disease go on it will ulcerate and increase in size, and although in this woman it remained stationary, as any tumour may, yet it may go on to attain any magnitude. I have seen a tumour occupy the entire half of the lower jaw, so that the patient could not close the mouth, and it may go on further still, and run the course of any malignant tumour. Consider what any malignant tumour of the jaw will do, and that is what this tumour also may do. It may occupy the cavity of the mouth itself, press upon the cheek, and so interfere with the destruction of the fibres, so that you have a large indurated ulcer, with a tumour at the bottom of it. In short, it may run the course of any malignant disease. The patient may die worn out from profuse discharge, bleeding, vomiting, and the want of nourishment, for all these tumours about the cheeks, jaws, and face, ultimately produce these ill-consequences. The patient is unable to take food, and absolute starvation seems to be the cause of death in many cases. The tumour in itself, if it be allowed to remain, is just as bad as any carcinomatous tumour, or a tumour of fungous hæmatodes, there being this difference only, so far as the course of the tumour itself is concerned, that it does not make such rapid progress as malignant tumours generally do.

I have said that it may run a course similar to that of a truly malignant tumour, so far as the tumour itself is concerned. You will ask, "Why do I make this reservation; why do I say that it runs that course only in one respect?" A truly malignant tumour, such as scirrhus or fungous hæmatodes, contaminates the absorbent glands, which this tumour does not. The malignancy of the former tumours arises out of something in the state of the general system that is, in carcinomas, or in fungous hæmatodes. Cancer and fungous hæmatodes are not local diseases,

so that if you remove the disease where it shows itself, you find it rising up again afterwards, either in the part originally attacked, or, perhaps, in some distant organ of the body. If you remove fungous hæmatodes from the breast or leg, the patient may die of the same disease in the lungs, or it may show itself again in the breast or leg. So if you remove carcinoma from the breast, the patient may die of disease again returning in that part, or of disease in the lungs, the liver, or the uterus. But epulis is not like malignant disease in this respect; it does not arise out of any vice in the constitution, but is altogether a local malady. You may remove a cancer from the breast, and take away the sound parts beyond it, to considerable distance, and yet the disease will return. You may take away the tumour in epulis, assuring yourself that you take away the whole of it, and the tumour does not return. When the tumour has attained very large size, it often does not return after the operation, because it is too difficult to go out *the whole* of the disease; but if the tumour be of small size, you may remove the whole, and according to my experience, it will not return.

There are other tumours which possess this malignant character. Those take place which take up in the cheeks, which remain for years in the face, and when at last they begin to grow, produce large indurated ulcers, and frequently destroy life, belong to the class of half-malignant tumours. These tumours are generally considered to be cancerous; but if you take away the disease in the early stage, when it can be taken away *entirely*, there is no return of it. You need not be afraid, in the cases of the abscent glands being contaminated not of the disease showing itself in any of the viscera. Take away the whole of the disease quite beyond it, as there is no return. You can do no more in the patient with epulis; it is needless give her medicine, and try by that means stop the progress of the disease. You may eradicate the morbid growth, and the question left for us to consider is, how the eradication should be effected.

The mode of proceeding must depend on circumstances,—on the size of the tumour, on its extent,—and, partly, on its position. In the greater number of cases of the kind that I see,—in private practice at least, the disease is in the early stage, and, of course, then, the tumour is of small size and may be easily destroyed in the following manner.—First of all, all the teeth which seem in any way to interfere with the disease must be drawn. The tumour must be taken before you can operate. You thus expose the tumour, and, then, in ordinary cases, you proceed in the following manner. In cases where the tumour is broad, you

dropped out for some time, the alveolar processes have become absorbed, otherwise, of course they remain, and this circumstance you must bear in mind. I am now speaking of cases where the tumour is small. I place the patient before the knife, and then cut off the excrescence, so far as I can get at it. If the alveolar processes remain, of course I use such a knife as can be carried to the bottom of them; but if they have been absorbed, a straight common knife will do. You then wait for the bleeding to subside, and if there be a great deal of hemorrhage, you may postpone the next step of the operation to another day, when it may be done quite as well as on the first occasion. The next step of the operation is to apply the caustic potass to the surface of the bone from which the tumour arose. You may apply the actual cautery, or nitric acid; but I prefer the caustic potass, which answers the purpose fully as well as the actual cautery, and renders the patient much less. I think, moreover, that you know more exactly how far you go with the caustic potass than you do with the actual cautery, and be assured, also, for I speak from having employed it many times, that it answers the purpose perfectly. You should have a piece of caustic potass, with a point, so as to enter the alveolar process. It should be cut in the shape of a pencil, and be a piece of a tolerable length, and it should be fixed, at right angles, in the end of a pair of dressing forceps. Do not trust to your hands to hold it tight in the forceps, but let it be fastened on by a ligature, passed round several times, apply it to the surface from which the tumour had been removed, but if the alveolar process remains, take care that the caustic penetrates to the bottom of the process. Many prefer the caustic potass to anything else, because it does not coagulate the blood, and does not prevent the caustic from acting; and because, also, it will penetrate somewhat into the substance of the parts; whereas the nitric acid coagulates every substance with which it comes in contact and does not sink into it; it is more limited in its effects. You may conceive that the caustic potass is very likely to run about, to surround the cheek, to burn the tongue, and to involve parts beyond those which it is your intention to injure. It will dissolve in saliva, in the blood, and in the urine, and if it were to run about it would produce very great evil. Now, then, are you to obviate the effects of such an accident? Why, just as you always would avoid the effects of its application where you do not want it to operate. Whenever you employ it for the destruction of living parts, have something in hand that will act as an antidote to it, and stop its operation. If you use the caustic potass, you need only have some vinegar within reach, with bits of lint to dip into the vinegar, and apply to the neigh-

bouring texture. If you employ nitric acid, have some carbonate of potass, or chalk and water, ready to apply to protect neighbouring parts. You should never use caustic without having something by you that will destroy its properties, when the caustic is in danger of interfering with the neighbouring textures. There are some cases in which you apply the nitrate of silver (which is not a powerful caustic, and not much used for the destruction of parts) to the inside of the eyelids. Always have something at hand on such occasions to stop its operation, and the best antidote with which I am acquainted is common oil, which stops its action presently. But, to return.

Having removed the part with the knife, apply the potass to the surface, by which you will make a slough of the neighbouring parts, and destroy the surface of the bone. If the disease has descended to the alveolus, and the alveolar process is not absorbed, a narrow piece of caustic is to be introduced into the bottom of the process. This may be done at the time of excising the tumour, if there be not much hemorrhage; but if there be, then it is better to defer the application to another day; no harm arises from waiting, and you never can apply the caustic to much advantage when there is much hemorrhage, that was the reason why I only applied the caustic slightly to-day. You should always examine the part afterwards, in order to ascertain if you have left any portion of the tumour undestroyed. If you have, it may be removed by a knife, or by the caustic potass, after wards. It is not often necessary, but such, where the comfort or the life of the patient is at stake, you should exercise this precaution.

In this woman's case a good deal of the tumour was composed of bone, it had a hard bony base, and it was evident, from her account, that the bone began at the base, and had grown from thence, for she states that the tumour in the first instance was of soft consistence. Any tumour which is attached to bone is likely to have bone grow into it afterwards. I have seen a large fatty tumour, with a large process of bone, at last, grown on to its base. It was evident that the knife in this case would not take the tumour away. It might have been removed with a small saw. The cheek being held back, the saw might have been introduced, with the finger, so as to cut off the tumour; but these bone-nippers are much more convenient for that purpose; they take off the tumour quite as smooth as the saw, and in a much shorter space of time. They are simply a modification of the common bone-nippers, which are used for removing portions of bones at the ends of stumps. A pair however may be made, as I have had these made, specially for the occasion,—just adapted to the shape of the tumour, and fitted to embrace its face very

nicely. The forceps that I show you contains a mechanical improvement contrived by Mr. Weiss, who is certainly a very ingenious person, and whose numerous inventions have been of eminent use in surgery. They move with a double lever, so that much less force is required to take off a bony tumour than is requisite with the common nippers. They were only brought home two days ago, and, as I had not used them before to-day, I was surprised to find how little force was necessary to take off this tumour—a child, with these nippers, might have pinched it off with the forefinger and thumb—of course, therefore, these nippers are very advantageous to the operator.

Although there are many cases where the knife will not answer the purpose, and where the bone-nippers will, yet the latter will not always do, for in other cases the tumour has attained a very large size, and occupies so great a part of the jaw that the nippers are not safe as an instrument which must leave no portion of the tumour behind. Here is a specimen in which it would not have been safe to leave any part of the jaw unremoved. Here is another specimen, in which a portion of the jaw might have been left, but still it did not appear to me at the time to be safe that any part should remain. I dare say that in some of those cases in which the whole ramus of the jaw has been taken away, the disease has been of this kind, and, having occupied the whole of the jaw, the cure required that the whole of the jaw should be removed. In general, however, we are only called upon to take away a portion of the bone. The specimen I now present was taken from a private patient on whom I operated something less than a year ago; and here is another on which I operated about a year and a half ago. The latter patient came to London on account of the tumour on the jaw, a surgeon accompanying her to town. It appeared from the extent of the tumour to be doubtful whether it could be taken away without removing the whole of the jaw. I performed the operation in the following manner:—I first made an incision down the back part of the cheek, then another round the ramus of the jaw, and another on the front of the cheek. I then turned up the flap, and thus made a sort of window, or port-hole, in the patient's face; it was a sort of shutter; in fact, a circular flap of the skin of the face and cheek was detached, excepting at the upper part. This flap was then turned up so as to expose the bone, which was then separated from the healthy parts, on the inside and below, with a saw. Of course the teeth in the neighbourhood had been previously removed. The flap of skin and flesh afterwards came down into its place, the parts were brought together by the inter-

posed suture, as in the operation for hare-lip, the wound healed by the first intention, and in only about eight or nine days afterwards, I believe the patient was so well that she commenced a journey home—a distance of no less than a hundred miles. It was quite remarkable how slight an appearance the scar made in the face. You could just discern the three lines, but you could hardly tell, without looking closely at the patient, that anything had been done. I heard of this lady two or three weeks ago, and she then continued perfectly well, and a gentleman told me that you could hardly observe anything different in the face from what there was before the operation. You will think it remarkable that there should be so little disfigurement. You would suppose that a portion of the jaw being taken away, the side of the face would be shrivelled, and the chin turned on one side. This we should think is what ought to happen, but it is not what really does take place. The space from which the bone has been taken away becomes filled up with ligamentous substance, which keeps the bones asunder, at the same time binding them together. The patient feels that she has lost some of her teeth on that side, and she cannot masticate there, but she can masticate very well on the other side.

In the other patient the tumour was of a larger size still, and I performed the operation in the same manner; the edges of the wound were brought together by sutures, and all but a small portion united by the first intention. When I took the tumour hence—and what I am now about to mention is the most interesting part of the case, and, perhaps, one of the most important observations that I have made.—I found the alveolar process behind, having in it some exactly similar structure to that of which the tumour was composed, and I had cut through the middle of it; and when I looked at the patient's mouth, two days afterwards, I found, true enough, what appeared to be a tumour, occupying the alveolar process behind; and, more than that, I found a very small portion of the tumour attached to the bone in front, a small slice of it. This was easily taken off, and I then introduced a very narrow piece of caustic potash into the alveolar process behind, where the remnant of the tumour seemed to exist, and destroyed that remnant. I repeated this operation more than once, in order that I might be quite satisfied that the destruction of the part was complete. This made the cure a little more tedious than in the other case, where the subsequent application of caustic was not necessary. Some of the bone took place; some of the alveolar bone came out of the wound, and a small portion of it broke open the hole, notwithstanding these drawbacks, the cure was very soon completed, and the patient,

whom I saw only a few days ago, has since continued quite well. You can feel a strong ligament formed in the part where the bone was taken away. The bones are very little drawn together, for a strong ligament keeps them asunder and binds them at the same time. The chin is in the middle of the face, and if you look attentively at the patient, you see one side of the face a little different from the other, but this you would not notice except you looked particularly at it.

In the case of the patient in the hospital on whom I have just operated, I have, as I told you, already applied the caustic slightly; the application, however, may not be quite sufficient, and if so, I shall apply it again on another day.

OPERATIONS IN GENERAL.—As we have ten minutes to spare, I will make a few observations on another subject. A man came into the hospital, lately, with a large tumour on one side of his face, to have the tumour removed. I had seen him in the summer, and then finding the tumour comparatively small, I recommended an operation; but going out of town, I did not see him again until a short time back, when a day was fixed for the operation. He wished it to be performed on the third day, but before the second day came he went away; and, indeed, I do not know that he was very unwise in so doing, for I certainly had then great doubts as to the success of the operation. In fact, though I recommended the operation when the tumour was small, yet now the tumour was very large, growing at a great rate, having very much of the character of fungous Hematodes, and, apparently, considerably attached to the surrounding parts.

You will ask, if I did not recommend the operation, why did I propose to perform it? Why, because the man came in to have the tumour removed, and considered that nothing else could be done for him to avert death, though the operation would probably not prevent a fatal termination, and because also my colleagues thought the operation should be performed. I had little faith in the operation, but I thought it practicable, or if not, that I should discover sufficient in time to prevent any harm being done. The condition of the man could not be made worse, and might be bettered, but still I did not recommend the operation.

You will ask why it was an unfavourable case for operation. Why, first, the disease had very much the character of a truly malignant disease, it did not even seem to be a malignant, but much resembled fungous Hematodes, or something of that kind (for these tumours differ but very little), and it was growing at a great rate. Secondly, it was attached to the neighbouring parts, and, if not malignant, it was very likely that some portion might be left in spite of

all my care, and from which the disease might be regenerated.

Now allow me to say a few words concerning cases in which operations should or should not be performed. When I was a young hospital surgeon, I had a very high opinion of operative surgery, and I thought that in every case where nothing else could be done, an operation should be performed; but I think now, from experience, that we should be more circumspect in selecting cases for operation—that the danger of the operation and the chance of recovery ought to be well considered. A dangerous operation ought not to be performed, except where there is still greater danger to be apprehended if it be not performed, and not even then, unless the patient be made aware, at least in some degree, of the risk to which he is subjected. But the question, in many cases, is also one of ultimate success. A child has scrofulous disease of the knee, and disease in the lungs and mesenteric glands. The knee is very bad; you say that you cannot make a cure by medicine; you amputate; the stump heals; the internal disease directly makes more rapid progress than before, and the patient dies. The operation could not prolong life, which, however, it is always our business to extend as far as we can. A woman has a cancer of the breast; you amputate it; she lives even for two years afterwards, and you say that the operation has been successful; nay, if she live but a whole year, it may be supposed that she has gained something by the operation. But if the disease returns in three or four months, the patient gains nothing by the amputation. She has suffered great pain, and a certain extent of danger from which the operation is never free, and she dies at last of the disease for which amputation was performed. A great number of similar examples might be presented. You may say, "the patient was not made worse; no harm has been done." But I say that harm has been done, for the patient has undergone great pain and anxiety, as also have the friends, which might have been avoided. And society suffers a still greater harm. Every operation which fails, makes a deep impression on the minds of the patient's friends, and you may be assured that every such operation prevents two or three patients from undergoing an operation in cases where it might be successful. Therefore our duty to our patients, the credit of the profession, and the good of society at large, require us to avoid operations which do not hold out ultimate hopes of success. You must, I grant, perform many operations which eventually will not succeed, because you cannot always say before the trial is made that there is no chance of success; and you should give the patient a chance, where he himself desires it, and you really see that an operation offers one,

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In the other patient the tumour was of a larger size, still, and I performed the operation in the same manner; the edges of the wound were brought together by sutures, and left a small portion unremoved by the first intention. When I took the tumour hence—and what I now show about to be removed is the most interesting part of the case, and, perhaps, one of the most important observations that I have made. I found the alveolar process behind, having in it some exactly similar structure to that of which the tumour was composed, and I had cut through the middle of it, and when I looked at the patient's mouth, two days afterwards, I found, true enough, what appeared to be a tumour, occupying the alveolar process behind; and, more than that, I found a very small portion of the tumour attached to the bone in front, a small slice of it. This was easily taken off, and I then introduced a very narrow piece of caustic potash into the alveolar process behind, where the remnant of the tumour seemed to exist, and destroyed that remnant. I repeated this operation more than once, in order that I might be quite satisfied that the destruction of the part was complete. This made the cure a little more tedious than in the other case, where the subsequent application of caustic was not necessary. Some of the bone took place; some of the bone came out of the wound, and a portion of it broke open the skin, notwithstanding these drawbacks, was very soon completed, and the patient,

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You will ask, if I did not recommend the operation, why did I propose to perform it? Why, because the man came in to have the tumour removed, and considered that nothing else could be done for him to avert death, though the operation would probably not prevent a fatal termination, and because also my colleagues thought the operation should be performed. I had little faith in the operation, but I thought it practicable; or if not, that I should discover sufficient in time to prevent any harm being done. The condition of the man could not be made worse, and might be bettered, but still I did not recommend the operation.

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Now allow me to say a few words concerning cases in which operations should or should not be performed. When I was a young hospital surgeon, I had a very high opinion of operative surgery, and I thought that in every case where nothing else could be done, an operation should be performed; but I think now, from experience, that we should be more circumspect in selecting cases for operation—that the danger of the operation and the chance of recovery ought to be well considered. A dangerous operation ought not to be performed, except where there is still greater danger to be apprehended if it be not performed, and not even then, unless the patient be made aware, at least in some degree, of the risk to which he is subjected. But the question, in many cases, is also one of ultimate success. A child has scrofulous disease of the knee, and disease in the lungs and mesenteric glands. The knee is very bad; you say that you cannot make a cure by medicine; you amputate; the stump heals; the internal disease directly makes more rapid progress than before, and the patient dies. The operation could not prolong life, which, however, it is always our business to extend as far as we can. A woman has a cancer of the breast; you amputate it; she lives even for two years afterwards, and you say that the operation has been successful; nay, if she live but a whole year, it may be supposed that she has earned something by the operation. But if the disease returns in three or four months, the patient gains nothing by the amputation. She has suffered great pain, and a certain extent of danger from which the operation is never free, and she dies at last of the disease for which amputation was performed. A great number of similar examples might be presented. You may say, "the patient was not made worse; no harm has been done." But I say that harm has been done, for the patient has undergone great pain and anxiety, as also have the friends, which might have been avoided. And society suffers a still greater harm. Every operation which fails, makes a deep impression on the minds of the patient's friends, and you may be assured that every such operation prevents two or three patients from undergoing an operation in cases where it might be successful. Therefore our duty to our patients, the credit of the profession, and the good of society at large, require us to avoid operations which do not hold out ultimate hopes of success. You must, I grant, perform many operations which eventually will not succeed, because you cannot always say before the trial is made that there is no chance of success; and you should give the patient a chance, where he himself desires it, and you really see that an operation offers one.

though you know pretty well that even if it succeeds for a time, the success will not be permanent. Let me, however, repeat the important observation, for it is one not sufficiently borne in mind, that the failure of any operation prevents some patient or other from resorting to an operation where it would succeed, and thus every failure does harm to our art, and is injurious to society.

You will next say,—“Can you give us any rules as to when operations should or should not be performed?” I reply, of course there can be no rules, for every case may require a distinct consideration; but we may venture to lay down rules to the following effect:—A patient labouring under organic disease of any kind is a bad subject for an operation. If, therefore, you see a patient with disease in his knee, who has a fallow countenance, looking as if he had disease in the liver, and you find on inquiry that there is reason to believe that he labours under visceral disease, I should advise you not to operate in that case, for after amputation he would have a sloughing stump, and the wound probably would not heal. If a patient has a calculus in the bladder, and the bladder be much diseased, avoid the operation, for he will die. If he has a stone in the bladder and there is organic disease in the kidney (I am not speaking of a deranged action of the organ, or of alkaline urine, but, really, organic disease of the kidney), do not operate, for he is sure to die, not, perhaps, in the first week, but, probably, in a fortnight or a month. You should be very careful as to an operation in all truly malignant diseases. I do not allude to what may be called “half-malignant” diseases, but truly malignant affections, such as cancer or fungous hæmatodes, and the numerous varieties of those two classes. Surgeons formerly were very ready to amputate any woman’s breast which had in it a scirrhus tumour; now they are very careful how they amputate. I suppose that I do not recommend the operation for scirrhus in the breast in one case out of three score. You will see a vast number of these cases here, both good and bad, for all come to London to get the opinion of a medical man; and even in those cases in which I recommended amputation, the operation has much more frequently failed than succeeded, even with all my care. I have known several cases in which the operation has been performed by other surgeons, after I had recommended the patient not to undergo it, and in every one of these cases it has failed. Some of the patients have died immediately afterwards, and some have lived for a short period only. In all these malignant diseases the operation is attended with some hazard, for though the disease be in an external part, it is often complicated with visceral affection; and though the operation does not prove

fatal at the time, yet there is always very great probability that the disease will ultimately return. I do not say that you are never to operate in malignant diseases. That would be wrong, and very foolish, for sometimes the patient may be cured, and at other times a beneficial result may extend to one or two years. It is better for a patient to die of disease of the lungs, than of hemorrhage from a cancer of the breast. In some cases, then, you give the patient a respite, but you must be very careful and circumspect before you recommend an operation in malignant disease.

The simple operations form the best part of surgery.—I mean that they constitute that part of it which confers the most credit on the profession, and produces the greatest good to society. By what are called “simple” operations, how many diseases which would have become structural are nipped in the bud; and how many patients are cured of diseases which would become most distressing, but for these slight operations! And the small operations of surgery have this advantage, that for the most part they are not attended with danger. But even in small operations you are to be very circumspect. A patient may die of erysipelas after a small operation as well as after a great one. Be careful how you operate in seasons when erysipelas prevails,—when you hear medical men saying that they have had many cases of erysipelas. Take care that the patient is, if possible, always in good health, before you perform even a small operation. If the patient be a dram-drinker, or if he be one of the higher classes, and not a dram-drinker, but a person who indulges freely in wine, and is guilty of other irregularities, be careful in operating. Many persons who have been accustomed to live well, especially drinkers of spirituous and fermented liquors, will die even after a simple operation which you have been obliged to perform. I once saw a lady who—~~not a lady-like accomplishment certainly—~~ got drunk by herself in the morning, who died from diffuse inflammation of the cellular membrane, attended with sloughing, after the mere puncture of a very small encysted tumour. There is another class of patients in whom you should be careful how you perform operations, viz., women of the higher classes of society who are of a very nervous and hysterical habit; and, indeed, all persons who have a very bad state of the nervous system, or who belong to families in which mania has prevailed. Do not operate upon them except you are compelled to do so. I have known several hysterical ladies who appeared to have a peculiar circumstance connected with them, more than that of being very nervous, who have died, in a strange and unaccountable manner, after very trifling operations.

I have made these observations now, he-cause, having time, I thought it as well to take advantage of the circumstance to say a few words on this important subject.

WESTMINSTER HOSPITAL.

CLINICAL LECTURE

ON A CASE OF

EMPHYEMA.

Delivered November 3rd, 1835,

By DR. ROE.

EMPHYEMA.—*Pneumothorax Thoracis.*—*Autopsy.*—I intended to-day, gentlemen, to address to you a few observations on the important subject of clinical medicine; but the death of Charles Dyson, who has been for some months in the hospital, labouring under empyema, has given us an opportunity of exhibiting the morbid appearances which are found in that disease, and I think it will be more profitable to you to take advantage of this interesting occasion, to direct your attention to the symptoms under which this patient laboured, and the morbid appearances which the examination disclosed.

In the month of June last I was requested by our benevolent chaplain to visit this man in Regent-street, Westminster. I found him pale and emaciated, lying on his right side, coughing frequently, and expectorating a considerable quantity of frothy mucus. He told me that his case was considered to be one of consumption, and that he had been given over by his medical attendant. I recommended him to come into the hospital, which he accordingly did in July, and the following is the report of his case at that time:—Age 48; by trade a bricklayer, of a pallid countenance and sunken cheeks; complaining of cough, with frothy mucous expectoration, difficulty of breathing on moving in bed, but not so much so when he lies quietly; great debility and loss of appetite; his respirations were only twenty in a minute, but his left side moved very little on taking the full inspiration; his pulse was 86, soft and feeble. On percussion the left side elicited a very dull sound, both anteriorly and posteriorly, and over and under the left clavicle. The sound over the right side was tolerably clear. The respiratory murmur was inaudible at the base of the lung, over a small space close to the sternum, and on the right side it was bronchial and gurgling, and it was accompanied by a rattling sound. The heart's pulsations could not be perceived at all in its natural

position, but it was felt distinctly on the right side of the sternum. The left side measured about half an inch less than the right. Its intercostal spaces were obliterated, but no metallic tinkling could be heard. It could scarcely be said that any change of the sound elicited on percussion was produced by change of posture. His tongue was red and moist, and his bowels were torpid. He said he had enjoyed tolerable health until within the last five years, since which period he had been troubled in foggy weather with a cough of an asthmatic character, early in the morning and at night, but he had been able to follow his employment, until fifteen months ago, when he caught a violent cold. He states that he has never had pain in the left side, nor has he to his own knowledge ever had a pleurisy.

Now what disease does the history of this case indicate? The dullness all over the left side of the chest could only be produced by one of the following causes:—1st. A lung completely *hepatised*, or completely tuberculated. 2nd. An extensive *abscess* occupying the whole lung. 3rd. *Effusion* into the cavity of the pleura. Now the lung could not have become *hepatised*, nor could so extensive an *abscess* have been formed, without very severe preceding inflammation, but of which we have no notice in his history. It would have been a very uncommon thing to find one lung so totally tuberculated, as to be dull every where on percussion, and to be void of respiratory murmur, while the other lung was free from disease, and the expectoration exhibited no appearance but frothy mucus. Again, neither his countenance nor his cough was by any means indicative of phthisis, and though the lung had been condensed by the deposition of tuberculous matter, yet this could not explain the cause of the displacement of the heart. We therefore concluded that the dullness on percussion was not produced by any of these conditions, and very extensive *effusion* was the only remaining cause. That would satisfactorily explain all the phenomena,—viz., the displacement of the heart on the right side, the general dullness on percussion, and the absence of respiratory murmur every where except at the root of the lung, where it was probably pressed against the spine and was condensed by the pressure of the fluid. Now to this supposition there were these objections,—effusion of serum or secretion of pus is always preceded by inflammation, of the severity and duration of which the patient usually gives a distinct account. Now such things were noticed in this patient's history; but it is a well-known fact that the secretion of pus is not only a consequence of very acute pleurisy, running a rapid course, and terminating in the secretion of pus in ten or eleven days; but it also arises from that chronic state of inflammation of the pleura which

goes on without the patient being aware of its existence. Again, where the pleura contains fluid, ægophony is often heard. But the absence of ægophony in this case was satisfactorily accounted for by the immense quantity of fluid which his chest must necessarily have contained, if it contained fluid at all. You know ægophony is perceived in the commencement of pleurisy, or, rather, in the commencement of the effusion of serum, before the quantity effused has been considerable; as the effusion goes on, the ægophony disappears, and, as the effused fluid becomes absorbed, the ægophony reappears; therefore, the absence of ægophony constituted no ground of objection to the presence of fluid in the chest.

Now, as to the measurement, it is true that from whatever cause fluid becomes effused into the chest, in an early stage, the measurement of the chest is increased; but if it continues long in the cavity, and any attempt is made by nature to perform a cure, then contraction of the chest takes place, and you no longer find the enlargement. A change in the sound elicited by percussion is also generally produced by a change in the posture of the patient; and this is one of the most important signs, and one that is the most to be relied on, in examining effusion into the chest. The part which sounds dull in a depending situation becomes clear when the position is reversed, from the floating of the respiratory portion of the lung in the fluid. Now the absence of this sign in this case is to be accounted for under the supposition that the lung has been bound down to the spine, so that it cannot change its position. On whatever part of the chest, therefore, percussion is employed, it must be over fluid, unless we except that part where the lung was compressed against the spine. The sound therefore must every where be dull.

From the consideration of all these circumstances, it seemed almost certain that the patient was suffering from the effusion of a considerable quantity of fluid in the chest, and it was more than probable that this fluid was purulent, from the circumstance which I have just mentioned, that it is a *pute pleurisy*, which, more generally than anything else, terminates in the effusion of serum. However, to make the matter perfectly certain, I passed into the chest a needle, invented I believe by Dr. DAVIS of the *London Hospital*, which may always be introduced with the greatest safety. Sir BENJAMIN BRODIE, I have been informed, has introduced this needle into the cavity of the joints with perfect safety. It is made like a trocar, with a groove running through it, through which fluid may escape; and on introducing this needle into the chest in the case of Dyon, a turbid fluid flowed out, leaving no doubt that the disease was em-

pyema, or, in other words, that the cavity of the chest was filled with pus.

Now the death of this patient took place a few days ago, and we took out the diseased parts for the purpose of showing them to you, because you cannot form a correct notion of the manner in which this disease is to be cured, without a correct knowledge of its pathology.

The external appearances of the body were not unusual. There was very great emaciation. On removing the sternum, the heart was observed to be pushed completely over to the right side, being seated beyond the middle, and to the right of that bone. On removing the ribs of the left side, a large cyst was opened, which occupied the whole cavity of the *left pleura*, that viscous being compressed on the spine, and occupying a space scarcely bigger than a closed hand. This cyst contained about eight pints of sero-purulent fluid. The walls of the cyst were thick enough to allow of its being dissected from its costal attachments, and presented numerous corrugations. A band of dense membrane, as thick as the finger, extended from about the sixth rib to the lateral edge of the lower lobe of the left lung. It was this which, doubtless, prevented all the fluid from being drawn off in the operation. No connection could be traced between an abscess* formed between the third and fourth ribs and the cyst. The abscess seemed confined to the muscular substance. The *right lung* was studded with minute tubercles. The *liver* was granular, congested with blood, and myristicated. The *kidneys*, in like manner, were a little paler than natural. No other morbid appearances were observed. Here, gentlemen, are the parts. They have been steeped in salt, and are somewhat altered in colour. The lung is condensed and pressed down against the spine. The pleura is thickened, corrugated, and covered with layers of coagulable lymph. Here is the band passing from the lung to the inside of the ribs. This lung was not impervious to the air, for when it was taken from the body it could be inflated by a pair of bellows to some considerable extent. This other lung is much more solid than it ought to be, and by cutting it open you will observe some few tubercles in its substance. You observe, therefore, the morbid condition of these parts, — the thickened and inflamed state of the pleura, the dense state of the lung compressed against the ribs, and the distension of the cavity of the pleura with fluid, which pushed the heart completely over to the right side.

Now what is the mode by which a cure is to be effected in such cases? The cure takes place, it must be, by the removal of the pleura which covers the lung.

* This last point, perhaps not one of the least.

pleura which covers the ribs. You will therefore see that it is indispensably necessary, in order to promote a cure, to take care that the fluid be evacuated from the chest. You see always in a person who recovers from empyema, that the shoulder falls, and that the ribs are drawn in, so that the admeasurement of the diseased side of the chest becomes less than that of the other side, and you will see by drawings the very great contrast that exists between them. Well, then, if you bear this in mind, you will see the absolute necessity of getting rid of the fluid, and consider it as absolutely necessary to bring the pleura pulmonalis in contact with the pleura costalis.

Now, then, the first question is, how is the fluid to be got rid of? There are three ways of getting rid of the fluid, namely, absorption, spontaneous evacuation, and the operation of paracentesis. Now such a thing has occurred as the absorption of purulent fluid in empyema. BELLARD relates a case where it appeared that the fluid was absorbed, and as the patient had been taking a decoction of ammonia, he attributed the absorption to that medicine; but that is very rare. Spontaneous evacuation is not so uncommon, and it may take place in either of two ways,—by absorption through the pleura costalis, and discharging itself externally, or which more frequently happens, by opening a passage in the bronchial tubes, and discharging itself by expectoration. I met with a very singular case of this kind in the month of February last. I was called to see a servant living in South-street, Gressenden-square, and the symptoms under which she laboured were these—great difficulty of breathing, respirations forty a minute, frequent cough, expectoration of thick mucus, pulse 120, skin exceedingly hot, face flushed, great thirst, and loss of appetite. She was bled immediately, and took large doses of digitalis for three days, and at the end of that time, suddenly, an expectoration of most offensive purulent matter appeared. So offensive was it as to render it scarcely possible to remain in the room with her. She was a person of a peculiar temper, and it did not occur to me at the time to think it probable that this girl, after an attack of so short a duration as three days, had such a disease as empyema. I did not examine her, therefore, with the stethoscope, but I gave her three grains of the superacetate of lead, one grain of digitalis, and a grain of opium, three times a day, and to my great surprise the expectoration totally ceased in twenty-four hours. She recovered her strength, the difficulty of breathing subsided, and in three weeks from the commencement of the disease, she was able to go down stairs, walk, and take her usual diet. She then suddenly returned, and expectoration of the same offensive character took

place almost immediately. Hectic flushes of the cheeks followed, and a pulse exceedingly rapid and exceedingly feeble. I examined her chest, and found it almost everywhere duller than natural on percussion, and the respiratory murmur was only very indistinctly to be heard, particularly at the posterior parts. Nevertheless it was heard; but all around it, through the fluid; ægophony was very distinctly evident under the left scapula. She was then in so perilous a state that I consulted Dr. EDWIN HARRISON, who I believe to be the most skilful physician in London in detecting pulmonary disease, and he confirmed the opinion that it was a case of empyema. The opinion of Sir HENRY HALLORAN was asked by the wish of the girl's master, but Sir Henry, on the ground that it was not yet necessary, objected to what I very much wished to have performed, that is, the operation of paracentesis, as there was possibility of the girl dying, even were it performed. I did not press it against such an authority as his. I examined the chest very carefully, and found there was some tenderness on pressure. I applied cupping-glasses over it very extensively, and abstracted a small quantity of blood, only ten ounces. I supported her strength by strong beef-tea, and gave her as much as her stomach would bear of sulphate of iron. She immediately began to improve, and her strength increased. The expectoration still continued, but at the end of nine weeks it had almost totally ceased, the respiratory murmur had returned in almost every part of the chest, and the dullness of sound on percussion was not altogether gone, but very much diminished.

You will observe that this was a distinct case, in which there could not be any possible question of the spontaneous cure of the disease, empyema, by the evacuation of the fluid contained in the cavity of the chest, through the bronchial tubes; but whether the cure takes place in such cases by absorption, or by the spontaneous evacuation of the fluid, the cures are exceedingly rare, and if you wait for any considerable length of time, and the patient's strength becomes very much reduced, the operation of paracentesis may be performed with much less prospect of success. It therefore becomes exceedingly interesting to inquire what are the chances of recovery; or, in other words, what does the result of observation teach us in those cases in which paracentesis has been performed. Dr. DAVIES, who has performed the operation in ten instances of empyema, gives a table in the "Cyclopædia of Practical Medicine," in which he states that eight out of the ten cases operated on, recovered; five of the patients were under six years of age, one was aged between eighteen and nineteen, and two about twenty-five years old. Now chances are

proportions. Of those who were under six years of age, five cases recovered, and the reason is this, that the greater elasticity of the ribs, and the tender state, altogether, of the bones, makes them much more disposed to yield to the pressure, so that the pleura costalis and the pleura pulmonalis can be brought the more readily into contact, which is the point of cure.

You see, then, according to this, that the probabilities of recovery, when the operation of paracentesis is performed, are eight cases out of ten. In the medical journals of the 30th of November, 1833,* there is a case of a child, seven years of age, who was operated on by Mr. WOOLLEY, of Brompton, and he had the goodness to invite me to see the operation. It was an exceedingly weak and emaciated child, and presented the symptoms which I have just related, indicating empyema. The operation was performed, three pints of purulent matter were evacuated at once, and a considerable quantity of air entered at the operation, to which fact I beg your attention. The wound was suffered to heal, and the child was supported by nutritious diet, but in the course of three weeks there was reason to suspect that some fluid had again been secreted in the chest. The operation was performed a second time, and a smaller quantity of purulent matter was evacuated. Again air was admitted, and from that time the child went on gradually improving, so that in a short time his respiration became perfect on that side. The chest on percussion was perfectly clear, and the child is, I believe, at this moment, in perfect health.

Now, as to the time of operation, I believe that it should be as soon as possible after the disease is detected, and I think the instance which is before us is a clear proof of the correctness of that observation. When fluid is allowed to remain a considerable time in the cavity of the chest, it will of necessity compress the lung against the spine; and if adhesion of the lung against the spine takes place, you will see the very little probability there is of effecting a cure. It is, therefore, a matter of very great consequence to perform the operation as soon as you possibly can, because in the early stage it is almost certain that no adhesion of the lung has taken place, that the lung is free, and that the process of cure will, in all probability, go on without interruption.

Now the next question, and one of very great importance it is, is this, whether the wound is to be allowed to heal immediately, or the canula to be left in. The reasons for advising that a canula should be left in are these, that the sudden evacuation of so large a quantity of fluid is apt to produce very great debility; and that, if you were to evacuate the whole of the fluid at once, you

would allow a quantity of air to be admitted, which is considered to be highly dangerous.

Now with respect to the evacuation of a quantity of fluid. Here was a child in an exceedingly emaciated condition (I am now alluding to Mr. WOOLLEY's case), where all the fluid in the cavity was evacuated, without the child suffering in the least from the evacuation. Again, we have had several cases in this hospital, — one a very remarkable case, in which six pints of serum were evacuated from a man's chest, without any injury being produced from it. Certainly, therefore, as far as my experience goes, and as far as I have been able to examine the cases that have been published, I see no reason to believe that the sudden evacuation of fluid is, of necessity, at all dangerous. Nay, more, I believe that the space which the fluid occupies is filled, in a very great measure, by the air that is admitted, and the presence of this air does no harm whatever. In Mr. WOOLLEY's case, on both occasions of the operation, a considerable quantity of air was admitted, and neither time did any bad symptom follow. In the case of the man who was operated on in this hospital, a very considerable quantity of air entered, and occupied the place which six pints of fluid had recently occupied, without any symptom of inflammation supervening. But in the course of two or three days it appeared as if a greater accumulation of air had taken place. The lungs on that side afforded less marks of respiratory murmur, the sound on percussion was preternaturally clear, and the breathing became exceedingly difficult. Mr. WALSH, who is now practising at Worcester, devised a most ingenious little canula, to which a piston was attached, not much larger than this needle. This was introduced into the chest, and the air was pumped out. No inconvenience followed the use of the instrument, and the patient went on to a perfect cure. I see no reason, therefore, for concluding that the presence of air is necessarily a source of danger.

Now as to the place of the operation. LAENNEC advises that it should be performed between the fifth and sixth ribs; and the reason he gives for the advice is, that when the lungs are diseased, the attachment takes place more frequently between the superior lobe and the pleura, immediately under the clavicle, and between the lower lobe and the diaphragm, and the centre lobe is generally the freest. Again; it happened to LAENNEC to pass a trocar into what he supposed to be the cavity of the chest, without fluid following the instrument, and it was found upon examination that the trocar had not passed into the pleura at all. Now, as to the necessity of evacuating the right side you must always remember that sometimes the liver is very greatly en-

* See LANCET, No. 535, page 556.

larged, and rises a great way into the region of the pleura; and as dulness of sound on percussion may often arise from the liver being pushed up, and without any fluid being present, it will be necessary in performing the operation on the right side to be very cautious, remembering that you are in the neighbourhood of the liver, but you will be almost certain to pass the instrument into the cavity of the chest, if it be introduced between the fifth and sixth ribs.

But this is not all. Adhesions frequently take place between portions of the lung and the ribs, and, therefore, even this direction is not sufficiently minute. In Mr. WOOLEY's case the lung adhered posteriorly, almost completely, so that on putting the ear to that part of the chest, you heard the respiratory murmur distinctly, but as the ear was brought forward, you found the respiratory murmur was almost inaudible. It therefore became necessary, instead of puncturing between the fifth and sixth ribs, close to the *latus sinu dorsi*, to bring the instrument still further forward, and to choose that part where all sound of respiratory murmur was absent. Therefore, before you attempt to perform the operation, you ought to examine with great caution, and ascertain that no respiratory murmur is present, and to be perfectly aware of the possibility of adhesion between the lung and pleura.

Now having said so much upon the nature of the disease, and the mode which is adopted in order to effect the cure, we will conclude the history of Dyson's case:—On the 9th of July a flat trocar was introduced between the fifth and sixth ribs of the left side. On pushing it in, at first it seemed to carry the pleura before it, for on withdrawing the trocar from the pleura no fluid followed; but by plunging it suddenly in, the pleura was punctured, and about twenty-eight ounces of a turbid yellow serum, with flakes of floating lymph, were thrown out. The chest emitted no clearer sound after the operation had been completed than it did before. On the 11th, the patient is reported to have remained much in the same condition; his breathing was somewhat good, and his general health was improved, but the left side was not in the least degree clearer on percussion than it was previous to the operation. Severe ptyalism came on after that, from a small dose of calomel and rhubarb given on the 14th, the effects of which continued to the 31st, after which time his general health seemed daily to improve, and he was able to sit up for several hours in the course of the day.

Aug. 15th. He is reported to have remained much in the same state. Since the 11th, his breathing has been quieter, and he has much improved, but the operation has taken place on the 15th. On the 1st of September he was very troublesome, and his

breathing somewhat short. On the 7th of September he was ordered iodine and hydriodate of potass. On the 27th of September a tumour was observed, between the fifth and sixth ribs, on the left side, soft, elastic, and fluctuating, and of about the size of an orange. BACON's needle gave evidence of purulent contents. A seton needle was passed through it, armed with a skin of silk, and the contents of the tumour were evacuated. A discharge was kept up, supposing the tumour to be connected with the interior of the thorax. Four days afterwards he was reported to feel much easier. The seton went on discharging, but not in such quantities as to warrant a supposition that it communicated with the chest. The discharge was of a thin purulent character, and the patient now seemed to be losing strength daily. On the 15th he was considerably worse; he could not then sit up, and he suffered much from difficulty of breathing. On the 19th there was lividity of the countenance, blueness of the lips, coldness of the extremities, and depression of breathing, which symptoms increased until the 22nd, when he died.

The one thing of chief importance in this case was, that, when the operation was performed, though such a considerable quantity of fluid was in the cavity of the chest, only about eight-and-twenty ounces were withdrawn. We felt at a great loss to account for this, for there was not the slightest doubt that a great quantity of fluid still existed in the cavity. We thought it possible that the circumstance might be accounted for by the pleura having been sacculated. You will find cases published by Dr. TOWNSEND in the *Cyclopædia of Practical Medicine*,—there are one or two mentioned,—in which the adhesion took place at different parts, forming three or four distinct cysts containing fluid. We thought this might have been the case here, for on passing the needle higher up, a short time afterwards, the fluid again escaped, showing clearly that there was still a considerable quantity remaining; but I now believe the explanation of all this to be, that, from the position in which the man was lying, the canula must have come against this band, which, as I have already shown you, existed, and which prevented the evacuation of the fluid. But you may ask then,—“Why not have performed the operation again?” Why, the reason was this; the man took two grains of calomel, combined with ten grains of rhubarb, to open his bowels, through which ptyalism came on, and the man became so exhausted as to make it evident that all hope of recovery was gone; we did not, therefore, think it right to submit him to the further pain of another operation, because, even though we had succeeded at this time in evacuating the fluid, it could not have been attended with success. His strength was then supported

as much as possible, and nothing more was done than to alleviate, as far as we could, symptoms as they arose, until his death. I must, however, say, that if a similar case were to occur again (and this is admitting that we did not do all we might have done), I should certainly perform the operation, because I believe there could be no possible hope of curing the man except by the evacuation of the fluid from the chest.

ON THE

TREATMENT OF FRACTURES

WITHOUT THE AID OF SPLINTS.

By W. C. RADLEY, Esq., Surgeon, Newton Abbott, Devonshire.

(Concluded from page 251.)

THAT donkey-like emulation which makes "every ass think his own bray the best," would be extremely diverting, were it not true that struggles for place and precedence cause the great interests of humanity to be neglected or forgotten in the contest. In our noble profession it has long appeared to me, that whatever is written, which does not either directly or indirectly tend to the alleviation of suffering, is so much time wasted, and so much talent misapplied.

It is sickening to observe the rage with which novelty in medical science is pursued, while every-day cases are little understood, and therefore ill treated. Yet in spite of neglect, how frequently do we discover cases that have gone on unassisted, or have even been maltreated, which, with a little setting right, have ended happily! The *vis medicatrix nature* in the case of fracture, — a cause of suffering that daily furnishes abundant sources of observation, and for the cure of which so little has been done in the way of improvement since the days of Hippocrates, — is that portion of our art to the consideration of which I am now striving to direct attention. How often have I seen accidents made worse by meddling ignorance, or by the supererogatory offices of mistaken aid, yet ultimately triumph over all those retarding checks! This voluntary power of reparation is the true *magni Dei datum* to human nature, and "not cinchona bark," as a popular doctor once said. This power, however weakened, is always ready to assist us in surgical curations, and only waits to be guided or followed aright, to fulfil our intentions.

In the former part of my paper, cases of fracture in a middle-aged man, in an old and feeble woman, and in a very robust subject, were detailed, all of which were cured by the splintless method.

CASE 4.—The next case I shall mention occurred in August 1830, in a weak little

girl, about five years old, who was being carried in the arms of her sister, when both fell together, and the younger had her thigh simply fractured. The name of the child was *Towse*, and she lived in Newton Bushel. The bones were brought into apposition on a pillow, a bandage was applied, and some isolated slips of thin mahogany *renvers*, were lightly placed here and there over the course of the fracture, — for show, not for use, not exerting any effect. My reason for placing them so, was to propitiate the ignorance and prejudice which always strenuously contend for retaining old forms. I thus affected at that time to do as others did; but not so now. The child remained under the evaporating action of a moist bandage, in an easy state, for four days, sometimes half sitting, resting on her elbow in bed, and playing with her fellows. She ate and drank as usual, and slept without disturbance, for the limb was placed in the natural position, which I in a great degree had let her choose at the first, and which she said was easy to her. Would she have so lain at ease with her little thigh outstretched upon a splint? Or even with a rather tight bandage around it? Certainly not. Where there is the least feeling of restraint in such cases, I have never found ease. Observe a child asleep, and note its natural and "easy positions." What an admirable passage is this on position in fractures! — "The most easy position of the limb is that which is usually chosen by a person who is sleeping; for then all motion is suspended, and every part assumes that posture which is most congenial to the limb." This passage presents a foundation for a superstructure of rational arguments in favour of sound practice in the treatment of fractures. — But sound reasoning, and a simple, natural, and therefore a correct practice, founded thereon, are very different things; for Mr. S. Cooper and other surgeons recommend the thigh to be put in the *straight* position of Dessault, — a position which must be irksome to many, because it is unnatural to those who through weariness retire to rest. It is not the position of the tired sleeping child, who is almost bent into the form of a ball. But to return to my little patient.

An evil-minded old woman on the fifth day, seeing the child so easy under a fracture of the femur, shrewdly suspected that the bone was not broken at all, and that the surgeon was only "making a job of it." She whispered her suspicions to another old crony (the child had lost its mother), and these wretches took off the bandage, and actually placed the child upon its feet! The bone of course was displaced. The mischief was done, and felt the crepitus, the child screamed, and, conscience-stricken, the old women Gaye was sent for, who, without delay, age, and, *secundum artem*, splinted it, and the pieces of veneer, though with more

pressure than is consistent with any mode of procedure. The child ultimately did well; and so, indeed, do others, even where much unnecessary force is employed. Mr. Gaye, my esteemed friend, makes very good cures indeed, and uses splints; but he is extremely careful, and does not employ a title of that force which I have seen employed. Still, I repeat, that all splints are useless. Pardon me for saying as much for about the twentieth time; but I should continue to say so to the twenty thousandth time, to banish splints from surgery.

CASE 5.—Richard Curnell, aged 45 I think, a pauper in the village of Kingsteignton, in the month of August 1831, slid from the top of a large corn rick which he was thatching, and fell to the ground. The height was upwards of twenty feet. The clavicle and the femoral shaft on the right side were both fractured. The fractures were not compound, but the depth of his fall and the violence of the shock greatly aggravated the symptoms. The thigh was placed on a long pillow, on a bed perfectly soft, and treated with the tailed bandage, wetted with cold lotions; the skin was sponged with tepid water several times a day, allowed freely to evaporate in the common atmosphere of his room. As the cure advanced, camphorated and oily embrocations were applied generally over the limbs, and, at last, the supporting circular plaster of leather, overlapping the fractured portion, kept on with a bandage, perfected the cure.

The progress of this case was as satisfactory as an ill-fortune so severe could be; for the patient's sufferings were obviated by simple management, and fortunately for him he was a member of a "Sick and Hurt Club," so he did not hurry himself in getting about too soon, like some poor fellows must do. One circumstance occurred in the progress of the cure which pleased me. The clergyman of the parish, the Rev. T. W., in his accustomed visits to his sick parishioners, expressed surprise "that splints were not applied to Richard's thigh;" but when he found that it was not a part of my plan to apply splints, he politely acquiesced, and ceased to advocate their use; for which I thank the reverend gentleman,—for many reasons, one of which is, because the feelings of the poor are most easily excited against their medical attendants on matters which have even only the appearance of rationality to justify complaints, which in such cases as these might be thought well justified, when such men as Mr. Pott, to use his own words, declare, "that without splints the cure would be a vain endeavour to maintain the position of fractured bones;" and the medical writer, with more reason, I suppose, assures us, that "of different pieces of the apparatus for the treatment of fractures, the splints are by

far the most important and essential. Without them, indeed, it would be in vain to attempt to keep the extremities of the fracture from being displaced." Once more I repeat, that I have never found cause to attempt to keep the fractured ends of bones together by splints and tight bandages. The bones stay in their places, and maintain good and proper positions, without giving me the unnecessary trouble of making the attempt. And why? Because I have never, by irritating causes, given the muscles reason to be angry with my treatment, and, as an expression of their resentment, to "displace" the bones, and give me the trouble and the patient the pain of again reducing them.

Two cases of dreadful compound fractures, terminating fatally, were hinted at in a former part of this paper. A man named William Tickle was standing between two pieces of granite, one of which, about a ton weight, fell edgewise against his leg, and crushed the bones against the flat side of the opposite stone. The state of his health and strength would not warrant amputation, and he died of mortification, extending through the body, on the ninth day. Mr. Gervis of Ashburton saw him, but nothing more could be done to save him.

The other case was that of the man named George Cole, who, in the month of December 1826, had both legs dreadfully shattered by a premature explosion of gunpowder placed in a horizontal hole in a mass of granite. Mr. Gervis saw him with me, and I determined to take him to the *Exeter Hospital*, with the concurrence of Mr. Gervis. He was removed thither in a spring car upon a feather bed. He bore the journey well, suffered amputation of both legs on the following day, and died two days afterwards. These are the only fatal cases of fracture that have occurred in my practice, and fatal they would have been anywhere. But there are very many of my patients whose present habitations and mine are, by the hand of fortune or of death, far separated,—who could have borne most ample testimony that their fractures were cured by the means which I have described in these papers. My next case is one of great importance in the history of the mode of cure now insisted on.

CASE 6.—George Wills, aged 30, living with Mr. Bowden at Well Farm, in the parish of Ideford, on the 22nd of January 1831, coming home on a dark night, overturned a heavy cart, the rail of which falling across his leg, fractured both the tibia and the fibula. He had, some three or four years before, broken his other leg, by jumping out of a cart. And now for the contrast in the treatment on the two occasions. In the first accident the limb was splinted up most carefully—so carefully that he was kept in

bed, for seven weeks, and a considerable time afterwards elapsed before he was able to work. On this occasion it was my turn to assist him. The fracture of the tibia was as oblique as it could be, the superior portion overlapping the inferior, and the point of the obtruding end above, having nearly penetrated through the skin at the small part of the leg. He was now placed in bed with his leg on a pillow, in the way which I have already sufficiently described, and, leaning on his elbow, he watched proceedings with much attention.

"Which way do you most usually lie in bed?" I asked. "Do you prefer lying on your back or your side?" "On my right side." "Very well," said I. He was then reclining on that side, it was his right leg that was fractured, so he remained in the same position. The leg was first gently extended with genuflexion, and the thigh a little raised towards the pelvis. A very slow and reiterated course of extensions was then made, until the contour of the limb pleased me; the tailed bandage was next laid on, and then the pillow was tied up, padding it to a regular bearing on every part, and until the patient said, on being asked, that it lay easy in every respect—not harder at one point than another. The following dialogue then followed:—

Wills (reclining, half raised on his elbow).—"Why, Doctor, don't you put splints on my leg?"

R.—"Because, my friend, I always cure broken bones without them."

Wills.—"Humph! Well, to be sure, Zir, you ought to know best about it; but when I broke my leg last time, that Doctor splinted it up well all the time I was in bed."

R.—"And for how long a time was that?"

Wills.—"Why, rather more than seven weeks in my bed and room, and the splints were kept on afterwards too."

R.—"Were the splints applied tight or not?"

Wills.—"Tight, I faith! ah tight zure enough!"

R.—"How did your leg feel? Was it not very hot and painful at times?"

Wills.—"Iz, I faith! 'Twas painzure enough, it beated and clapped like one's pulse again (agoing), and I couldnt sleep nor be azy, all day and night long, for a good while, and I ax'd the Doctor about et, but he told ma I must bear it, bekaze the bone couldnt be cured without et."

R.—"Well, no doubt what you say is true enough, I don't in the least doubt its truth; but don't you fear: I shall, in four weeks, make as good a cure of your leg as the other was in seven weeks, and you shall not suffer this time."

Wills lay back in bed and shook his head, but answered nothing. His looks expressed his doubts without any necessity for speech. I saw him three or four times that week, as

it was only four miles from Newton. The limb during the interim was frequently bathed with warm water and lotions,—first of *Plumb. Superacet. et Aqua*; next—*R. Pulv. tassa Nitrat. ʒi solve in Aqua liij. Tr. Opii, et Myrrhae, aa. ʒss. Add.* The bruise from the cart rail on the stones was severe, and he took *Extr. Belladonnae gr. ij ad gr. vj* on noct. with composing effects. On the seventh day *Lint. Saponis Comp.* was used to moisten the sore and tender surface of the leg. Lotion for the bandage as before.

On the second week I saw him but twice, and on visiting him on the nineteenth day from the accident, never had I felt more surprise in such a case. I found my patient delighting himself at my expressions of surprise, with his leg resting on a pillow upon the long seat in the kitchen. I warned him, with some feeling, of the danger of coming down-stairs, thinking it premature, being a fracture of both bones, and one bone in this case could not become a support to the other—always better than a splint, if you please. But on looking at his leg I found that no limb could present a more fair and equable surface. He was a young and healthy man, yet the short time occupied in the remedial process surprised me. Union had taken place, though not firmly. While cogitating over it, the jocose fellow threw the flexor and extensor muscles of his leg into strong action, which made his leg bend at the fractured part like an osier twig. I felt the blood rush into my face, and exclaimed—"If your leg is so well, don't play the fool with it." "Why, Zir," said he, "tis no pain to me." "No, I don't suppose it is," said I, "but 'tis the right way to do mischief."

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CASE 8.—Another case, which occurred the Christmas before, was that of a man 50 years of age, who had lived freely. Walking over a wooden bridge on a frosty night, his heels slid away, and he fell backwards, and the elbow of one arm received the violent shock of his descent. He was a very heavy man, and the injury was correspondingly severe. Being at a distance of four or five miles, they did not send for me until the next morning, when I found the arm much swollen. The humerus was fractured obliquely, passing into the elbow-joint, and the inferior portion of the bone projected anteriorly, where the biceps muscles become tendinous, and the bone just pointed through the integuments, and made it a work of time and tact to reduce it, as the bone stuck in the tendinous expansion. Here was a compound fracture, with complications enough, and a bloated constitution to boot. Did I place this dreadfully injured arm in a splint? Would any other surgeon have laid it on a splint of any sort? Let the practice of Sir Astley Cooper and his colleagues answer,—a practice recommended by lofty-minded men, in elevated stations in society, with all the force and influence of splendid folios. This man employed all the little resources which I could suggest to reduce the alarmingly increased action of the arm and forearm. Many would have recommended amputation at first, but he escaped that, and gangrene also, and in five weeks left his bed. I then bring a fork or a cup to his mouth.

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which was broken obliquely, transversely, four or five inches below the lower edge of the patella. The fracture was one of "the worst" species of simple fracture, as it is termed, the iron points or talons of the horse's shoe inflicting two wounds at the line of fracture, one of them deep and lacerated. There was much tumefaction in two hours afterwards, when I was called in. Truth compels me to say that a practitioner had examined the injury before I saw the patient, but a sudden obstetric call made him leave in a hurry, and the splints were left behind also. I reduced the ends of the bone, and bandaged and laid the leg on a pillow, in my old way. The pair of neatly-turned hollowed-out splints lay on the chest of drawers, and there they remained. "No," said I, as they lay there to tempt a surgeon to use them, "you are for ever banished from my hands. No more the galling splint for me; no more!"

Mr. Leslie, who usually attends this family, entered at the latter part of the bandaging-up, and, with true politeness, did not alter the state of things. It always gives me pleasure to record such instances of urbanity. The patient did well up to three weeks' end. Mrs. Russell was a very clever nurse, and bathed, and managed well the wetting system, turning the bandage off and on many times in the twenty-four hours. I am delighted to attend on these cases; they are worth a man's efforts and energies to relieve them. Mr. Leslie being away, I saw Mr. Russell every day, until Mr. Leslie returned, and splinting up the leg, took him out of bed. This was on the eighteenth day from the accident. Union had well advanced, the cure was so far complete, and the patient's impatience would not allow him to remain longer a-bed. The splints were long, and well-padded, and as no particular soreness remained, they did no harm,—nor good, excepting that the patient's mind was assured that they would be "a safeguard against accidents." But their appearance is to me always awkward and grotesque in the extreme. Mr. Russell went down-stairs in a few days afterwards, and on Tuesday the 22nd of September, two days less than five weeks from the accident, he stood on the grassy plain of Denbury Fair, viewing the horses, and soon wholly recovered, by the aid of the wide circular overlapping plaster and bandage, he having previously laid aside the splints.

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with the other, the twig broke, and she fell with force enough to fracture the tibia transversely. This was a mild case of the sort. I saw it nine hours after the accident, and applied the wetted bandage over the leg. The fracture was one inch only below the centre of the bone. A pillow was too high for her leg, because she sank down so low in the bed; a little hollow was therefore nestled out for her leg in the bed itself, and therein the limb was padded up, on a good plane. She began to do well at once, and on the Saturday week after, in the evening, ten days from the accident, on calling to see her, and asking her when she thought she would like to get out of bed, she replied with timidity, "Ha, sir, I have been out a little to-day." She actually had been out for three or four hours. I cautioned her to beware, but she regularly arose in the morning, and remained out the whole of the day every day afterwards. A plaster was applied around the leg, in the usual way, with a bandage, by which means, in her two rooms on the same floor, she manages, with crutches, to perform her family affairs for a husband and several children. All this was done spontaneously, before I was aware of the full extent of her recovery. Indeed, the reader may have observed, that nature has often outrun my expectations in the progress of her work. I have assiduously watched the progress of this case, taking care to hammer in a rough nail in the end of each of her crutches, lest some slip should produce an unlucky fall, and mar this almost wonderful and truly surprising cure. I believe the quickest union before recorded is one of twelve days, in a child, but this exceeds it in rapidity; but as to the *degree* no one can speak. A woman who has passed the prime of her days, having had a large family, enduring privations as a pauper, was here able in some degree to rest her foot on the ground, in ten days after the occurrence of the fracture! Let the doubters of splintless cures hear this. Will they still assert the indispensable necessity of using splints? At the end of my present argument had I desired a case to form a climax, what fact could be more appropriate than that which I have just stated? Let the case be examined by any person. Let the rev. gentleman of Kingsteignton institute a personal scrutiny into the facts which it presents, and then let me have a fair meed of praise for introducing and advocating a mode of cure so benign in its influences. More than this I do not wish; with less I will not be satisfied.

In conclusion, let me address a few words to the young student, whose mind is ardently engaged in a search after truth, and who has time and patience to consider the facts of a case. I will, in fancy, place myself in a dissecting-room, and imagine the shade of Brookes,—would that he could in body still

be here,—to descant on some such anatomical and physiological subjects as the following:—

Every rib except the first and the last is wedged between its neighbour ribs. Gravely the rib is shielded superiorly, and supported below by its fellow rib, the first and last excepted. In a fracture of these bones, each of its fellows forms a natural support to it. You cannot apply a splint here, and if you could, the natural allies of each rib would form a better support than any artificial aid.

The radius and ulna sympathize with and support each other, in the misfortune of fracture happening to either; while, with one point of exception, from peculiarity of structure and office, the interosseous muscle and ligaments keep them in close contact, and they cannot therefore require the aid of splints. If both these bones at once are broken, be assured it will be quite natural for them, like the Siamese youths, to lie still together, unless you molest and "bind them fast in fate," in the painful fate of splints.

Is the humerus or the femur broken? The latter, in particular, is invested all around, and beautifully and strongly inclosed within, by integuments,—by an unyielding fascia made tense at the pleasure of the will, supported by a mass of muscles, its natural defenders; with a host of vessels to supply it with warmth and to afford the means of restoring its continuity, a continuity not lost, but merely interrupted; nerves, also, exquisitely alive to pain, which warn of the approach of danger, and will not impel their obsequious servants, the muscles, to disturb the bone, unless offended by irritating causes; and if through force or violence the bone is impelled through the investing coverings, reduce it to its place *in situ*, and all will be well, if you withhold interference with the operations of nature,—an interference that will be prejudicial, though honest.

In a fracture of the fibula we need not trouble ourselves with splinting, because its tried friend tibia will, with rest, compel it to keep its own place better than any external aid. Again, is the tibia itself broken? The interosseous ligament, when not ruptured, is a firm band of union between the two bones, just commensurate with their length. We may further quote the words of a good surgical authority:—"The fibula resists the causes that tend to produce displacement of the tibia, when fractured." Thus much for the support given by bones in juxtaposition.

But should both these bones be broken, do not fear they will be too weak to sustain a condition to sustain the limb in such a state as fits a man who has received a stunning knock. He cannot rise again, until there is a

recovery of sensation. So the leg, if not irritated, will have a disposition to lie still until well recovered. Assist the cure, and when once settled, be careful not to inflict pain on it.

Reverse all this. Apply the splints. First you will irritate, and then forcibly repress the influence of a most sensitive nervous surface, compressing arteries, veins, and absorbents, and then combatting the ill effects until you conquer and subdue their friendly resistances to your vile force, ultimately bringing some portions of the soft parts into painful collision with the fractured ends, to be grated between their sharp margins,—to be jagged by the teeth-like fragments of the broken bone.

If a surgeon who is also an *anatomist*, after pondering over these cases and arguments, still continues to apply splints to fractures, should not he —

But the language of sarcasm is not my *forte*, nor do I wish to use it, save by way of useful aid to mild arguments. Yet the importance of lessening human suffering, warrants the use of every means of rhetorical force. Let it not for a moment be thought, that in describing the ill effects of coercion and undue restraint under the employment of splints, I have at any time used the language of hyperbole. No; the superfluous misery endured in the slow and painful course of past ages, under the splinting system, can never be exaggerated in description. What a huge mass of human suffering has arisen from the unnecessary inflictions of pain by splints alone! I do not rashly speak when I assert that full one-half of the misery which has been endured in fractures, has arisen from the long-continued use of splints, or, in other words, what pain has been heaped upon us in these cases by maltreatment alone! But shall we still persevere in this course? Shall we still go on rolling up the Pelion of our powerful but foolish exertions to load the *Ossa* of unavoidable calamity? Forbid it, Heaven! Unavoidable misery is a mountain huge enough in itself to press us to the dust, without the weight of extraneous and gratuitous evil.

But granting all I have advanced to be strictly true; if, instead of myself, who occupy a private station, some one of those men who stand the highest in our profession, had first proved the truth and value of the splintless system, and then had sounded forth the great improvement to the world, with how much greater celerity would the change advance, and how much more worthy of public adoption and of confidence should it be considered!

Moreover, it has been introduced with the mediocrity of talent which is not that the facts and rules stated will, ere long, be upheld by some man of high standing in society, who

shall clothe my system in the glowing language of science, and in a style which will charm the world to a belief of its truth. For though I myself well know that in all cases of fracture, my mode of cure is to the patient the safest and the best, and, beyond dispute, cannot be surpassed in the simplicity of its operation; yet slow is the progress of first improvements! But I am well convinced that surgical art will not have reached the acme of perfection, without some such simple plan of treatment as I have endeavoured to press on the consideration of my professional brethren, being first adopted. Yet an age may pass away before this mode of cure, waging war as it does with a multiplicity of interests and prejudices, shall conquer and prevail. Before I shall have aroused the attention of the careless, made converts of the rich, persuaded the proud, convinced the opinionated, and compelled the interested and the obstinate to yield to the influence of shame, many years may have rolled away. Thrown then, as it is, gratuitously on the professional public, I hope that the public will give a fair trial to the system of cure, and pass a fairly considered verdict on that which I design to confer benefit on thousands of suffering individuals.

Nov. 10th, 1835.

REFLECTIONS

UPON

INFANTILE REMITTENT FEVER.

By JOHN ALEXANDER, M.D., Physician to the Infirmary for the Diseases of Children, Manchester.

(Continued from page 419, No. 617.)

“WHATEVER splendour,” remarks an experienced writer, “the actual *treatment* of diseases may reflect on the science of medicine, it by no means comprehends the whole of its province; for *prevention* being in every case preferable to *remedies*, the medical art would be more imperfect than other science were it devoted only to the latter.”

Let us then (with a view to prevention) briefly allude to those circumstances which favour the origin of infantile remittent fever. They are of varied character. The neglected inhabitant of the damp cellar and the petted lordling of the luxurious nursery—the half-fed child and the highly pampered offspring, are alike prone to an attack; the latter from the absorbent system being encumbered with a load of nutriment which but too often requires a fever to admit of its removal, and the former from defective nutrition, developing a morbid action which is observed to be equally excited by deficient or by superabundant support. Hence it results that a child threatened with

the malady under consideration, must be regarded relatively to the ascertained nature of those mal-influences to which it may have been subjected. The overfed should be put upon a light unirritating and somewhat scanty diet; whilst the debilitated and exsanguineous must, if possible, be more warmly clothed, removed to drier air, and have better support. Unhappily, the last important desideratum is one which every medical attendant upon a dispensary must have experienced, as being easier prescribed than put in force, and hence it constitutes one great cause of the frequency and obstinacy of infantile remittent fever in the lower walks of society. If, however, we succeed in banishing all fresh vegetable and salted food from the dietary of the pauper child, and substituting milk, bread, and rice, in their place, a great point will be gained; as the staple diet of the poor, viz., potatoes, contributes no little, in the estimation of the present writer, to the disorder's aggression. The observed circumstance that infantile remittent never attacks children at the breast, when the mother's health is good, speaks, I think, volumes as to the influence of food in originating the malady. In both the plethoric and debilitated, a course of alterative aperient medicine is not merely proper, as indicated by the character of the abdominal secretions and appearance of the tongue, but frequently proves effectual in warding off a strongly-threatened attack of the malady. To those families whose younger branches have been liable to febrile affections, an annual visit to the sea-side has always appeared to me highly beneficial: nor are airiness of the sleeping apartments, the constant use, in clothing, of flannel, and regular daily exercise, to be overlooked with impunity.

Provided we were servilely to adopt the pathological views of our continental neighbours, without judging for ourselves, we should refer the cause or nature of infantile remittent fever almost exclusively to inflammation of the digestive mucous surfaces. On autopsy this status or condition is doubtless often observed: but practitioners in this country do not draw their conclusions from limited data, on the isolated and deceptive evidence of mere morbid anatomy; although, I fear, it cannot be denied that, even with us, an undue attention is arising to the latter, which will prove eventually injurious to symptomatology and therapeutics, the really practical part of the Hippocratic art. This creed is not the popular, and I hope may be a mistaken, one.

But, to return.—The majority of cases of infantile fever the present writer has witnessed, have afforded little evidence of inflammation being its cause; neither does the infinitely more important evidence of HOFFMAN, FEMBERTON, and BRETHER, sanction the idea. Moreover, Dr. COPLAND, in an

admirable digest of the views of others, vide "Cyclopædia" and remarks most conclusively as follows:—"That infantile remittent fever does not consist of inflammation, is shown by the character of its early symptoms, by its course, termination, and consequences, and by the juvenia and ladentia"—"a strumous diathesis, a morbid state of the abdominal secretions, an obstructed condition of the mesenteric glands, particular disturbance of the liver, or a debilitated nervous system, may, it is possible, give rise to this disorder by their single mal-operation in individual cases; but their conjoint influence I apprehend should be referred to, as constituting the usual origin of the complaint. Diseases are not, either in their sources or their symptoms, regulated by the definitions of nosologists; and, probably, that medical philosophy is not the most illogical which admits of a varied and mixed causation as well as of varied effects!"

Infantile remittent fever making its aggression under varied forms,—sometimes with symptoms of mere disturbance of the first passages; sometimes under the slow and insidious form of marasmus, unattended with much vascular excitement; and sometimes with many of the tumultuous phenomena attendant upon inflammatory fever,—I have in practice found it necessary to adopt a treatment modified accordingly. When the disease commences with loaded tongue, nausea, chills, oppression at the precordia, constipated bowels, and high-coloured urine, emetics are of signal service by relieving the oppressed first passages, diminishing the fever, and cutting short the complaint's duration. Indeed, their use, continued for a few mornings, accompanied by general aperients, and succeeded by strict attention to suitable diet, often suffices in a very short time to restore the little invalid to health, which in some slight cases may have appeared, to the superficial observer, to have been little threatened. On close attention, however, the characteristic evening febricula is easily recognised, and secures the necessary attention.

The most incurable variety of the disorder under consideration assuredly is the one characterized by the apyrexial and marasmic conditions; doubtless from these two circumstances,—the complaint having in too many cases made progress before professional relief is sought, and from an originally weak or specifically affected state of the child's constitution. In a large proportion of these cases, particularly amongst the poor, whose damp habitations and improper diet counteract our remedial designs, little can be done. In a few apparent instances, however, warm bath, and perseveringatives (carried to gentle degrees), succeeded by light tonics, have proved good. Nor has the occasional

of a mild blister over the region of the liver been unattended with benefit. Many practitioners entertain a very high opinion of rubefacient liniments to the spine, and over the abdomen. There is no objection to their use, as this form of infantile remittent is unaccompanied by irritability; but I may add, after an extensive trial of them, that the present writer has not been able to realize the benefits others seem to have derived from their employment. The following case will illustrate the disorder's obstinacy, and inculcate a cautious prognosis:—

In the month of May last, the child of a Mr. D., of Rochdale, *ætat.* fourteen months, was brought to Manchester for my opinion. It had been under the care of two highly respectable and intelligent practitioners of that town, who had adopted for a considerable time every variety of treatment they could think of. The child's case was, though by no means an uncommon, an admirably marked example of chronic infantile remittent fever. Upon the closest scrutiny, no evidence of organic disease could be detected; little pyrexia accompanied the complaint's progress, and the child took everything, whether in the form of food or medicine, that was given to it; yet I am not aware that the slightest benefit followed the use of those additional remedies which were for some time employed by the present writer. Indeed, according to my general experience, if the means alluded to before, *viz.* very warm clothing, the hot-bath, mercurial alternatives, &c. fail, after a fair trial, little benefit will accrue from a further use of medicine in this unpromising state of atrophy. Change of air, a generous diet, and cordials, may be tried, and in some rare instances they unexpectedly effect our object.

When infantile remittent fever assails plethoric children, previously in tolerable health, it is generally observed under the last alluded to, or tonic form. For this variety energetic measures are required, and their use seldom disappoints us. After the prima via has been well cleared (of which the practitioner should have ocular daily proof), by the persevering use of purgatives, such as *scenna*, *cabulic*, *jalap*, *scammony*, &c. and the accumulations so often observed in this complaint, are removed, it is not unusual to find the child complaining of pain in some one of the abdominal regions. Its seat is very various. A few leeches, warm fomentations, and a succeeding vesication, or the antimonial ointment, seldom fail in its removal. After promising these measures, it has been customary with me to recommend the employment of a mercurial (say, *c. creta*), combined with small doses, of which latter the medicinal affections of the system, and we can scarcely entertain a high opinion. Every one who

has seen much of infantile remittent fever, will acknowledge *irritability* to be one of its most prominent features. On this account the addition of a little opium to the evening mercurial, in most cases is accompanied with benefit, with this proviso, that the tongue is disposed to be moist before we employ it. Occasionally however, as with the adult, opium disagrees, and hyoscyamus affords a good substitute. Enemata, throughout the whole of this malady, are most appropriate remedies—varied of course according to age, temperament, and other attending circumstances. As one almost invariable ingredient therein, spirits of turpentine will be found useful, as in a large proportion of instances of the malady, the fever is heightened and the irritation increased by the presence of worms. As soon as the pyrexial symptoms have declined, and not before, calumba, iodine, and cascarrilla, may be employed, in forms as suitable to a child's palate as possible, intermitting not, however, the morning use of some gentle aperient, which, during the whole course of the disease (a period averaging probably three weeks), must be regularly enforced. Wine may now be found a useful auxiliary.

In conclusion, let me remark that the junior practitioner must not be surprised at the occasional failure of his best-laid and most promising measures. The fretfulness of the little sufferer, the perversity of ignorant nurses, the occasional impossibility of administering remedies by the mouth, and the natural obstinacy and dangerous character of the disease, will, sometimes, but too successfully, combine to thwart and disappoint his wishes.

Manchester, Nov. 11, 1835.

HEMORRHOID IN THE RECTUM,

FOLLOWED BY

ABSCCESS IN THE PERINEUM,

WITH FISTULA RECTI ETC.

To the Editor of THE LANCET.

SIR.—As the following case will, perhaps, be considered to possess some practical interest, I shall feel obliged by its insertion in the pages of your journal. I am, Sir, your obedient servant,

ROBT. ROMLEY CHEYNE.

57, Berners-street, Nov. 11, 1835.

Mrs. K., *ætat.* 50, of a sallow complexion and spare figure, housekeeper to one of the West-end Club-houses, consulted me on the 22nd of last August, for what she called very uneasy sensations, with extreme weakness, about the loins and hips, and severe pain in the calves of her legs, increased by

walking, or any exertion. She had thus suffered during two months, and knew no cause for her complaint. The menstrual secretion ceased six years ago, since which time, until lately, she had been perfectly well. She had never, to her knowledge, had piles, nor passed blood by stool. The bowels acted regularly, and without pain. She had never had leucorrhœa; her constitutional symptoms, when I first saw her, were not severe, the pulse being very little quicker than natural, the tongue only slightly furred, and the skin cool and moist. She experienced, however, much anxiety (which was expressed in her countenance), from the apprehension of permanently impaired health.

This history, I must confess, induced me to consider the case as one of sciatica, and (acting on that idea) to recommend very moderate diet, gentle aperients, thirty minims of *Vin. Colchici* in *Mist. Camphoræ*, three times a day, and the use of the warm hip-bath every night at bed-time.

This and similar treatment, continued until the 26th, afforded partial relief, but still there existed a sensation of weakness, and, lately, of soreness, about the hips and perineum; and once, when at stool, a slight pain had been felt shooting through the anus. From these facts I now hoped to obtain light enough to dispel the obscurity of the case. As I was aware that diseases connected with the rectum often assumed very anomalous characters, an examination *per anum*, was immediately proposed, with the view of ascertaining whether the present was a case of that nature. The result was, the detection, about an inch within the anus, on the floor of the rectum, of the presence of a soft elastic hemorrhoid, of the size of a cherry, surrounded by some thickening and swelling, as if the coats of the bowel were pushed inwards by fluid in the vicinity. The impression, too, of distinct fluctuation, was given to the finger, when forcible pressure (which gave no pain to the patient) was made by the other hand, on the perineum. All doubt being now cleared away, the proper practice was evident. The contents of the abscess should have been at once discharged through a large opening, and then, in all probability, my patient would have been well in a few days; nothing, however, would induce her to consent to my request: she could not imagine the existence of an abscess without much more pain than she experienced. Under these circumstances nothing more could be done than to advise her to keep quite quiet, to take a teaspoonful of *Elect. Senna* every night, and to inject an enema of warm water every morning.

Thus the case proceeded until the 1st of September, when I was hastily summoned to my patient, whom I found suffering acute pain in the perineum, the integuments of

which were now of a livid red colour, hot, and swollen, and acutely tender on pressure. There was, also, as might be expected, a great deal of symptomatic fever. The application of twenty-four leeches was immediately ordered, and afterwards a warm poultice; and in the evening these measures were repeated, and an anodyne draught was administered.

The next day the pain and swelling were less; but there was more fever, and some difficulty in making water. No further opposition being now offered, a free opening was made near the anus, when more than half a pint of dark-coloured offensive pus, with bubbles of gas, escaped, to the surprise of the attendants, and with great alleviation of the severe pain and feelings of tension in the part. A poultice was then applied, and directed to be repeated three times a day, and an anodyne to be taken at bed-time.

Sept. 3. Has had a restless night; pulse 120; tongue loaded with a brown fur; copious discharge, mixed with sloughs of cellular and adipose tissues. Complaints still of much soreness and distention about the perineum; to relieve which, another opening was made, and a great quantity of pus flowed out.

R *Ammôn. Salsæ* ℥. gr. xvj; *Acid. Tartariz.* ℥ij; *Aq. Distil.* ℥ss. M. et int. effervescentium 6ta quaq. hora sumatur. Contin. catap. et haust. anod.

4. Has had a better night; looks less anxious; pulse 110; bowels open; no difficulty in making water; copious discharge, and the sloughing continues. Cont. medic. et catap.

7. Has been improving for the last three days. Sloughing has nearly stopped; no pain; less fur. Cont. medic. et catap.

The three weeks following the last report were spent in aiding the efforts of nature to repair the extensive mischief, which, as has been seen, was the work of only a few days. During this time the sloughing process had converted the incisions of the lancet into a deep cavity surrounding the intestine, laterally and posteriorly, discharging at first an unhealthy pus, which, however, improved in quality, in proportion as the constitutional vigour of the patient was restored under the use of tonics and good diet. Strong astringent lotions were also employed, of which those composed of *Sol. Chlor. Calcis*, and port wine and water, seemed the most effective. The stage of granulation at length commenced at the bottom of the abscess, and continuing all, save a fistulous canal, healed up, which, when traced was found to communicate in three places - viz. one, two from the anus; another, through

of the hemorrhoid above alluded to, and the third close to the base of the latter.

As it was now evidently useless to waste time in the effort to cure the fistula without the operation, this was performed,—the incision dividing all the parts included between the highest opening into the intestine and the anus. After this the granulating process recommenced, and went on until it reached the situation of the two other points of communication with the rectum; and now, instead of again using the knife (as the hemorrhoid could be readily drawn out with a hook), a ligature was tied round its base, including that portion of the mucous membrane in which the third small aperture could be distinctly seen. In three days the ligature came away during the action of the bowels, and from that period the case proceeded so well, that towards the close of the month Mrs. K. went into the country quite recovered, promising, however, to continue the use of an enema of warm water twice a week for some time, in order to ensure the regular action of the bowels.

Remarks.—This case is full of interest. It shows the fact that large collections of matter may take place in the neighbourhood of the rectum, without being preceded by the usual inflammatory symptoms, or, indeed, by any that are distinctly diagnostic; and no less clearly does it prove the great importance of freely opening abscesses in that situation at an early period. To the refusal of my patient to submit to this practice, all the subsequent mischief was to be attributed. Inflammation, once set up in a tissue possessing such feeble vitality as the adipose (especially in individuals of an unhealthy habit), is very little under the control of antiphlogistic treatment. Leeches, which, undoubtedly, should be applied in large numbers, followed by poultices, relieve the pain, but do not materially retard the sloughing process when it has once commenced. Indeed, we can do little more, when the case has so far advanced, than support the patient as much as possible, and aid the escape of the sloughs as soon as they are loose; for these, lying in contact with the living structure, cannot fail to prove a source of irritation.

Most abscesses, near the rectum, forming, as in the above instance, in a passive manner, are perhaps connected with some cause of obstruction to the return of blood through the hemorrhoidal veins, and hence frequently coexist with piles. In our present case, the secretions of the rectum probably found their way through the hemorrhoid, and in fact, what is called "a fistula" into the surround-
ing tissue, and induced an irritation of the abscess; and, in a varicose state of the adipose tissue of

the perineum, with the consequent imperfect circulation in the capillaries, is quite sufficient to explain the occurrence of sup-
puration.

CHARGES PREFERRED BY THE LATE SURGEONS OF THE PRESTON DISPENSARY

AGAINST THE PHYSICIANS OF THAT IN-
STITUTION.

To the Editor of THE LANCET.

SIR,—As you have always evinced a desire to rectify abuses in the medical profession, and to expose the misconduct of public officers to that obloquy which it merits, we trust you will permit us to lay before the medical public, through the pages of your journal, an instance of intrigue and faithlessness, that is, perhaps, unique in the annals of our medical institutions.

The principal medical institution in Preston is a dispensary, which was established in 1809. At first it was managed by two or three physicians, and a house-surgeon. In 1830, three surgeons were appointed to assist in the labours of the establishment. The two senior physicians then consigned over to their surgical colleagues, such operations as they had previously performed; but the junior physician, Dr. Moore, tenaciously clung to his share of the surgical cases, and continued to act as a general practitioner, at the same time that he laid claim to the honours and the fees of a physician in private practice.

Thus the business of the dispensary continued to be managed, until the senior physicians withdrew, and junior physicians were appointed. These gentlemen, imitating it is supposed their senior, took their station as general practitioners also. There was no division into medical and surgical practice, but each honorary officer took all cases indiscriminately that were presented on his day for the reception of patients. There were, ostensibly, three honorary physicians and three honorary surgeons attached to the institution; and so the rules enjoined and the reports continually declared; but in reality, there were six general practitioners. Notwithstanding this anomalous state of things, the greatest harmony seemed to prevail among the honorary officers up to December last. Then an alleged irregular attendance of some of the medical officer induced the sub-committee (whose duty it was to see that the affairs of the institution were regularly conducted) to inquire into the cause of the neglect, and where th

office rested. Dr. Moore (whether to screen himself from censure, or not, he best knows) went to the sub-committee clandestinely, and told them, that they must "look to the doctors," and they need not fear if some of the medical officers were to resign, as their places could readily be supplied. The truth of this statement Dr. Moore afterwards chose to deny, notwithstanding the united testimony of several of the members of the sub-committee, alleging that he had merely directed the sub-committee to "look after the shop," meaning the dispensing of the medicine (the Doctor's phraseology frequently needs interpretation); but, unfortunately for himself, he had declared to a medical friend shortly after meeting the sub-committee, that he had been telling them "to look after the doctors." After hearing the testimony of that friend, he reluctantly admitted that he had made use of such an expression, but said that it was merely used "by way of a joke." Some people, however, have such an odd way of joking, that no persons but themselves can conceive how their expressions can possibly be construed into a jest. The gentlemen of the sub-committee thought that the Doctor was in earnest, and as they had not the candour or honesty to bring a charge against the offenders (and they well know who they were), they hit upon the expedient of procuring a book, in which they resolved that the medical men should enter their names, and the time of their attendance, whenever they came to the Institution. In this they exceeded their powers, for their duties were defined to be simply to observe and report to the general committee.

The book was first presented to the surgeons, who, not aware of any neglect on their part, and knowing that the sub-committee had no authority to enact any regulation for their guidance, naturally felt indignant at what they regarded as an insult; and immediately entered a protest in the book against the measure. This protest the physicians, and Dr. Moore with the others, afterwards signed. The sub-committee were greatly displeased at this resistance to their assumed authority, and not a little surprised to find that the instigator of the whole affair was arrayed against them. The general committee was called together, and the medical officers, as part of the committee, attended the meeting. An attempt was there made to force the obnoxious regulation, but meeting with more resistance than they seemed to anticipate, the authors of the measure, with a very bad grace, consented to modify it, obliging the house-surgeon to be the inspector, instead of attempting to compel the honorary officers to be self-inspectors.

The treatment which the medical officers met with at that meeting, was such that they thought they could no longer continue

to serve the Institution, and shortly afterwards, they all sent their resignations to the secretary, offering, however, to fulfil the professional duties until successors were appointed. The committee accepted the resignations, but took no steps to fill up the vacancies. Repeated meetings of the medical officers took place, at the suggestion of Dr. Moore, and at his house. He several times expressed great pleasure at seeing the unanimity that pervaded the meetings, and frequently reminded his colleagues, in his peculiarly elegant language, that "there must be no splitting," but "all must pull together." He required a pledge from his colleagues "that no opinion should be given to the committee, or to the subscribers without a general consultation, and that all must go out or remain in together; adding "If any question be put to me, I shall say, 'I can make no reply till I have first consulted my colleagues.'"

In May a meeting of the subscribers to the Dispensary was called to consider the resignation of the medical officers, and make some "verbal alterations" in the rules of the Institution. Dr. Moore drew up a memorial to be presented to the meeting, in which he gave a partial statement of the causes which had led the medical officers to resign their appointments, and in which he declared the differences between them and the committee to be "irreconcilable." In deference to his opinion, four of his colleagues signed this address, and were thus prevented from being personally present at the meeting. When the subscribers met they expressed no opinion of the cause of the resignation, but they confirmed all that the committee had done, and passed a resolution to exclude four of the honorary medical officers from the committee, thus actually attempting to punish them for having resisted a most arbitrary and uncalled-for measure. The appointment of successor was still not made. When two of the surgeons became acquainted with the result of the proceedings of the subscribers, they were disposed immediately to withdraw their services; but as it had been previously agreed to act in concert, they were desirous of first ascertaining the feelings and intentions of their supposed friends, before they took any final step. Accordingly they called upon Dr. Moore, who met them with a smile, and the salutation of "Well, gentlemen, I know what you have come about, but I have made up my mind to stay, who ever goes out, and I have told one of the subscribers so." When charged with violating his pledge, he replied, "Well, perhaps I have accomplished it, but so I have done." He then threw upon the table some observation which changed the subject, and had suddenly discovered that "it would not do to quarrel."

body of subscribers," that "the poor should not be made to suffer for the faults of the committee;" and made use of a variety of other sentimental expressions of "humanity," which he had entirely forgotten or had wholly overlooked, for five months, during which the affair had been pending.

The surgeons afterwards found to their surprise that the other two physicians of the charity, Drs. Alexander and Norris, influenced by Dr. Moore's representations, had also come to the determination to sacrifice their word and consistency, to what they conceived to be their interest. Thus was explained a previous declaration of Dr. Moore, that he knew that there were medical men who would serve the charity if the number of its officers was reduced.

After such an instance of duplicity and deception, the surgeons considered themselves bound, for the honour of the profession, to separate themselves entirely from the physicians, and to act independently of them. They accordingly withdrew from the Institution, and left the physicians in peaceful possession, apparently to their great satisfaction. Although they had received official intimation that the committee had accepted their resignations, they knew that no apology would be offered for the insults which had been given them, and that they would labour under the disgrace of having one of their number excluded from the committee and have an inspectorship appointed over them.

We regret, Sir, the necessity of this exposure, and disclaim all feelings of personal animosity; but we conceive that it is our duty to expose conduct so unprofessional, and so inexplicably mean as that which we have brought to light. We offer no comments upon the previous statements, nor attempt to ascribe motives to individuals, but rest satisfied with a simple declaration of the truth, assured that we shall have the sanction of every honourable man to the course which we have pursued, and that reprehension will be bestowed where it is due.

We have the honour to be, Sir,

Your obedient servants,

ROBERT BROWN, } Late Hon. Surgeon,
RICHARD INMAN, } of the Preston Dispensary.
JAMES HARRISON, }

Preston, Lancashire, Nov. 12, 1835.

THE MEDICAL CONTRACT FOR THE

NORTH AYLESFORD UNION.

OF THE LANCET.

A journal eminently devoted to the rights of the poor, and as a Member of the Committee, to point out to you the

present character of the medical aid furnished to the sick poor of the several parishes forming a Union in Kent, and called "The North Aylesford Union."

The Union comprises fifteen parishes, which I shall arrange alphabetically, and place the number of miles that they are distant from the residence of the medical officer (who does not even live in the Union), in the case of each parish:—

	Miles.		Miles.
Cliffe	5	Hilling	5
Chalk	6	Huddesdown ..	7
Cuxton	4	Moepham	9
Cobham	4	Northfleet	10
Denton	7	Nursted	8
Frinsbury	2	Shorn	5
Halling	5	Strood	1
Higham	4		

All taken from the nearest point. I am sorry that I cannot at present add the population of each, but some, as those of Strood, Frinsbury, and Northfleet, are considerable. On the forming of this Union it was at first intended to make two divisions of it, and a notice from the guardians, signed by their clerk, was published, stating that a medical officer was wanting for each division, at salaries of £90 per annum each; for which sum each in his district was to furnish aid and medicines, in all cases, under the direction of the guardian, or the relieving officer, 10s. in addition being allowed for each case of midwifery. For the division including Chalk, Denton, Hfield, Huddesdown, Moepham, Northfleet, and Nursted (although Gravesend, a large and populous town, and duly supplied with medical men, is within 5 or 6 miles of the most distant of these parishes, not one medical man was found who would pretend to perform so arduous a duty for so inadequate, and, as regards proper and efficient assistance and a due supply of remedies, so contemptible and disgraceful a sum; and, for the other division, including Cliffe, Cobham, Cuxton, Halling, Higham, Frinsbury, Shorn, and Strood, one only offered from among about twenty in Rochester (where the one resides) and its neighbourhood; and whether from necessity or otherwise, the guardians actually appointed this one for the whole Union, with the united salaries.

Now, Sir, passing by any observation on this sacrifice of professional respectability, this contemptible value for medical services, offered and accepted, I would ask what opinion must a humane mind form of the views and intentions of these "guardians," so called, of the poor, towards sick paupers? What must be the opinion of the poor themselves? It appears to me that had the "guardians" boldly advanced a resolution that medical aid to the sick poor should be difficult to obtain, they could not have hit on a more effectual plan. In cases of fracture or other accidents, hemorrhage or in-

inflammation of the lungs, life may be lost by the very delay caused by having many miles to send; but even in ordinary cases of illness, that the poor creatures should have to send or attend personally at so great a distance, seems a monstrous cruelty. I am told that the guardians think it best to have but one responsible medical officer, whom they require to be a legally-qualified practitioner, leaving to him the supply of necessary aid. But do they require also, and see, that the aid so furnished, is that of "qualified" persons? Can they expect the medical officer to expend so much of his paltry salary as a qualified person would have a right to expect? I think, Sir, that these are matters for the serious consideration of the "guardians," ere a coroner's jury remind them of their duty.

In the furnishing of medical aid to the Unions in general, and to this Union in particular, one would almost be led to consider that the very lives of paupers were put in competition with a few paltry pounds sterling. Many other observations suggest themselves to me on this occasion, but the communication of Mr. Rumsey coming before me, and having reason to expect that his questions will be generally considered and replied to by the medical men in this neighbourhood, I shall for the present suppress further remarks on the matter, and am, Sir (authenticating my communication in a private note), yours truly

HUMANITAS.

Rochester, Nov. 9th, 1835.

GERMAN JOURNALS.

Hufeland and Oken's Journal. — June and July, 1835.

The two last Numbers of the above journal, which we have received, contain:—

1. Practical Observations, by Professor FLEISCHMANN, of Erlangen. 2. On an Epidemic of Angina Parvula, at Oldruff, in 1830, by Dr. KREGELEIN. 3. A Few Remarks on the Diagnosis of Intestinal Catarrhes, by Dr. ALBERS, of Bonn. 4. Practical Remarks by Dr. LOWENHARD. 5. On Thymic Asthma, by Dr. HIRSCH, of Königsberg. 6. Two cases of Religious Madness, with remarks, by Dr. WEGEL. 7. On the efficacy of "Argilla depurata" in the Diarrhoea of Children, accompanied with vomiting, by Dr. G. E. DERN.

We shall notice only the most remarkable of the above communications. The first is contained in the "practical observations" of Dr. FLEISCHMANN.

PRESERVATIVE EFFECT OF BELLADONNA AGAINST SCARLATINA.

Some experiments with this medicine were made on fifty-two children during an epidemic of scarlatina, and though not on a sufficiently extensive scale to have much weight, deserve to be added to the number of those instituted for a similar purpose.

The extract of belladonna (2 grs. to an ounce of distilled water) was administered to fifty-two children, of from six months to fourteen years of age. Each patient took, morning and evening, as many drops of the solution as he counted years, and this dose was in some instances increased. The remedy was thus administered for the most part during five weeks,—the duration of the epidemic.

Of the fifty-two individuals forty-eight remained free from any attack, and four were affected with the disease. In two families, where the children commenced taking the remedy immediately on the disease attacking one of the family, all the children remained free from contagion, although they were in constant communication with the affected individual during the whole course of the disease.

In several cases the author remarked symptoms of the action of the belladonna a few days after its use; such as disturbed nights, slight inflammation about the throat, salivation, thirst, torpor, dilated pupil, pain in the head, vomiting; and one girl, six years of age, was seized, on the 10th day after the first dose, with fever, pain in the throat, restlessness, and delirium. On the following day the whole of the body, except the face, became red, and was covered with miliarial vesicles: this continued a couple of days, and then disappeared.

A boy, four years of age, who had taken the belladonna for three weeks, became very uneasy and disturbed on the 5th of March; on the 6th this had passed off. On the 9th, the child, enjoying perfect health, was covered in all parts of the body, except the face, with a red eruption, which remained till the 11th. On the 12th it diminished, and had completely disappeared on the 13th.

A child, eighteen months of age, who had taken the belladonna six days, was seized with difficult deglutition, inflammation of the cervical glands, excessive thirst, and general redness of skin. The eruption was much increased

on the second day, and the child was well on the fifth.

From the above-mentioned experiments the author concludes:—

1. That the belladonna seems to have an influence in counteracting the contagiousness of scarlatina.

2. That in some cases it diminishes the susceptibility for the contraction of the disease, though it does not altogether remove it.

3. That when the disease does occur during the use of belladonna, its character is much more mild than in ordinary cases.

4. SCIATICA CURED BY OPENING THE SCIATIC NERVE.

In many cases (says Dr. LOWENHARD, the author) of obstinate sciatica, the cause of the disease is unknown, and all the remedies which are applied fail to relieve the patient from the dreadful and constant suffering to which he is exposed. The effect of division of the branches of the third pair of nerves, has induced some surgeons to recommend a somewhat similar operation for those of the extremities; and M. Jobert a few years ago divided and removed a portion of the sciatic nerve for obstinate sciatica, but we do not at this moment remember what the result of that bold operation was. The following case, though not exactly of the same nature, deserves to be recorded.

Case.—Mr. B., 38 years of age, of good constitution and sanguineous temperament, was seized with pain in the region of the left hip-joint, in consequence of some violent exertion. The pain continued fixed for about two months, and then extended downwards in the direction of the sciatic nerve. After the expiration of six months, the pain became so severe that the patient was unable to place his foot on the ground. He now demanded medical aid for the first time; various remedies were tried in vain, and he came under the author's care in six months afterwards. The patient was now much emaciated; the injured limb particularly reduced in size, and the heel so painful that the patient could not stretch out his foot without aid, and had the most acute

A cord about the thickness of a finger was felt under the skin, in the direction of the nerve, which was very tender to the touch; the urine deep red,

and throwing down a dirty sediment. After some reflection the author conceived that perhaps the swollen nerve contained a watery fluid, as in the case mentioned by Richter (*Speciel. Thera.* part 2, p. 79), but how to give issue to this fluid was the question of most importance. A simple incision would easily have produced the desired effect, but it was necessary at the same time to impress a stimulus on the muscular system; the author therefore determined on employing the actual cautery, which was applied immediately to the nerve, where it passes between the trochanter major and the tuberosity of the ischium: on the iron being pressed with some force into the bottom of the wound, two to three ounces of a yellowish-gray fluid came away. The wound was then dressed with some mild salve, and as the patient was nearly in a fainting condition, he took a restorative.

The day after the operation, the patient was more oppressed and weak, uneasy, and with a very small pulse. Some stimulants and cordials were given. On the 21st same state; the wound still discharges a little fluid, and was dressed with ung. canthar. The pain of the foot has now changed into a dull sensation, the patient slept a little this night for the first time since many months.

22. Passed a good night; he can now stretch out his foot without aid; the wound suppurates abundantly. In the course of eight days the patient recovered a good deal of strength; a considerable quantity of a grayish fluid, different from pus, was discharged from the wound. The injured limb increased rapidly in size, and after a lapse of some months, during a part of which the same discharge continued, the patient was perfectly cured.

There can be no doubt, from several cases which have been published, that water may accumulate in the tissue uniting the medullary filaments which compose a nerve, nearly in the same way as in hydrocephalus. The author is inclined to attribute both phenomena to a similar cause, namely, chronic inflammation. In the present instance it seems probable that the capsular ligament of the hip-joint was also involved in the disease, and that the quantity of fluid subsequently discharged was in part furnished from the joint itself.

5. THYMIC ASTHMA.

The attention of the profession, says Dr. Hirsch, of Königsberg, was first drawn to this peculiar affection of children, in the year 1830, by Dr. Kopp, who gave it the name of "Asthma Thymicum;" since then several interesting observations have been

made by the German physicians, of which the author of the memoir now before us gives an ample *renuim*.

Asthma Thymicum, or, as it is more generally called in Germany, "Kopp's asthma," attacks children between three weeks and eighteen months, but prevails most between the fourth and tenth month. It is characterized by accessions of spasm in the air-passages, and general irritation; the respiration becomes suddenly suspended, and we observe only a whizzing, very fine, small, and imperfect inspiration, an embarrassed passage of the air through the rima glottidis, which is spasmodically contracted in the highest degree. The tone has a certain analogy with the crowing inspiration of whooping-cough, but it is much finer, higher, and less deep; the closest analogy we can find for it, is in the spasm which frequently attacks certain hysterical women. In certain cases we remark from five to six whistling, deep, and difficult inspirations, alternating with scarcely observable expirations, and which resemble the tone in a very severe degree of croup: in the most dangerous cases the breathing is *completely* suspended; the fine inspiratory scream is then perceived only at the commencement of the paroxysm, being immediately suspended, together with the breathing; or on the cessation of the attack it gives the first indication of returning life; it is quite characteristic of the disease, and pathognomonic. The remaining symptoms of the paroxysms are the natural result of the spasm of the respiratory organs; the child is violently contorted in the bed, or under a more severe attack seems quite overwhelmed; the face is distorted by the expression of painful anxiety, is of a blue-red, or pale colour; the nostrils are expanded, the eyes fixed, the hands cold, the thumbs contracted; the excretions pass involuntarily. Within a half, or one, two, or three minutes, the paroxysm goes off: the child utters a painful and uneasy cry, and soon becomes gay and playful. It is only when the constitution is weak, or when the attack has been very violent, that the child remains for some time pale, flaccid, and with a tendency to sleep. In the intervals of the paroxysms the child is gay, the respiration quite unembarrassed, and the patient seems to enjoy perfect health. Kopp gives as peculiar symptoms the two following, viz., the tongue during the inter-

mission remains projected a little beyond the teeth, and the pulsation of the heart can scarcely be felt; but in several genuine cases of this disease the first symptom has not been observed, and even in healthy children the pulsation of the heart is not readily felt. The paroxysms are generally single, with an interval of eight or more days, but by degrees they occur more frequently, and even reach ten to twenty in one day; in this period the child frequently goes off suddenly; however, in several other cases a second period sets in, which is characterized by general convulsions of an epileptic nature. The cerebral and respiratory paroxysms never occur together, but alternate; and now, even when the child is free from the attack, the lumbricales and the adductors of the thumbs become spasmodically contracted, and give the hand an appearance of deformity. The child now commonly dies in a paroxysm between suffocation and apoplexy; or, in many cases, when the accessions have been severe from the outset, he is carried off suddenly, as if by nervous apoplexy, without asthma, rale, or any agony; in this way the child of Professor Eck died, *Rust's Magazine*, xx. and several other children.

On examination of the body after death, we find a blue colour of the skin; congestion of the brain and lungs; softness of the right ventricle; the foramen ovale sometimes open, and in all cases the thymus gland is remarkably enlarged. The long and broad diameters of the gland are remarkably enlarged, but chiefly its thickness; in the latter case the lungs were frequently pushed down by it into the lower part of the cavity of the thorax; in other cases the thymus was found closely connected with the great arterial and venous trunk of the chest or neck. The tissue of the gland appeared normal, or (what was more common) was more fleshy, red, and dense than natural, but never showed any trace of hardening, suppuration, tubercles, &c. When divided, it frequently gave out a peculiar "chinous-looking" fluid. In the cases where the gland was weighed, a good deal of difference was observed. Kornmann found the largest to weigh 14 drachms; Pater, 1½ oz.; the author of 9½ drachms; Kopp varied between six and

very various; the quicker and more severe the paroxysm, the shorter, of course, is the disease. It commonly lasts several months. Dr. Eck's child died on the third week; Rullman's (*Kopp*, p. 64), after a suffering of twenty months. When a cure takes place, the symptoms gradually decline, and the disease goes off in one to three weeks; but in other cases the spasms are not completely removed before one or two years.

Children of a scrofulous habit are particularly exposed to this disease; in many cases the mothers were of a weakly phthisical constitution, and several writers have remarked a family predisposition. Boys are more frequently attacked than girls. It holds good also with respect to adults, for from Frank's observations (*Prac. Med. Princpt.* II, p. 760), men are more exposed to asthmatic affections than women, in the proportion of six to one.

The diagnosis of this disease is not very difficult, and it bears but a slight analogy to a few of those mentioned by authors. Millar's Asthma is a disease so loosely described by English writers, who have confounded various and different affections under the same name, that it is difficult to say what particular malady is meant; however, it evidently differs from the disease which now occupies our attention, by the nature and length of the paroxysms, and by the acute march of the disease.

Gillis has described, as a symptom of chronic hydrocephalus, a peculiar cough, which afflicts the child when awakened from sleep; the infant becomes stiff, the whole body blue, and he remains for a minute without breathing, until the respiration recommences with a loud cry. This symptom is constant in the latter period, and thought bears much resemblance to "Kopp's asthma," may be distinguished from it by the other symptoms of hydrocephalus.

From an examination of the symptoms and morbid anatomy of this disease, the author concludes that it consists, —

1st. In a periodic tonic spasm of the respiratory organs, and perhaps the heart, which, as the disease advances, extends to the brain and spinal marrow, giving rise to epileptic convulsions and death. 2nd. In an enlargement of the thymus gland, which, by its pressure on the lungs, heart, and other organs, more or less disturbs

varies very considerably in size and weight; in small feeble children it weighs (according to Haugsted's experiments) scarcely a drachm; the average weight may be estimated at from two to three drachms; it increases up to the second year after birth; remains stationary to the eighth or tenth year, and then gradually becomes absorbed to the sixteenth or seventeenth, when nothing but a rudiment remains. Its specific gravity also varies; in the fœtus of eight months it is 1.099; in new-born children 1.071; in a child fourteen years of age 1.020, and at a later period is lighter than water. In the asthma thymicum, however, the weight of the gland is very considerably increased, and varies from six to fourteen drachms, while its thick fleshy structure contrasts strongly with the soft spongy appearance of the normal gland.

Having established the coincidence of enlarged thymus gland with the disease in question, the author proceeds to answer several objections which may be opposed to the idea of the asthmatic symptoms being really dependent on the abnormal state of the thymus. Our limits will not permit us to follow him through these; we shall therefore pass at once to the treatment.

The prognosis of the disease, though a very dangerous one, is not hopeless, especially when the child is strong, and not subject to catarrhal affections, when the case has been seen early, the paroxysms are not very frequent, and before the appearance of general convulsions.

In the treatment, we must not lose time by the employment of any temperizing remedies. The first and most pressing indication is evidently to moderate the spasmodic attack; this is best done by the administration of small doses of the "aqua laurocerasi," which are to be gradually increased. When given with precaution, the remedy is not dangerous, and has the most beneficial effects. When the spasms are very violent, a small dose of musk may be added; in addition to these, asafoetida, zinc, and particularly the sulphate of zinc, have been given with very great benefit. The second object we have in view is to diminish the state of congestion towards the heart and lungs, by proper diet, by frequently-repeated (every four to eight days) local bleedings, blisters on the chest, and other similar

of a new-born child

means, regulated of course by the strength and constitution of the child.

Several physicians have endeavoured to act immediately on the enlarged gland, by the administration of anti-scorfulous resolvent medicines (and apparently with much success), as mercury, digitalis, iodine, &c. Twenty years ago, A. Burns proposed to extirpate the gland by making an incision in the anterior part of the neck, between the sterno-hyoid muscles; the finger was then to be worked down into the chest, between the sternum and gland, and the latter removed with the aid of a polypus hook; but this operation has never, as one may well conceive, been attempted on the living body. The following case, selected from amongst those published at the end of the memoir, will serve to give an idea of the progress of the disease.

CASE.—Victor V. M., twelve months old, suffered at an early period of birth from diarrhœa; this however soon ceased, and the child became healthy; when, at the age of five months, he was seized with chronic bronchitis; from this time the mother remarked a symptom which she had not previously noticed, viz., that the infant on awaking from sleep, or immediately after, had the respiration suddenly suspended; the attack however soon went off, and was generally mild in the commencement, but after the lapse of some time the paroxysms became more severe. The breathing was now completely suspended, the face expressive of great anxiety, pale, or at times purplish, and the body convulsively bent backwards. After one or two minutes the child recovered from the attack, drew a few fine-deep inspirations, and then uttered some sharp cries, after which he became gay and apparently well. The nature of the disease was evident; leeches were applied to the breast, followed by a blister, and small doses of calomel with rhubarb were administered.

This treatment at first seemed to be attended with benefit; the paroxysms were suspended for a week, but soon returned with increased violence, even every one or two hours; muck was now given without any amelioration, and after a lapse of eight days the child was carried off in a fit of suffocation, without any general convulsion.

The body was examined thirty hours after death.—The thymus gland was remarkably enlarged, and filled the whole of the anterior mediastinum; from the middle of the gland a process was sent off, which closely embraced the common jugular vein; the substance was very dense, and it weighed 94 drachms, or 570 grains. The right lung was remarkably compressed, but sound in struc-

ture. The appearance of the heart was normal; the right ventricle was very soft, the left was firm; the foramen ovale was closed. The head was not examined.

On Dropsies, connected with Suppression of Respiration and Congestible Urine. By J. OSBORN, M.D. Lond. &c. Sherwood, 1835, pp. 64.

THE condition of the urine has received less attention from the Scotch school of medical writers, and from all the theoretical schools of the continent, since the time of Hoffman, than its importance in pathology and in practice would warrant; partly owing to the horror of *humoralism* prevailing, and partly in consequence of the want of good chemical tests of its constituents, or to the exaggerated views with which certain ignorant empirics and mountebanks choose to mislead the community. The orthodox practitioner could not but treat the glass with disdain in which the quack had pretended to see the disease; and, "to cast" the fortune of his patient; and to avoid giving occasion to odious comparisons, he could uncharitably abandon signs which he knew so rarely how to recognise, much less to interpret; overlooking those very critical points on which Hippocrates, Galen, and the ancients, made the whole course of disease to hinge, but, unfortunately, the authority of the ancient Greeks, and the light of their genius, were hidden from the community amongst us, by their works not being translated, as was the Bible, into English. Galenists, Brownists, and theorists of every class, found it easy, in the last century, to divert the profession for a time from those extensive and easily-discerned changes in the secretions which the ancients had signalized, and to direct their attention only to the beatings of the pulse, to the tongue, and to the extreme vessels.

The investigations of chemistry, applied to the urine by Berzelius, Prout, Marcei, and others, have already become of practical importance; the presence and the proportion of urea, the phosphates, bile, and sugar, deserve in many cases more attention than any other symptoms. In pathology is more strictly confined, probably be found always in connection.

Albumen, so constantly occurring in

dropsy, and coagulating in the urine when exposed to heat, was first detected by Dr. Wells. Dr. Black hall made further observations, and confirmed the announcement of Wells, that in a great number of dropsies, in which the urine coagulated by heat, there was evidence of inflammatory action, and that in such cases, bleeding was productive of very marked benefit. Dr. Crompton recorded some cases in the "Memoirs of the Dublin Medical Association," to confirm the evidence in favour of bleeding. The inquiry rested at this point until Dr. Bright made the striking observation, that coagulable urine was connected with a diseased state of the kidneys. Drs. Christison and Gregory shortly afterwards published eighty-seven cases, and amongst those, the granular deposit in the kidneys was always detected when examination after death took place. Dr. Osborne has, in the volume before us, presented the results deducible from thirty-six observations, so that the evidence relative to this disease seems now sufficiently extensive to positively determine its nature. Still, so difficult is "judgment" in pathology, that the relation of dropsy to the granular condition of the kidneys is by no means yet established. Dr. Osborne was prejudiced against the opinion of Dr. Bright, in connecting coagulable urine with diseased kidney, and professes only to have been converted by the force of facts, some of which, with the modification in the treatment advocated by him, we proceed to notice.

Dr. Osborne has described the appearance of the kidneys very succinctly and clearly.

"When an injection is thrown into the artery, even in the most successful manner, it will not penetrate into the grayish deposit. The cortical portion of the kidney is the chief seat of the deposition; yet we sometimes find it filling up, and encroaching so much on the other part, that the tabular portion is limited to small, insulated portions; and in these cases the tubuli increase in density, and become more confused together, the nearer they approach their termination in the mammillated processes. In some of the most acute cases I found the lining membrane of the pelvis and upper portions of the uterus in a state of the highest vascularity, resembling crimson velvet. The changes produced on the size of the vessels are remarkable, and in my opinion, to follow this rule,—in some cases, the kidneys are smaller than the natural standard; in some cases they are re-

duced in size, and become hard in proportion; the cortical structure appearing to be removed, and replaced by the gray deposit."

The smallest quantity of albumen is detected by the bi-chloride of mercury; but when this is used the urine should be acid, or many of its neutral salts will be precipitated. From frequent observation, we can declare that the acid urine of healthy persons, particularly when they have been taking severe exercise, yields a precipitate with this delicate test; and when influenza was last prevailing in London this precipitate was unusually abundant. Nitric acid, when there is more albumen, is a good test. Heat coagulates the albumen only when it exists in considerable quantity: when, therefore, the urine is said to be albuminous, it is quite necessary to state what tests have been employed. Dr. Osborne remarks, that,—

"The examination of the urine in this disease must be conducted according to one fixed rule, otherwise we shall constantly meet with apparent contradictions. The urine should be that which is passed in the morning before breakfast. It should not be examined till it has cooled. It then is usually of a pale citrine colour, semi-transparent or translucent, but not transparent like healthy urine; and at the bottom of the vessel there is an opaque, whitish cloud, consisting of the mucus of the urinary passages, and differing from healthy mucus by its greater density and opacity; while in other cases it differs from the healthy state by containing no mucous cloud. On heating this urine, in a spoon, over the flame of a candle, white coagula are formed in those portions of the fluid next the metal, long before the heat has advanced to the boiling point, and when the heat is continued afterwards, the coagula become more firm and distinct. The lesser degrees of coagulability are signified by its not taking place till the fluid has boiled, or till some of it has been evaporated; by no coagula forming, and the fluid being rendered merely turbid; and, lastly, by throwing up a froth when boiled, which appears to be produced by the smallest quantity of albumen that can satisfactorily be tested by heat. I may here mention, incidentally, that I use this mode of examining urine in other diseases beside dropsy, and without any expectation of meeting albumen."

The proportion of urea, and the specific gravity of the urine, are diminished in this disease. The quantity of urine is not much altered.

Is coagulable urine invariably the result

and sign of a granular, morbid condition of the kidney? Dr. Osborne answers this question in the affirmative, and animadvert with some severity on those who think *further observations are required*. He states that out of thirty-six cases, nine autopsies evinced the disease of the kidneys in every instance; while the symptoms, causes, and collateral circumstances of all the other cases, led to the same conclusion:—

“The negative evidence in my possession is too copious to be detailed. It is, however, decisive as to the question at issue. It consists of numerous cases of dropsies, connected with diseased liver, impediments of circulation, or respiration, or general debility, which terminated fatally, in which the urine was examined before death, and found not to coagulate, and the kidneys were found to be free from disease; also cases ending fatally, but unconnected with dropsy, in which the kidneys were healthy, and the urine did not coagulate. This evidence appears to me peculiarly valuable, inasmuch as during the last three years I have anxiously sought for every opportunity of examining the kidneys of every individual in whom the urine had been examined during life; and in no one instance have I met with coagulable urine without diseased kidneys, or healthy kidneys with coagulable urine.”

Dr. Osborne has laid down two propositions, between which there seems to us to be some discrepancy. He puts this disease renal dropsy, and thereby seems to assert that the disorganization of the kidney—the secreting gland—is the cause, the source of dropsy,—accompanied by coagulable urine. An alteration in the secreting gland will doubtless account for an alteration in the properties of the secretion; but an alteration in the fluid from which the secretion is eliminated *may also account for* an alteration of the secreted product, and effect the precise change in the kidney described by Dr. Bright. If, as Dr. Osborne contends, dropsy with coagulable urine is attributable to *suppressed perspiration*, it inevitably follows that a change in the proportions or nature of the constituents of the blood precedes the disease of the kidneys, and that this alteration of the kidneys is an effect of the modified fluid which those organs secrete.

Dr. Osborne's system of treatment is founded on the assumption that the “continuous suppressed perspiration,” which he proposes to denominate “Anidrosis,”—is

the most general cause of the disease. Suppressed perspiration, we may remark, is a very fallacious term, and may indicate two entirely different states of the cutaneous surface; for in popular language it merely denotes dryness of the skin; and this state of the skin may arise from its temperature being a few degrees higher than usual, or from the fluids with which it is saturated having less elastic force. But the practice of Dr. Osborne appears to have been remarkably successful, and the results alone—*independently of any theoretical consideration whatever*—decide on the merits of a therapeutic system. Of the 80 cases treated by Dr. Gregory with diuretics &c., 45 died; of 36 cases treated by Dr. Osborne, only nine terminated fatally; in the one series 56, in the other 25 per cent. perished: a proportion very favourable to the latter treatment. The numbers are not sufficiently numerous to furnish exact data of the absolute mortality of this disease when under medical care; but 24 deaths in 116 cases,—16.6 per cent.—is a high mortality, which would place the dropsy nearer to diabetes and phthisis, than to fever or inflammation. Bleeding, purgatives, and other remedies, were employed in complicated or obstinate cases; but Dr. Osborne thus describes the most essential parts of his treatment:—

“When a patient was placed under my care, with general oedema, coagulable urine, and dry skin, I directed him to be kept in bed, in order to diminish the area of the surface, which is usually disposed to be cold. It had happened frequently that, by external heat alone, an improvement both in the quantity and quality of the urine, and a material subsidence of the oedema, have taken place. The first medicine ordered was usually a purgative; and in the choice of this, in order to avoid ambiguity as to its mode of action, I abstained from the use of all those articles which are reputed diuretic, such as compound of jalap, or superacetate of potash; and I generally employed the scenna mixture. I then commenced a diaphoretic course, by administering foot-baths, hip-baths, or general bathing the feet with a mixture of water or of vapour, according as they appeared to agree best with the individual case, at night at the hour of going to bed. The patient also took at night eight grains

“I have seen that some employment of warm-baths early in the less liability to coagulate to perspire in every individual sleep, under the hour expedient.”

of *Pulv. Jacob.* var. 4., of *Pulv. Ipecac. c.*
Opio, and 10 grains of *Confect. Aromat.*"

We have read Dr. Osborne's elegantly-written book with much pleasure, and do not doubt, from the new and interesting facts which it embodies, as well as from the instructive manner in which the subject of the disease is treated, that it will shortly be in the hands of all who take an interest in medical discovery. On this account we have freely stated whatever objections we consider to lie against Dr. Osborne's theoretical views; while we have detailed the result of his observations and experiments in the pathology and therapeutics of those dropsies which are accompanied by coagulable urine, and connected with disorganized kidneys.

THE LANCET.

London, Saturday, November 21, 1835.

JUDGING by appearance, the question of Medical Reform made some progress—we are at least assured that it made much noise—in the Irish capital during the week preceeding the last. On former occasions this subject has always been touched by the Professors of Dublin with a degree of delicacy and reluctance which attend the handling of a dangerous topic. The speakers seemed to feel as if some fatal catastrophe was necessarily involved in its discussion. On the present occasion, however, the fearful question—from the contemplation of which the most courageous at one time used to shrink—was fairly brought before the public; and examined with a degree of freedom and familiarity that would indicate the total loss of its pristine terrors. To Mr. ELLIS, one of the lecturers in the *Peter-street Medical School*, the merit of being the first to approach this hazardous subject appears to be due. In a discourse recently delivered in the *Medical Establishment* to which he belonged, he not only discussed the leading question, but had, as his contemporaries

might think, the temerity to announce his intention by public advertisement. No serious consequences, however, of which we have heard, have as yet followed the rash undertaking. He not only survived the exposition of a multitude of medical abuses in the medical institutions of these countries, and of absurd enactments in the statute-book of medical law, but, strange to say, he was cheered throughout his statement of the case of reform by a numerous assembly of students and practitioners. It is surely a step gained, in *Ireland*, in the progress of the question, to convince, by actual experiments, the hypochondriacal advocates of improvement in Dublin, that there is, after all, nothing dangerous in the entertainment of a topic in which mere reason and evidence are combined. To Mr. ELLIS are the profession in that quarter indebted for the discovery.

So far, therefore, as the act of divesting the theme of its imaginary horrors, and of calling general attention, by personal appeal, to its examination, is a meritorious one, we cordially concur in the favourable estimate which we hear was formed by his auditors of the manner in which Mr. ELLIS discharged the duty he had undertaken. But if our report of the lecture be correct, we cannot state that we think his enumeration of medical abuses was so comprehensive as it should have been in a discourse professedly devoted to their discussion. Some of these omissions are indeed so remarkable, that we mean to notice them. In our experience, every sound reformer has always looked upon the system of *compulsory* apprenticeships as one of the most baneful usages of the surgical profession in *Ireland*. They have also ever thought the scale of fees to witness hospital practice most oppressively and iniquitously unjust. Yet upon these two important items in the catalogue of medical abuse, no opinion was given in the oration of Mr. ELLIS. In these omissions, which we presume were accidental, he was neither just to himself nor to the question which he designed to

advocate, and he ought to have foreseen that the absence of condemnation of such glaring and notorious features in the picture of medical economy in these countries, might, with seeming justice, expose him to unworthy suspicion that he was performing the play "with the part of HAMLET left out by special desire." The Tories, indeed, of the medical corporations have already had the sagacious malignity to turn to their purpose this construction of the occurrence; they have been busy all the week in balancing the unjustifiable inference from a mere accident, against their own candid and avowed advocacy of these abuses. Mr. ELLIS will, we have no doubt, on some future occasion, see the necessity of putting these cavils to rest. He may also fairly take the same opportunity of reconsidering certain opinions in his discourse, in which other medical practitioners certainly cannot concur. In speaking, for example, of hospital appointments derived by "purchase" and "descent," our report of his lecture describes him to have said that the persons who are concerned in the support of this infamous traffic and practice, are warranted in their proceedings. Making every allowance for the intention of condemning the crime and saving the transgressor, which we consider to have been the object of Mr. ELLIS in this nice discrimination, it is unquestionably true, that no man has a right to enter into a compact which will be productive of detriment to the public welfare. Within that class of evils falls every treaty to purchase a permission to kill or cure the inmates of an hospital, with liberty again to "sell out" to a successor. This power constitutes nothing less than the justification of one evil by the existence of another,—making vice and immorality permanent by precedent,—nay, conferring on both an abstract existence, and liberating their author from the trammels of responsibility! This, to be sure, may be good law in the hospital market, and a consoling enactment it must be to purchasers in that arena of bargain and

sale; but the reflection of a moment must convince Mr. ELLIS that the doctrine is incompatible with the received standards of morals and justice. If such a system of "ethics" is to be defended, let the labour be performed by those who practise and profit by it. Reformers surely are not called upon to burden their case with the palliation of abuses, for the removal of which they may be pledged by the elevation of their name and their principles. If the abettors of this system be given "an inch," they will instantly take "an ell;" and instead of being conciliated by the concession, the first act of their gratitude will be to convert the charitable boon into a new weapon of aggression. Upon this single admission, we have no doubt, for instance, that Mr. CUSACK would undertake to produce a plausible vindication of every appointment which has been made in *St. Stephen's Hospital*, from the hour of its foundation down to the installation of WILLIAM COLLIER by ABRAHAM, his father,—that he would engage to satisfy the greatest sceptic in mis-government that the promotion of three apprentices, by Mr. CRAMPTON, to surgeoncies in the *Meath Hospital*, was perfectly consonant with the ordinances of reason; and that even the payment of two hundred pounds by Dr. GRAVES to Dr. HARKAN for the situation of physician to the same establishment, was most virtuously made. Neither Mr. ELLIS, nor any other reformer, would, we presume, wish to be quoted as an authority by Mr. CUSACK, in the establishment of such conclusions as these, even though Mr. ELLIS and his coadjutors in reform could look upon the act as "the devil citing Scripture to suit his own purposes." In the question now at issue between these parties, the line of demarcation is on every point sufficiently defined to guard the reformer against mistakes of description. It is to prevent the description of such errors, that we here point for comment, and otherwise contained

MISFEITINGS have become the complaints relative to the "new arrangements" for providing medical attendance under the Poor-law Amendment Act. The letters which we continue to receive on the subject are nearly all directed against the conduct of the Commissioners who are sitting at Somerset House. In this wholesale condemnation of those gentlemen there is manifested very considerable thoughtlessness, and no inconsiderable portion of injustice. In the last session of Parliament it was distinctly stated by Lord JOHN RUSSELL, Secretary of State for the Home Department, that the subject of providing medical attendance for the sick-poor, should receive the immediate consideration of the commissioners, and, very soon afterwards, Mr. HODGES, the Member for Kent, and a deputation of medical gentlemen from that county, were informed by Mr. FRANKLAND LEWIS and his colleagues, that the Boards of Guardians in the respective parishes, had full power to contract with as many medical men as they thought proper, and on such terms as they might consider that the interests of the poor demanded, in the parishes in which the Boards exercised their functions. On whom, therefore, ought the censure to be thrown, if the contracts are characterized by a disregard for the interests of the poor and the welfare of the profession? Obviously not on the Commissioners, but on those rate-payers who have been elected to constitute the Boards of Guardians. Instead, therefore, of attempting to prove that the conduct of the Commissioners, relative to the medical contracts, is tainted by traits of odious cruelty, it would be well if the writers and observers who are so generously exerting themselves in the rural districts, would attempt to infuse into the Boards of Guardians, some feelings of humanity towards the poor. The names and addresses of the members of the Boards of Guardians who have made some of the infamous contracts which have been so justly condemned, should be forwarded to us for publication. Until, however, it can be proved that the pledge which was given by the Commissioners to Mr. HODGES has been broken, no action can be taken. As made by Lord JOHN

RUSSELL have been falsified, public indignation, instead of being directed towards the Home Office and Somerset House, ought to fall, with undiminished weight and severity, against the merciless Boards of Guardians who have attempted wilfully to sacrifice the poor, by withholding from the wretched sufferers, efficient medical skill, and even necessary medicine, in the hour of sickness.

It must be admitted by every impartial person, that in carrying the new law into operation, the Poor-law Commissioners are placed in extreme difficulty. The Poor-law Amendment Act is an unpopular measure, —in our opinion most justly so, as we certainly consider it to be one of the most harsh enactments that ever received the sanction of a British Legislature. It is next to impossible, therefore, that those gentlemen can take a step, in any direction, without giving offence to a large portion of the community. It will be recollected that one great complaint against the new law was, that the power of managing their own funds was transferred from the rate-payers to the nominees of the executive Government. The objection was founded in truth, and it was correctly and constitutionally urged. But the Commissioners, in relation to the medical contracts, have entirely obviated such an objection by allowing the Boards of Guardians to make their own contracts for medical attendants. The authority is in the hands of the rate-payers or their elected representatives. Had the Commissioners exercised their full power, and taken the privilege of making medical contracts, from the rate-payers or the Boards of Guardians, then the *despotism* of their conduct would have been denounced. Really we are bound to state that so far as the Poor-law Commissioners are concerned, the subject of providing medical attendance for the poor in the newly-created Unions, has been discussed with much perverseness of judgment, and, in some cases, accompanied by evident signs of factious malignancy.

As the experience of one year has made it but too apparent that the Boards of Guardians cannot be safely entrusted with the medical care of the sick poor, the Poor-law Commissioners could not be censured if they were, henceforth, in all new contracts, to withhold the management of that department from those bodies, and retain over it their own uncontrolled authority. Though

the saving of a few pounds in the pockets of the Boards of Guardians may induce them to make disgraceful and brutal contracts with low-minded medical adventurers, the Poor-law Commissioners sitting in Somerset House cannot possibly be influenced in their conduct by any such unworthy and sordid motives. The interests of those gentlemen are of a totally different character.

ANOTHER article by Mr. RADLEY, on the treatment of fractures of the bones, without the employment of splints or tight bandages, will be found at page 288. The subject is one of deep and pressing importance, as we are given to understand by Mr. RADLEY that the non-application of splints to fractured limbs is attended with an inconceivable degree of ease to the victims of the accident. When, therefore, it is borne in mind that the great object of cultivating the science of medicine is, in every instance of disease, to diminish the measure of human suffering, nothing but prejudices of the most odious character can prevent the system practised for so many years by Mr. RADLEY, from being brought into immediate operation in our public hospitals. In again adverting to this interesting subject, we ought, in justice to that distinguished surgeon Mr. WARDROP, to place before our readers the following sentences from a clinical lecture which was delivered by that gentleman and published in *THE LANCET* of Oct. the 4th, 1834, page 55:—

"The subsequent cases are intended to show that splints, bandages, and the complicated mechanical contrivances usually employed in the treatment of fractures of the thigh-bone, are not necessary in all cases, and may sometimes be altogether dispensed with."

"The injurious effects which are produced by the use of splints and bandages in the treatment of fractured bones may frequently be observed, and I am convinced that in many cases and under many circumstances they may be well dispensed with."

"While splints may no doubt be often employed, at least without mischief, there are, on the other hand, cases wherein they are decidedly hurtful; I allude to those in which the soft parts adjacent to the fracture are so injured or bruised that the pressure of bandages or other apparatus becomes a source of irritation, and thus creates more or less inflammation, which, instead of promoting the reunion of the fractured bone,

retards that process, and I have known extensive suppuration take place in the soft parts, even from this cause alone.

"In fractures of the lower limbs I would therefore strongly urge surgeons to consider in what cases or under what circumstances splints and bandages are requisite,—in what cases they are hurtful,—and when their application is nugatory. If they are not decidedly necessary, or *considered* improper, it is of great importance to attend to the kind of bed on which patients with fracture are to be placed, taking especial care that it is one plane surface, . . .

placing a dossil of tow to fill up any inequalities, such as that in the ham or at the heel, preventing the smallest exertion or muscular action being made by the patient to support the limb, and thus allowing the fractured member to be in a perfectly quiescent state.

"This simple mode of managing a fractured limb has also the advantage of admitting the ready employment of leeches, or such other local applications as may be requisite to subdue any inflammation at the seat of injury."

THE Council of the *University of London*, on the requisition of a numerous body of the proprietors of that institution, have appointed a meeting of the shareholders, to be held in the first week in the ensuing month. The chief subject to be considered by the meeting is, the charter, which, it is understood, the Crown is willing to confer, with certain restrictions in the conditions. As we take a very deep interest, on purely public and national grounds, in the continued success of the University, we shall look forward to the proceedings at this meeting with considerable anxiety, and not without some degree of apprehension. The institution, so far as the medical department is concerned, has become so firmly established, and has taken so bold and successful a stand,—far out-topping, in celebrity, every one of the "recognised" establishments connected with our endowed hospitals,—that it is now clearly evident that no charter, or extrinsic aid of any kind, can increase the utility, or add to the reputation, of the University medical school. The best security for the continued prosperity of at least this branch of the establishment, may be found in the talents and industry of its professors.

In the next *LANCET* we shall propose the proposed object of length,

AGREEABLE NEWS FOR PRACTITIONERS IN THE COUNTRY.—"The Marchioness of Londonderry, who is in a delicate state of health, will, it is expected, shortly visit the metropolis for the benefit of more skilful medical advice."—*Sunderland Herald*, November 14.

It is really surprising that the intelligent conductors of respectable country journals should introduce such trashy paragraphs into their columns. There is scarcely a town in England which does not contain practitioners in medicine who are equal in ability to those who are styled "first-rate practitioners" in the metropolis. When operations are requisite, we admit that the patient is safest in the hands of that surgeon who is frequently called upon to use those appropriate of medical practice, steel instruments; but in cases which require no such aid, the sufferers would act wisely in not relinquishing, on slight grounds, the pure air of the country.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

Tuesday, November 10th, 1845.

MR. EARLE, PRESIDENT.

MORBID VASCULARITY OF PARTS.

THIS Society commenced its first medical course for the winter this evening, and was numerously attended.

Attention, at the opening of the proceedings, was directed by Dr. J. YELLOLY to the subject of the vascularity of mucous and serous membranes. The author in his communication,—and in this consisted its substance—considered that the presentation of a vascular appearance in any part, from disease, does not always indicate the existence of inflammation, as reddened appearances might exist, without the existence of inflammation. On this division of the subject Dr. YELLOLY considers that pathologists of the day have yet much to learn before they can positively affirm whether the change is a result of the process of inflammation or not. According to present notions on the subject, he observed, this vascular or reddened appearance is oftentimes pronounced to be inflammatory, when that process has never existed in the part. In proof of the assertion, and in order to shew the fallacy of appearances, the Doctor exhibited a drawing of a portion of spinal marrow, apparently vascular, but in which the vascularity was not on inflammation, but on a state of *turgescence*; proving, as the subject still required minute examination, that the mere display of vascularity, the

Doctor recommends that due attention should be paid to the position of the body, because vascular fulness in the dead subject is exceedingly delusive; and there will, moreover, be found various degrees of vascularity, which, as in the example presented, are simple cases of *turgescence*.

Dr. WEATHERHEAD considered that this important topic ought not to be allowed to pass by in silence. That a *turgescence* of vessels was not a sign of inflammation, he readily admitted. But the difficulty was first, how is the effect to be explained? and secondly, how were the true and unequivocal signs of inflammation to be described? How, for instance, came blood to be accumulated so largely in the heart, when the bloodvessels are themselves, comparatively speaking, empty? Did not the circumstance prove that the vessels had the power of propelling the blood onwards, after the heart had ceased to beat? He therefore regarded the *turgescence* of vessels in mucous tissues, to arise from the weakened state of the vessels, situated as they were remotely from the centre of the circulation, as compared with those vessels which were more advantageously situated for propelling the blood onwards.

Dr. CLENDINNING agreed with Dr. J. YELLOLY, that the *turgescence* of vessels in most instances occurred simply from the position of the body, and in such case must not be regarded as proofs of inflammation, having existed in those parts. He had seen, at various inquiries, this state of the vessels adduced as a sign of inflammation, the verdicts being founded accordingly. His object in rising, however, was simply to prevent the discussion from dropping.

Mr. ARNOTT, on the other hand, at once rose to prevent its continuance, for as it seemed that the profession knew not what inflammation was, but judged of it only by its external characters,—heat, redness, swelling, and pain,—he could not consider that the paper which had been read tended to communicate or elicit anything sufficiently exact to make it worth while to debate the matter. The paper certainly did not say what inflammation was, and until all agreed as to what it consisted of, it would often be found impossible to account for post-mortem appearances, whether they were inflammatory or not; and most practitioners must have observed that a redness was frequently seen to exist in a part antecedent to death, after which it disappeared, leaving no detectable morbid change.

Mr. MAYO could not agree with Mr. Arnett in his view of the discussion. Although occasionally no traces were left after death, when redness had previously existed, yet if such inquiries as these were not prosecuted, how were the profession to discover or know of what inflammation consisted?

Here the subject was dropped.

TUMOUR OF THE SCAPULA.

The Secretary (Mr. Partridge) then read a report of a case in which a large tumour was removed from the scapula by Mr. EARLE, some account of which was reported in *THE LANCET* lately.

The details of the case ran thus in Mr. Earle's paper:—James Jackson, admitted September 10th, 1835, into *St. Bartholomew's Hospital*, suffering from a tumour of the left scapula. Thirteen months ago his attention was called to the seat of affection, by pain which extended down the arm of the same side, and went on increasing up to the time of his admittance, when the tumour had grown to the size of an ostrich egg. It partook of every motion of the scapula, and was evidently in close contact with the bone. The man's aspect was bloated and unhealthy, and he had been a free liver. Leeches were applied and the arm was supported in a sling. Several consultations were held, as to the propriety of removing the tumour with the knife, but unfavourable opinions of the case were formed, and it was deemed not advisable to operate, from the probable malignancy of the tumour. Mr. Earle, however, was of a different opinion, which he founded on the perfectly healthy condition of the integuments covering and surrounding the mass. The serratus major action, and its several digitations were easily traced, and between that muscle and the under surface of the scapula the tumour was situated. The patient was willing to undergo any operation rather than its removal should not be effected. The operation was performed on the 3rd of October, but it was undertaken with the understanding, that if found necessary, the scapula should be taken away also. In the course of the operation, the tumour was found adhering firmly to the inferior angle of the bone; but the remainder of the tumour was easily detached from the surrounding parts. A small portion only of the bone was absorbed, and only a small spicula of bone was found necessary to be taken away with the forceps. Two arteries were tied. After the removal a compress and bandage were applied, and during the progress of the cure, not a single unfavourable symptom had arisen. The man left the hospital, on November the 14th, and had since regained the use of the arm very satisfactorily. The case, therefore, went on to say, was valuable in a practical point of view, and proved the advantage of forming a diagnosis on anatomical appearances. The tumour presented a specimen of albuminous sarcoma.

After the report had been read, Mr. Earle said he had brought it forward, because Mr. Partridge had informed him that there was a paucity of papers, but he trusted that a regular succession would be supplied, so as to be able to continue the "*Transactions*," the keeping up of which constituted the

pride of the Society. At the commencement of the sessions, invariably a paucity of subjects was complained of, but at the termination an influx was received, compelling the Society to call an additional meeting. He, however, had to congratulate the members on its present flourishing auspices, for no session before had presented so many highly respectable names of gentlemen who were desirous of becoming fellows of the Society. Finally, the President alluded to the expenses incurred "in moving the House of Commons" in order to obtain the charter. These had threatened to become a serious inconvenience, but they had since been liquidated, and prosperity now reigned in the treasury.

LONDON MEDICAL SOCIETY.

Monday, Nov. 9, 1835.

Dr. WUTTING in the Chair.

CHIMNEY-SWEEPERS' CANCER.

Mr. HENNER introduced the subject of chimney-sweepers' cancer, and related the following case of a patient aged thirty-five years, who was in *God's Hospital* for the above disease about eighteen months ago, when the wound presented a surface of the size of a five-shilling piece, which was operated on, and had yet to do well, but the man left the hospital before it was quite healed. Twelve months since he (Mr. H.) was consulted, the wound had again assumed a serious aspect, and went on increasing, and the patient, fearing the effects of a second operation, neglected to apply for relief; and from the incapacity of following his employment, he became reduced to a state of almost actual starvation. The disease had commenced in the scrotum, and extended up to the groin. The left arm (particularly) and the left leg were now oedematous; the pulse 120 and feeble; and the man was evidently sinking, from the exhausted state to which he had suffered himself to become reduced. He was a fortnight in the workhouse, but nourishment was then too late, and this morning he died. He (Mr. H.) considered the case to well illustrate the proposition laid down by Mr. Abernethy, that cancer will invade any structure of the body; for on examining the tibia in this case it would be seen to be affected with exostosis, although the patient had made no complaint of his suffering in that part. On inspection of the body, no other disease was detected in any of the organs. A small quantity of fluid was found on the inside of the chest; the liver was enlarged, as in most persons of the same age, and they themselves up as this.

he could get it, to the temptation of drink.

Mr. CRISP inquired if the members had found the disease invariably to return after operation, for he had heard Mr. Travers remark that it invariably reappeared.

Mr. JONES did not regard the disease of the tibia cancer, but rather as the effect of soot taken into the system. Was the disease in the present case simply local or constitutional?

Mr. HOOPER said, that this man was perfectly free from other disease in all the viscera; but in other kinds of carcinoma, the glands of the body were found affected. Proper nourishment last year would have prevented his life from being shortened by the disease. The pains were lancinating, and attended with a burning heat over the surface of the wound.

Mr. DENBY thought that had the man lived longer, the disease would have produced greater ravages in the system. He thought that some modifications of the disease might occur in all parts of the body. How far soot could effect a change in the bones he knew not, but he could not believe that its absorption had caused disease there.

A GENTLEMAN, whose name we could not learn, regarded the disease as local, but capable of being easily excited. This gentleman was led to relate a case of hemorrhage in a chimney-sweeper from the stomach, to the extent of seven pints, which proved fatal after a second attack, when the stomach was found converted into a diseased mass weighing sixteen pounds. A second case was related, which consisted of a small spot by the side of the penis. The patient consulted Sir A. Cooper and Mr. Abernethy, who recommended its removal, but Mr. Abernethy observed, as it was a portion of malignant tumour, that sooner or later the circulation would become affected. The penis was removed, but the patient died. The disease was supposed to have been brought on through the irritation caused by riding on horse-back.

Mr. JONES, after making a section of the bony preparation belonging to the man who died from cancer, still maintained that it did not represent simple exostosis; for the particles arising from the deposition of fibrin, radiated from a centre, like the bones of the skull in the fetal state; it presented also a cellular structure, and the marrow was contained not in the regular canal of the bone, but in distinct cysts.

Mr. BRYANT asked whether Mr. Jones would not have considered it a case of exostosis, if it had been unconnected with the chimney-sweepers' cancer.

He replied, certainly not, but

 taken from the body was
presented the characteristic
disease.

rather medullary sarcoma affecting the bone.

Dr. THOMPSON argued that it depended in great measures as to the soot becoming absorbed and affecting the system, whether a tendency in the constitution predisposed to carcinomatous affection. In ordinary cancerous diseases, it was extremely rare to find the mischief confined to one organ. He believed that diseases of this description required very peculiar care in the management, and in their guidance all sources of irritation should be carefully avoided. In corroboration of his statement, Dr. Thompson related the case of a butcher who appeared well, and led from his avocations an active life. The man left town to visit his friends, and it would seem that from the change to a state of inactivity, a torpor of the bowels followed, which aperients failed to relieve, and the man died. On inspection of the body, a tumour, decidedly of a scirrhus nature, was found at the termination of the colon. The caliber of the intestine did not exceed the diameter of a quill. The disease was not developed in any other organ, therefore he was led to the conclusion, that if the necessity of having recourse to the aperients had not been compulsory, and produced irritation on the immediate seat of the disease, the part would have remained quiescent, and the patient's life been prolonged. The Doctor related a second case in support of his position, that of a man aged fifty years, who felt tolerably well, but suffered from vomiting, which led him Dr. T. to treat the disease as a chronic affection of the stomach. Becoming, shortly after, more fully acquainted with his sufferings, he (Dr. T.) was led to conclude that it was of a cancerous nature; and on examining more carefully with this impression, he found several tumours about the size of a pea, adhering to the skin of the arm and scalp. Attempts to allay the vomiting failed, but afterwards it ceased spontaneously, and the patient became more fleshy, and he concluded that he should get well. About one month after, he rose from his bed to micturate, then suffering from irritable bladder, and fell down dead. At the autopsy every viscera of the body was found studded with tumours, similar to those on the external surface of the skin, and an effusion of fluid was seen in one of the ventricles of the brain.

Mr. DENBY believed, that if the records of hospital reports were consulted, they would tell us that almost in every instance the disease returned again, after the operation for cancer was performed. He did not look upon soot as a common irritant, for it failed to produce the disease in many parts of the system.

TUBERCULATED DISEASE OF THE UTERUS.

Mr. BRYANT rose to give the particulars

of a preparation which he had placed on the table. The individual from whom the morbid parts had been taken, had not fallen under his care. The subject of the case, a lady, unmarried, aged fifty-two years, was of short stature and spare habit, and had for some years suffered from indigestion, accompanied with headache and sluggishness of the bowels. About three years since, she became "irregular," and about eighteen months ago the catamenia ceased altogether. She was next troubled with vomiting, about half an hour after taking any food; a hardness was felt on the right side, and she became emaciated. Latterly, she suffered from forcing pains, after evacuating the bowels, but no symptoms of uterine disease existed. The evacuation gradually increased, diarrhoea followed, and she died on the 30th of October last. Several weeks previous to her death the irritability of the stomach ceased, and she was able to retain her food, but was distressed by flatulence, and pain in the bowels. On examination of the body, the heart was found to be exceedingly small, with its vessels enlarged in caliber. The gall-bladder was distended with a cream-coloured bile, and its coats very much thickened; in the ductus communis choledochus a calculus was impacted, weighing five grains; when dried it was of a bright colour, with a tuberculated surface. The uterus had undergone the change observed in the preparation, but this change was not suspected, as the attention of the medical gentleman Mr. Hiff, was not directed to it by the patient. The case was interesting, from its adding confirmation on an important topic, that a disease of a formidable nature might go on even to the destruction of life without being suspected, and in which no symptoms are manifested, either to lead to a detection of the disease, or suspicion of its existence.

The PRESIDENT asked whether the thickening of the pyloric orifice of the stomach, was of a cancerous nature.

Mr. BRYANT replied, that Mr. Hiff's opinion led him to that conclusion, although the thickening was not great.

Mr. MOORE was opposed to the opinion that the disease was of a tuberculated nature; he regarded it as rather of a scrofulous kind, and his judgment was supported by the accounts of the French pathologists. M. Louis had recorded, that of upwards of 300 cases of disease of the womb, only one of tuberculated disease of the uterus existed. He (Mr. M.) was led to this conclusion from the nature of the inflammation (not having examined the preparation very circumspectly), which was of a chronic kind, and unattended with pain.

Mr. CRISP thought that the time of the Society might be spent more profitably, by considering the relief of patients at the early

stage of the disease; and he would ask, whether the experience of the members led them to conclude that anything could be done in such cases, or whether they had found beneficial results from the use of iodine, from pressure, or from counter-irritation.

A GENTLEMAN said, with regard to cancerous affections of the breast, that he could inform the Society that in a case within his knowledge, where iodine had been applied, it had increased the tumour in a very short period to double the size it presented when the iodine was first used.

Mr. MOORE, in order to counterbalance the last case, briefly alluded to one in which iodine, combined with mercury, and so softened down as not to produce irritation of the skin, decidedly lessened the activity of the disease, and kept it under control.

Dr. JOHNSON believed that the profession knew but very little about these diseases; but he felt convinced that it might be retarded by taking from the part affected the supply of nutrition as much as possible; abstracting blood from it—that being the pabulum of life, applying leeches, allaying pain by emollient and soothing fomentations, and avoiding irritants, for "ubi stimulus, ergo fluxus," and keeping the excretions and secretions of the body in the best possible condition.

The PRESIDENT, previous to the adjournment, requested to relate the following case:—A lady, who was extremely pallid, and labouring under all the characteristic symptoms of a severe constitutional disease, was suddenly attacked with suppression of urine, which was found to arise from the mouth of the womb pressing forward, so as to prevent the urine from flowing. The uterus was tilted back by the practitioner, and a catheter was introduced to draw off the accumulated fluid. The neck of the uterus was found hardened and callous, indicating a scirrhus affection. Repeated discharges of blood occurred from the uterus, and pressure gave considerable uneasiness. The lady was ordered to remain in bed, to have leeches applied, the accumulation of urine to be prevented, and to take bland food. On a second visit, he (Dr. Whiting) found her suffering from more acute symptoms; the tumour had increased, and become exquisitely sensitive to the touch, and the patient was labouring under irritative fever. A second application of leeches was directed, and the following week found her infinitely better, and the tumour subsiding rapidly; but it was deemed advisable to continue applying leeches until all the symptoms had abated. Iodine was rubbed in over the abdomen, and he (Dr. W.) thought that the gentleman who attended the case had applied it to the mouth of the uterus. At present the lady was so much better that further professional aid was deemed unnecessary.

Monday, November 1834.

At the close of the meeting the chairman stated, that a complimentary address had been drawn up by some gentlemen of the profession (not confined to the Society), assisted by Mr. Headland, the secretary of the Society, which it was intended should be presented to Mr. Kingdon, after it had been signed by as many members of the medical profession as accorded with the originators, that his conduct had not in the slightest degree merited the stigma cast on it by the Council of the College of Surgeons; for this reflection, as Mr. K. professed it to be, on his moral conduct, preyed most heavily on his mind, and fit we understood the statement correctly, not only caused the discontinuance of his attendance at the meetings of the Society, but also everywhere else from home.

When Mr. Kingdon informed the Society of "the disgrace" as he termed it, under which he laboured, from his rejection by the Council, he said that the heaviest affliction that he felt arose from the fact that what he had most attempted to preach to his children, — the propriety of preserving their moral characters unimpeachable, — he himself, it would seem, had not been able to accomplish in his own person. On that occasion Dr. JOHNSON remarked that there was no necessity, so far as his conscience was concerned, for Mr. Kingdon to feel hurt at being passed over by the Council, for he might be assured that in the eyes of the profession he would not stand degraded one iota, probably the reverse; for the proceedings of the Council in Lincoln's Inn Fields had long ceased to be regarded with respect by medical men.

A veto, however, was placed on the address being left in the rooms for signatures, in consequence of a remark from Mr. LEVER, that although the members might firmly and conscientiously coincide with the motives which had actuated the gentlemen in drawing up the document, yet he for one (and this he said from a very long acquaintance with Mr. Kingdon) could not put his name to a paper that conveyed, even indirectly, and although denied to the public, a suspicion that moral delinquency had ever hung over Mr. Kingdon's character. This he considered the address was calculated to do, and most of these present acquiesced in the opinion. It was deemed advisable that certain of the sentences should be erased, and a new copy produced and offered for signature. Although these brief proceedings took place in the library of the Society, it was not wished that the address should be

considered as emanating solely from the chairman's object in bringing it forward. Mr. LEVER arose, he said, from the fact that many members would be

WESTMINSTER MEDICAL SOCIETY.

Saturday, Oct. 31, 1835.

Mr. R. QUAIN, President.

THE newly-elected President, Mr. Richard Quain, in conformity with the example set by his predecessors in the chair, this evening addressed the Society in an inaugural speech. He thanked the members for the honour they had conferred on him; but at the same time a retrospective view of their past presidents, and many able members, almost induced him to shrink from the responsibility of office, though no member felt more anxious for the welfare of the Society, than he. Of its usefulness there could be no question. For himself he could say that he had never entered its walls without deriving benefit from the discussions. The arduous duties that he had elsewhere to fulfil, would, he trusted, become an apology for any imperfect fulfilment of his duties in the Society, which at any rate, however, he would endeavour to perform with the strictest impartiality. The Society had this session to lament the loss of one of its most zealous and able members. It was not his intention to offer any *éloge* on the late Mr. BERNETT, as ample justice had already been done to his memory. (These notes necessarily form but a very brief outline of the address of the worthy President.)

The discussions this evening commenced by Dr. LEONARD STEWART inquiring whether Dr. JOHNSON had received any further particulars of the case see LANCET, No. 634, lately forwarded to him (Dr. J.) for his opinion, and detailed to the Society.

Dr. JOHNSON answered in the negative. He had written to the parties, and embodied in the correspondence the opinions of the Society. Not that he expected to hear very soon, as it was a case not likely to be cured expeditiously, if at all.

ANTIMONY IN PNEUMONIA.

Dr. ADDISON requested the sense of the Society respecting the efficacy of the antimonial treatment in pneumonia.

Dr. JOHNSON considered Dr. Addison, as an hospital physician, best calculated to give an opinion on this treatment. In pulmonic inflammation, he (Dr. J.) had pushed the antimonial treatment further than in any other inflammation, but would not trust exclusively to it. The use of the lancet he regarded as highly necessary and beneficial in weakening the action of the heart and arteries in inflammations.

Dr. ADDISON replied that he did not allude to antimony, when used in combination with other remedies; for, in the ordinary use of antimony, calomel and opium generally were combined, and not unfrequently

preceded by the use of the lancet. But the treatment that he resorted to, was the trusting to large doses of antimony to the exclusion of other remedies. He (Dr. A.) was induced more particularly to give it a trial, from having seen in a severe case of laryngæa, which he had been requested to visit in company with a general practitioner, great benefit derived from the treatment, and he was unwilling to interfere with the remedy that was producing such beneficial results. It was persevered in, and it quickly effected a speedy and complete cure. What he (Dr. A.) looked upon as constituting the antimonial treatment, consisted in administering from half a grain to a grain of tartaræmic in solution every one or two hours. The first and second doses probably produced vomiting, followed by nausea and free diaphoresis; and he would ask whether we were not justified in abstaining from so harsh a remedy as mercury, and adopting antimonial treatment in preference, at least in the milder forms of inflammatory disease. Of late he had had reasons to doubt whether pneumonia was so severe as it was formerly taught to be. They used to be led to believe that it was a most serious and fatal disease, seldom admitting of cure. Cases had occurred within the last few years which had led him to doubt the correctness of this proposition, and many cases had come under his observation, where the disease had been altogether overlooked. He certainly thought that large bleedings, in the majority of cases, were injurious, and smaller bleedings as by far more safe and more appropriate.

Mr. COSTELLO said that the Italian school was certainly in favour of the antimonial treatment, and that the rate of mortality under its use was not more than one in eight cases. This calculation was made from cases of the serious kind, and after moderate bleedings had been used.

Mr. H. JOHNSON remarked, that during the time he was at St. George's Hospital, several cases of pneumonia were admitted, in which the antimonial treatment had received a fair trial; but from the result, it was considered to be an inefficient remedy. If a preference was to be given by him, he would choose the mercurial. He did not think that the French surgeons were well acquainted with the use of mercury, for even Andral was only now beginning to regard mercury as a powerful remedy. He differed from Dr. Addison as to the mildness of pneumonia. He (Mr. J.) had found it any thing rather than a mild form of disease in the surgical wards of St. George's.

Dr. JOHNSON remarked that in 1812, an ample opportunity was afforded for experimenting on pneumonia in the Scheldt, when that disease attacked almost every individual there stationed, and the medical officers employed under government on

that occasion, found that opium disadvantageously checked the expectoration; and that by first bleeding the patients, as much as their strength would admit, and then exhibiting calomel, only in sufficient doses to act on the secretions, more benefit was obtained than by any other kind of treatment.

Dr. ADDISON still maintained that pneumonia was not so fatal as was generally conceived. He thought that Mr. Johnson was particularly unfortunate in selecting cases from the surgical wards of an hospital, to illustrate cases of genuine idiopathic pneumonia, for he (Dr. A.) was not a stranger to that division of our public institutions. There pneumonia would either be found occurring with other diseases or in broken down constitutions. He (Dr. A.) was sure Dr. Johnson would excuse him when he said that pneumonia did not terminate in expectoration,* unless complicated with bronchitis, and he very much doubted, whether the majority of these cases were not cases of bronchitis, instead of pure pneumonia.

Mr. JOHNSON could not regard pneumonia as a mild disease. He had always found that the more actively it was treated, the fewer were the deaths. As to pneumonia in hospitals, the fact was that pneumonia could not be explained by a few cases, and the patients that he had selected from the surgical wards were, many of them, in rude health, who had been overtaken by some untoward accident.

Mr. WARR said, with regard to the treatment of pneumonia, according to the mode of exhibition recommended by Laennec, he

Mr. W. had found, that if the inflammation was first attacked by a full bleeding, so as nearly to produce syncope, and then followed up by large doses of antimony, the latter had proved a most valuable remedy in his practice. With regard to a remark which had been incidentally made, that all adhesions of the pleura were not the result of inflammation, he would give an example in proof of the allegation, that had made at the time considerable impression on his mind. A portion of the lung recently taken from the body was brought to him, which he divided into two portions, and then placed their cut surfaces in opposition. On the following morning a perfect adhesion was found to have taken place, and the lymph through which the adhesive process was maintained, presented, from evaporation of the serum, the same phenomena in

* It may be necessary to state—as the abridgement of the proceedings to the proper compass of the paper does not make this isolated point obvious—that Dr. Johnson assigns expectoration as a symptom of pneumonia, which Dr. Addison does not. He also mentions that the termination of that affection when complicated with bronchitis, is a case. Dr. Johnson considers that the expectoration is up by nature to unload the lungs, and is a sign of the disease.

appearance as were produced by the known process of inflammation.

Mr. SMITH believed that pneumonia attacked two kinds of constitutions, the strong and the delicate, and he presumed that the mercurial was best adapted for the plethoric, and the antimonial for the weak. The President then adjourned the meeting.

(Saturday, November 7—Concluded.)

REMARKABLE DISEASE OF THE BRAIN AFFECTING THE SENSE OF SIGHT.

After the statements had been made respecting the late Sir David Barry, which were reported at page 264,

Dr. JOHNSON communicated a paper which was entitled "A remarkable Disease of the Brain, attended with distressing symptoms." The subject of the case was an eminent artist residing in Albemarle-street. The complaint commenced several years ago, in the form of a sensation of flashes of light before the eyes, to which were afterwards added, pains in the head, and the sight was gradually, and in the end, totally lost. The chief phenomena, however, which annoyed him, was a series of dazzling images, perpetually playing on the optical apparatus, by day and by night, with a brightness unpeckably distressing, sometimes assuming the forms of angels with flaming swords, every motion of which seemed like an electric flash, to blind the eye and sear the brain. The forms and colours of these spectral illusions were incessantly changing, but without any mitigation of the sufferings they produced. With the exception of some irritability of temper, there was not the slightest affection of the intellectual powers. Memory, imagination, and judgment, were unimpaired. He was led about the streets by his servant, and attended to all matters (where sight was not required) with the greatest punctuality. The eyes themselves presented no appearance of disease. These symptoms were ameliorated, from time to time, by tartar emetic plasters to the nape of the neck, leeches to the temples, and aperient and diuretic medicines. In the spring of 1835, he was seized with all the usual symptoms of apoplexy. He lay in bed motionless and insensible, passing the urine and feces involuntarily; the pupils were dilated, and the power of speech was lost; but to the astonishment of his medical attendants, he recovered from this state, whether through the powers of nature or active depletion, was doubtful. After a few weeks he was enabled to go to the city, and transact business. But the spectral images and other symptoms returned with increased violence. In August last he was seized with apoplexy, and died.

As above mentioned, and notwithstanding the same means were employed as for the last attack, he died at the end of three or four days, from the commencement of the apoplectic invasion. The body was examined on the following day. There was nothing unusual in the membranes of the brain. The right lateral ventricle contained nearly two ounces of clear fluid. The left ventricle was occupied by a series of hydatids, of various sizes, and filled with fluid of various consistency and colour. The cluster of hydatids sprung from the floor of the ventricle, by a kind of peduncle, and penetrated into every sinuosity of the cavity, pushing its branches anteriorly, so as to pass over and before the thalamus nervi optici of that side, and even into the opposite hemisphere of the brain, destroying all the parts in its progress. Both thalami were reduced to a pulp, as were, indeed, the whole of the anterior lobes of the brain, which would not bear the least handling without falling into a state of deliquescence. The optic nerves were pressed upon by the hydatid mass, and reduced to little more than the size of threads, and these were of very soft consistence. There was no change in the coats, or the humours, of the eye. The most remarkable phenomenon in this melancholy case, was the intensity of brightness which always accompanied the spectral images. Whatever were their shapes, this dazzling and painful splendour never forsook them. It rendered the life of the sufferer a scene of dreadful agony for some years.

Mr. VERRALL said, he was induced to relate the case of a boy aged 11 years, which he believed was somewhat analogous to the foregoing interesting case. This patient, who he had examined at the *Western Dispensary*, complained of having before him repeated flashes of light. He (Mr. V.) suspected that his faculties were not perfect, as the boy looked stupid, and the questions put to him were invariably answered by his mother; and on further examination he found that the arm was slightly paralytic, and that the fingers were wasted. No change could be detected in the eyes.

Mr. THURNAM requested to know whether the cysts were accidental serous cysts, and what was the condition of the plexus choroides?

Dr. JOHNSON replied that the cysts were filled with fluids of different colours; some of the cysts were circular, the others oval, and all sprung from one root.

The PRESIDENT (Dr. Addison), inquired if there were any somnolency? (The answer was in the negative, except during the apoplectic seizures. At other periods, his faculties were perfectly intact.)

Mr. STREETER.—In the detail of the symptoms, the expression "the only alteration in the intellect that occurred, was an

LOOPLAND ON DELIRIUM WITH TREMOR.

"increased irritability of temper." He (Mr. S.) would ask, does temper belong to the intellect? certainly not; but rather to the disposition!! He (Mr. S.) in the next observation; has a difficulty, as all present are not acquainted with the phrenological division of the brain, of making himself understood; he however considered the case as favourable to the doctrines of phrenology. The disease commenced in the floor of the ventricle, and made its way forwards and upwards, producing softening of the anterior lobes. In the centre of the under surface of these anterior lobes, that portion of the intellectual brain is situated, which distinguishes the form and colour of objects. He believed that it was a well-established fact in pathology, that the inflammation of a nerve heightened its functions; and here the symptoms indicated that the peculiar functions assigned to those parts were greatly disturbed, or greatly exalted, while sight was destroyed, though the eye remained apparently healthy. The whole of the anterior lobes were disorganized without there being any disease of the membranes, and hence it was fair to conclude that the disease had not extended to the cortical structure of the brain, or the membranes would have been involved in the disease. The term "anterior lobe" was itself a vague one, for there was not the faintest line of boundary assigned by anatomists to mark the separation of this division of the brain from the rest, except at its under surface. (Some further remarks, *apropos* to the science of phrenology, were made by Mr. STREETER, but we have not space to give them.)

Dr. JOHNSON said that he was not an anti-phrenologist, but a phrenologist, and he would observe that although the anterior lobes were reduced to a pulpy state, they were yet capable of carrying on their functions. He did not bring the case forward as an argument against the science, but rather that the science might clear away the difficulty which it presented.

The Society then adjourned.

DELIRIUM CUM TREMORE.

To the Editor of THE LANCET.

SIR,—With reference to the note subjoined to Dr. Roots's excellent lecture on *delirium tremens*, just published by you, I wish to state, that I have used the English expression "*delirium with tremor*," and it only, and without the knowledge that the Latin synonyme had been employed by my friend Dr. Elliotson. I do not even now know in which of the journals the lecture, in which this term was used, has been published, otherwise I should have had great pleasure

in referring to it;* for, although I always make references to ~~whenever~~ comes in my way that seems to me deserving of notice I cannot find that I have made any reference to Dr. Elliotson's lecture on this subject. I shall, however, have an opportunity hereafter of doing justice in the matter. The English term, which only I have employed was used in the course of lectures delivered by me during the winter of 1825 and 1826. The name of the complaint is of comparatively little importance; the *pathology*, the *form*, and the *treatment* of it are the topics that most deserve attention. As to these I am entitled to more credit than has been awarded me. I am certainly the first who distinguished two species of the disease. One which I have stated to proceed from inflammatory or excited vascular action in the membranes and periphery of the brain; the other from exhausted nervous power. I am extremely gratified that so able and experienced a physician as Dr. Roots is, has done me the honour of adopting altogether my views as to the pathology and division of this disease, as well as to the treatment founded on both, as both are of the greatest importance in practice. My views were derived from considerable experience, and, since the publication of them, I have seen them confirmed on various occasions. I beg to refer your readers to my article on this complaint; but I may subjoin my division of the complaint, with the *names* and *definitions* I have given of each species. I need not add that the treatment appropriate to each is fully explained.

"I. DELIRIUM WITH TREMOR FROM EXCITED VASCULAR ACTION IN THE MEMBRANES OF THE BRAIN (*Encephalitis Tremefactans* of J. FRANK).

"DEFIN.—With great terror and irritability of temper and violence upon being opposed; a frequent, full, or hard pulse; countenance often wild or flushed, and the head hot.

"II. DELIRIUM WITH TREMOR FROM EXHAUSTED NERVOUS POWER the *True Delirium Tremens* of modern writers, and *D. Traumaticum*, or *D. Nervosum*, DUPUYTREN.

"DEFIN.—With a morbid recurrence of the patient's ideas to his arations; a frequent, weak, or small pulse; cool, humid, or perspiring surface; and loaded, but moist tongue."

I would beg leave further to refer your readers to what I have said respecting intermitte varieties, or modifications of the complaint, and as to its nature, &c. I am, Sir, your obedient servant,

JAMES COOPER.

Bulstrode Street, 16th Nov.

* The passage quoted in THE LANCET, occurred in the lecture by Messrs. Longman.

MEDICAL REFORM ESSAYS.

To the Editor of THE LANCET.

SIR,—After a patient perusal of the various essays forwarded to the Medical Reform Association, the Committee of Examination* have decided that there are not any three deserving of the prizes, although many deserve considerable praise, from the talent and research displayed in them.

It is my duty therefore to inform the essayists that they can obtain their essays by sending a note, with the motto, when any more specific communication that it may be necessary to make, will be made.

I am further directed to communicate the fact that the 100*l.* will still remain in the hands of the Treasurer, Joseph Hume, Esq., M.P., and that the Association will be happy to receive any essays on the question originally propounded, which must be delivered in, on or before the end of December, 1836. Further particulars I shall take the liberty of requesting the insertion of in the pages of your journal in the course of a fortnight or three weeks. I have the honour to remain, Sir, your obedient servant,

JOHN ERS, M.D.,

Hon. Sec. to the Med. Reform Assoc.

89, Great Russell-street,
Nov. 17, 1835.

CLINICAL LECTURES IN LONDON.—To the Editor.—Sir,—It is stated in your Number for November 7, that 12 years ago there was not a clinical lecture given in London. As regards the *Hospitals*, to which the statement appears to refer, this may be correct; but as the fact is not stated with such limitation, I beg to observe that Clinical Surgical Lectures were given regularly at the Finsbury Dispensary by myself in the October of 1821, subsequently to my election in the preceding April, and these were I believe the first clinical lectures delivered in London. Leaving it to you to make any use of this note you may think proper, I remain, Sir, your obedient servant.

GEORGE MACILWAIN.

Argyll-place, Nov. 17, 1835.

IODINE IN DIABETES MELLITUS.—To the Editor.—Sir,—The perusal in your excellent journal, of a paper on the discovery of sugar in the blood of a diabetic patient, induced me to forward to you a note, a case which I have treated successfully with iodine. The patient, a young

man, of about twenty years of age, had laboured under diabetes mellitus for upwards of two years, and had taken successively the mineral acid, tinct. ferri mur., et potassae sulphas, but without effect. In the month of May last I commenced exhibiting iodine, in the different forms of the ioduret of iron, and of potassa, and, lastly, in the form of tincture. Shortly after the commencement of this treatment a good deal of expectoration took place, and mucus was thrown up regularly every morning. By degrees the urgency of the case subsided, and now, although the weather has become cold, very little tendency to diabetes remains. I hope that others may try the effects of this drug in this generally uncontrollable complaint, and watch its action and result. I remain, Sir, your obedient servant,

C. A. D.

Goswell-street-road, Nov. 17, 1835.

* * Our correspondent should have added his name.

DISTRIBUTION OF SUBJECTS.—To the Editor.—Sir,—I shall feel obliged if some explanation is given in the next Number of your valuable periodical, of the cause of the present very unequal distribution of subjects for dissection; one of the west-end schools having as many, or more than they can dissect, whilst in the Borough we can get very few indeed, bearing no comparison to the demand, and proving a very serious inconvenience to the students in general.

I am, Sir, your constant reader,

A WEBB-STREET PUPIL.

Nov. 16, 1835.

* * We much doubt if the "distribution" is unequal. Does our correspondent know the proportions on authentic information?

To the Editor.—Sir,—I throw myself on your justice, in transmitting the following reply to an article in a late Number of THE LANCET, Aug. 29, on the subject of "Dr. Wright's Pearl Ointment for Cutaneous Diseases," of which I am (by purchase) the proprietor. The writer of the article, without qualifying doubt, asserts that the active principles of this ointment are arsenic and bichloride of mercury,—yet it does not contain an atom of either of those substances! It is not surely too much, therefore, to expect that his pathological deductions are equally fallacious; and that the symptoms, which he describes as having succeeded to the use of the ointment, had no reference, in the connection of cause and effect, with the application. The writer of course is too honourable a man to ascribe effects to this ointment which he does not conscientiously

Committee of Examination
if they are not already

tiously believe to have resulted from its use, or which he knows were produced by other treatment; he is evidently a man "who bears his faculties so meekly," that he is wont rather to extenuate faults than "set down aught in malice." * * * I am, Sir, yours respectfully,

ZACCHEUS HUNTER.

Webber Row, Blackfriars, Oct. 24, 1835.

* * No attack having been made by our correspondent, "A Licentiate," on the character of the late Dr. Wright of Stafford, we have omitted the concluding portion of Mr. Hunter's letter, thinking that it was both uncalled for and unnecessary.—ED. L.

NORTH-LONDON HOSPITAL.

LITHOTOMY.—MR. LISTON performed this operation on the 28th of October, on a youth aged twelve, who had suffered under the disease for some time. The operation was performed in the usual manner, but the surgeon found it necessary to divide the right side of the prostate, in consequence of the inordinate size of the stone; he remarked that he preferred taking such a step to lacerating the parts. The stone was of about the size of a pullet's egg. The operator observed that it was not often that stones of such a size were removed from subjects so young, but he had in some instances met with them much larger, even in patients under six years of age. In the present case the operator used a small adult forceps, remarking, after the operation, that it was always necessary to proportion the forceps to the size of the stone to be removed. The operation was completed within two minutes. The child has since been doing well.

BOOKS RECEIVED.

Elements of Bedside Medicine and General Pathology, or General Disease-Discourse, with a Sketch of the Origin, Progress, and Prospects of Clinical Medicine and Surgery, &c., with a Confession of mixed Medical Faith, &c. By J. S. Thorburn, M. D. London: Longman and Highley, 1836, 8vo, pp. 437.

An Experimental Guide to Chemistry. By Edward Davy, M. R. C. S., 1836, 12mo. pp. 98.

St. Thomas's Hospital Reports. By John F. South, Assistant-surgeon. No. I. Nov. 1835.

An Inquiry, physiological and pathological, into the Proximate Cause of Cholera. By Protheroe Smith, M.R.C.S., and Senior Surgeon to the Farringdon Dispensary. London. Bailliere. 1835.

CORRESPONDENTS.

A Non-professional Reader will find just such a clear and simple account of the stomach as he wishes to see, in the Third Number of a little Monthly Magazine published in London, called "The Christian Physician and Anthropological Magazine."

Our arrangements do not allow us to devote the space which would be requisite for the insertion entire of the communication of *Bristolensis*. If the writer has no objection to allow such a careful and discriminate curtailment of his paper as will separate the vein of thought and argument from the superfluities of expression which surround it, we will find room for his views.

ERRATUM.—The initial F. in the name of Mr. Daniels, attached to the letter at page 271, should have been N.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37' 41" North, Long. 31° 45" West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dels.		
Nov. 9	36.75	32.	29.96	29.81	—	E.	Dull and heavy.
10	36.	32.	30.11	30.06	—	E.	Fine through the day.
11	40.	33.50	.11	.06	—	N.W.	Fine through the day.
12	40.50	31.75	.03	29.91	0.06875	N.W.	Morn fine; rain evening & night.
13	39.	31.25	.11	30.07	—	N.	Fine through the day.
14	38.50	33.75	29.94	29.86	0.00625	N.W.	Dull, with slight rain.
15	42.	33.75	.86	.84	—	N.W.	Partially fine, with heavy rain.

Nov. 17, 1835.

THE LANCET.

VOL. I.]

LONDON, SATURDAY, NOVEMBER 28, 1835.

[1835-36.]

NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON CASES OF

ERYSIPELAS OF THE HEAD,

Delivered in the Session 1835-36,

BY DR. ELLIOTSON.

I HAVE four cases now to mention to you, gentlemen, which were all instances of the same disease, and all illustrative of the great advantage of a particular mode of treatment. They were instances of erysipelas of the head, which is a most dangerous disease, and I would at any time rather not have to treat a patient with it; for although one may follow plain indications in the treatment, disappointment frequently attends our efforts, and patients die with signs of inflammation of the brain or its membranes, more or less effusion of fluid being found after death in or upon the brain. Many of these cases yield to bleeding, cold applications, purging, mercury, and starving. Other cases require these measures in a mild degree. In other cases, again, evacuants cannot be borne, and quinine and good nourishment are very soon required. But however plain the indications, we are so often disappointed in the treatment, that I was very thankful when Mr. HIGGINBOTTOM made known a mode of treatment which was much more beneficial than the remedies already in use. Now, it is a rare thing for one man to have four cases of erysipelas of the head all occur nearly together, and all do well. The disease is far more dangerous in those who have passed the middle period of life, and in those who have suffered from intemperate habits, or from the unwholesomeness of climate. Of these patients in question two were young men, and two were middle-aged men.

The first case occurred in a man, aged 30, in the month of September, who

said his age was forty-six, though he looked at least ten years older, and had the appearance of a dissipated man. He was a poor shoemaker. He denied that he had ever been a drinker, and also most positively that he had ever had venereal disease, but his wife is now in the hospital on account of secondary symptoms, and he appeared a most unfavourable subject for the disease. On the 15th he had been attacked with rigors, followed by pain in the head and back, general heat and thirst, and some degree of purging. On the 16th and 17th he found that his face had begun to swell; it had also a feeling of tenseness and smarting, which continued to increase. At the time of his admission, the skin of his nose and cheeks was inflamed, the redness was dingy, and there was oedema of the lower eyelids. The skin felt hard and brawny, and there was considerable pain in the head and cheek; his tongue was white, he had great thirst, and a feeling of nausea. His bowels were open three or four times a day, the evacuations consisting, he said, of clear water. Pulse 120, skin hot, hands tremulous, and he had altogether an agitated appearance. He said he had been nine years in the West Indies and America. All the inflamed part of his head was directed to be well moistened with a saturated solution of the nitrate of silver, but no medicine was given him. On the next day, the 19th, he was found to be much better; the solution had occasioned the cuticle to come off in many parts.

He suffered a good deal of smarting for some hours after the application, but was now perfectly free from pain of any kind. The pulse came down to 90, his hands were less tremulous, he had had one evacuation; his thirst was much less, though his tongue was still white, and he had not slept in the night on account of the soreness of those parts of the skin where the cuticle had been raised. On the 20th there was a little pain and swelling on the left part of the head, higher than the part to which the nitrate of silver had been applied. This he attributed to costiveness, and he was ordered five grains of calomel and ten of colocynth directly. On the 21st, as the forehead continued inflamed, the head was

had been more or less delirious, was like a person in delirium cum tremore, and had not complained of his arms. Upon further examination both his legs were likewise in the same condition. His debility had been extreme, and to have made incisions, I felt satisfied would have caused his immediate death. He could not have supported the hemorrhage which incisions such as would have been necessary to benefit him would have occasioned. I therefore contented myself with applying the caustic, but, unfortunately, on account of the violence of the man, it could not be applied properly. It was applied, as I have mentioned in a former clinical lecture, with a stick, but, through the man's turbulence, it was done so inefficiently, that there was no chance of its producing good, and it was certainly not applied until far too late to be of service, even had it been applied in the best manner. To have made incisions into the limb, even at a later period, to let out the matter, would also, I am satisfied, have been useless, because the incisions must have been carried to a very considerable extent, for on examining after death, suppuration was found down as low as the various bones of the extremities to a very great extent. It was a case in which no treatment whatever could have been adopted until it was too late, on account of the existence of the disease not being known earlier. Afterwards, when there was a probability that matter existed, I myself should not have thought of having incisions made into it. I may mention that deep suppurations existed where no caustic had been applied, just as where it had; and in many places where no inflammation could have been suspected. The inflammation had in all begun at the deepest situations, and extended upwards to the surface; for in all, the deepest situations exhibited the marks of the most advanced inflammation.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON

ERYTHEMA AND ERYSIPELAS,

Delivered in November, 1836,

BY MR. LISTON.

THE last time I had the pleasure of seeing you here, gentlemen, I proposed saying something with regard to stricture of the urethra and other diseases of the urinary organs, but two very interesting cases, more than two indeed, of erysipelas, of a very

severe nature, have lately been admitted, and I think it is a pity to lose the opportunity of making some remarks upon the cases whilst they are fresh in your recollection; therefore, with your permission, I shall for the present delay my observations on urinary diseases, and take up the subject of erysipelas.

The cases to which I have alluded have been as severe as any I have witnessed for a long period. I had at one time very ample opportunities of observing this disease in an hospital that was extremely unhealthy, until the management fell into new hands, when, having the opportunity of becoming in some measure the instrument of reform, I endeavoured to amend the unhealthy condition of the institution, and succeeded in my object. Now this is a disease which is well worthy of your attention and study, seeing that it is apt to follow all sorts of injuries, slight or severe; and is a frequent attendant as well on the most trifling operations as on those of a more severe nature,—a disease which, when it prevails, is calculated to mar the best efforts of the surgeon in conducting the treatment of injuries, or in endeavouring to relieve patients by operation.

There are several forms of the disease. We meet with it both after injuries, and, to use a doctor's phrase, as an "idiopathic affection;" that is, it comes on of itself, and does not arise from or depend on any other disease. It presents different degrees of severity. It attacks merely the surface of the body, the vessels which ramify on the surface of the chorion, which you see exposed after the application of a blister, the vessels which supply the corpus mucosum, — those are principally affected in one form of the disease. In another form the whole thickness of the cutaneous tissue is diseased; and, occasionally, something more, — the parts underneath.

The one form of the disease, also, is apt to pass into the other. The erythema, so called from its red appearance, is apt to pass into the substance, and become what is called "erysipelas," a disease which involves the neighbouring tissues. We have then an intense redness of the surface, and a swelling of the parts attacked, which passes into the subjacent tissue. Thus the disease is apt to spread both superficially and in depth.

The constitution is predisposed to attacks of erythema or erysipelas. Disorder of the digestive organs predisposes to it. It is very apt to attack hard livers, and those who indulge in spirituous liquors. In such patients it will follow a trifling wound, especially any of the fibrous tissues, or of the skin, at the point of the elbow of the knee. Attacks of erysipelas are also frequently accompanied by more or less disorder of the digestive organs.

AND ERYSIPELAS.

The state of the atmosphere predisposes very much to the disease. In warm damp weather it is more frequent than in very cold or very hot weather. In spring and autumn it mostly prevails; and at those periods you can almost predict with certainty the prevalence of erysipelas from the state of the atmosphere. It also often arises from putrid exhalations, and the exposure of patients to miasmata. A very remarkable instance of this occurred some time ago, in the cavalry barracks in the neighbourhood of Edinburgh. Any one who has been in the North, on going into Edinburgh by the London road, must have observed a large piece of flat ground, covered with luxuriant and rank vegetation, and presenting an intolerable nuisance to the nose. The water from all the sewers of that beautiful town are collected into a sort of filthy, putrid rivulet, which I think they call the "Tumble," and in that way is collected in reservoirs; here and there are floodgates, and at certain periods this horrid collection is allowed to flow over and irrigate the meadows which I have mentioned; and such is the effect of this process that you cannot pass in that direction, especially just before the setting in of wet weather, or a storm, without being almost suffocated, and finding it necessary to hold your nose all the way over half a mile or more of road. I am, in fact, astonished that the nuisance is not abated. An attempt was once made to have this lovely stream covered over, and the contents carried down to the Forth; and if I mistake not, a bill was carried into Parliament with that view, but great efforts were made by the proprietors of the land to prevent the passing of the measure, and they succeeded in getting the bill thrown out. No wonder they should be anxious to preserve a nuisance which produced them, I believe, some 20*l*. or 30*l*. an acre annually, for land which previously was not worth twenty shillings. The cavalry barracks stand pretty nearly in the middle of this swamp, and some time after a regiment of Dragoons was stationed there, and on the very day following that upon which those sluices were opened, and the irrigation commenced, eight cases of erysipelas appeared amongst the troops, who were previously perfectly healthy; and before that regiment left the barracks, a considerable number of men, and two or three of the officers, were destroyed by the disease.

The disease may also be produced from exhalations from dung-heaps, or filth collected about hospitals; and I recollect that in the hospital at Edinburgh, in spite of all the precautions I could make, a quantity of matter was collected into one vessel, and every patient that was received above, was attacked with the disease, more or less extent.

The disease is propagated by

contagion. There is not the least doubt of that. One of the cases at present in the hospital shows that fact tolerably well, though a stickler might say that the woman was exposed to the same exhalations, or to the same atmosphere as her mistress, whom she attended with the disease before she came in here. I allude to the patient who is lying at the farther end of the ward No. 2. Her mistress had erysipelas following puerperal fever, and our patient was attacked with erysipelas in a few days afterwards, exceedingly severely. She was brought here, and with difficulty she was made convalescent.

I had very good opportunities of being assured that this disease was contagious, in the hospital to which I have alluded. When I became a dresser and a house-surgeon there, and for a long time afterwards, erysipelas raged in the establishment as a perfect plague. No patient was admitted with a breach of surface, an ulcer, or a wound of any kind, without suffering erythema or erysipelas; and scarcely a single operation was performed, seldom even blood-letting, without the same result to a greater or less degree. This arose from the foolish practice of washing every sore indiscriminately, as was the fashion of that day, with a sponge and water, and I believe the same sponge and water were often used for many sores, and the consequence was that a patient with a putrid sore, or labouring under an attack of erysipelas, soon became the means of spreading erysipelas through the ward; and it was only when I took charge of that hospital, and exercised a great deal of care, in introducing such a better system of dressing as is now pursued here,—after destroying all the sponges, and directing that if the wounds were washed at all, and there is no use in washing anything but the surrounding skin, they should be washed with clean water and tow,—that we succeeded in improving the state of the hospital. I was looking the other day over the list of patients on whom I operated in that hospital for stone, and I may enable you to judge of the benefit gained to the patients by these changes, when I state that of about forty cases I think not more than five were lost. The same remark applies to the operations of other descriptions; and certainly a very great number of the operations which I performed in cases where the union of parts by the first intention was necessary for the cure, such as operations for hare-lip, and the restoration of lost features, were treated with equal success. I believe that a great deal depended also upon an improved ventilation of the wards; and Sir GEORGE BALLINGALL, and many other friends, could bear me out in saying, that to such a fearful extent did the disease prevail at one time in that institution, and so difficult was its prevention, that they talked of taking off the

roof, or removing the ceiling, and renewing the floor, to see if that would do any good. Erysipelas, however, as you see, may arise from much slighter and simpler causes than proposals to unroof and refloor a set of wards would lead us to suspect.

Erysipelas is confined to the surface, and presents a bright redness, which is lost, at its circumference, in the neighbouring parts, and disappears on pressure, for a time; and the part may pit slightly when the disease is advanced, and some slight effusion has occurred in the cellular tissue. The patient complains of a burning sensation of the part, but not of throbbing or violent pain. In erysipelas the whole thickness of the skin is affected, the vessels part with more of their contents, and an effusion of serum very often takes place under the cuticle. You see it marked in this drawing. I expected to be enabled to illustrate these observations by some drawings of the disease, which, I presume, are to be found in the extensive collection on the other side of the way, and for which I wrote, but they are not forthcoming. What you now see are more like caricatures than realities, but, in the absence of better drawings, they may serve to illustrate the disease. Here are vesicles produced by the oozing of the vessels, and in consequence of which vesicles appearing, the disease is placed in the order called "bullæ," and claimed by the physician. Here is a drawing of a case of bullæ, which was admitted into the hospital; the vesications, had all formed without the existence of any previous inflammatory action. But the vesications do not uniformly occur in erysipelas, and I do not see why physicians should have the exclusive charge of this species of the disease. There is also effusion into the subcutaneous cellular tissue, always producing more or less swelling, particularly in those parts where that tissue is exceedingly loose, and easily broken up, as in the scrotum, the prepuce, and the eyelids. The effusion takes place in those parts very early in the disease. Sloughing is very soon developed in them. The effusion consists in general of an albuminous serosity — of lymph, — gelatinous-looking, but coagulating naturally, the former kind coagulating only by heat, or the addition of acids or of alcohol. In the more advanced stages, the lymphatic effusion very often becomes purulent, and you have deposits of pus in the part most inflamed and most tense; and on cutting into it either during life or after death, you perhaps find dead portions of cellular tissue with the pus. A little beyond this, lymph is found filling up the cells of the subcutaneous tissue; and yet here and there a globule of pus appears. Further off there is merely albuminous serosity; but in many cases there is a secretion of an exceedingly acrid nature, dark and putrid, which passes into the cellular

tissue and very rapidly destroys it, ultimately destroying the skin too; because, as old FARRA, a surgeon at one time in *St. Bartholomew's Hospital*, says, a man's waistcoat cannot be long on fire without his coat burning also. There is a loss of the vessels which supply the skin, which then necessarily suffers also.

This putrid secretion occurs after injury, and is similar to the fluid which is secreted from a bad ulcer. Exceedingly bad effects result from inoculation with a fluid of this kind. Nurses who wash bandages or poultice-cloths, sometimes get their fingers pricked with a pin incautiously left in the bandages, and are thus inoculated, although the matter is so exceedingly diluted, when a great degree of action is produced in the skin, and a quantity of this purulent fluid is formed in the cellular tissue. It is this sort of secretion which is found in bruised wounds. There is excitement of the surface, without time for the cellular tissue to be glued up by inflammatory action and the deposit of lymph. This acrid fluid is poured out, is extensively infiltrated, destroys the tissue, and is often the cause of the rapid spread of gangrene. Before a part becomes gangrenous, a streak, a darkness, a sort of brownish tinge, is seen on the integuments, or above the part which altogether has perished. There is a brown streak seen running in the course of the vessels. This is not a "diffused inflammation," as it has been called, of the cellular tissue, but an infiltration into it of putrid matter, which the cells of the tissue, being broken up, readily admit. The streak running in the course of the vessels is not the result of inflammation in the vessels themselves, but is the effect of the cellular tissue being there very loose, and readily admitting the serosity. The late Dr DUNCAN, junior, of Edinburgh, — called "junior," when neither very young nor very well-conditioned, — a very learned man, and long editor of the *Edinburgh Journal*, wrote a book on what he called "Diffuse Cellular Inflammation," making a sad mess of the subject, as doctors generally do when, stepping out of their proper sphere, they attempt to teach surgery, or to meddle in any way with diseases which are curable, under proper management, by the timely and judicious employment of local means. I do not mean to deny that the cellular tissue is occasionally pervaded by inflammatory action but it often suffers from infiltration following upon affection of the neighbouring investing structures. I am not very sure that in traumatic gangrene it would be a bad plan to attempt to limit the disease by a tight ligature, when, from the violence of the inflammatory fever, or from any other cause, amputation of the limb at an early time considered inexpedient, and probably, on the first opportunity, in the practice, I do so.

apply a tourniquet in such cases, though it is almost the only purpose for which I can fancy a tourniquet to be of use now-a-days.

We had a very good instance of the destruction of the cellular tissue lately, here, in a patient who was admitted with a bureal enlargement over one of the ligaments of the patella, which he attributed to kneeling hard ground at prayers, he being a very rigid Catholic; but before he was dismissed he was seized with an erythema of the scrotum. What that arose from I know not, unless it was from the accumulation of lymph. It might be from wearing dirty breeches, to which the old writers sometimes attributed the spread of venereal disease. Certainly the erythema was just as likely to have arisen from wearing dirty breeches as was the enlargement of the neck from kneeling at prayers. This erythema, however, was followed very rapidly by swelling of the scrotum, and in twenty-four hours afterwards there was a large dark speck at the lower part of it, in the cellular tissue, and the skin was only prevented from sloughing by a very free incision into the part on each side of the raphe.

Very often, after inflammation at the surface, we see more or less effusion into the cellular tissue, as well after erythema as after erysipelas, and the result of this infiltration is—long after the erythema has disappeared—the rapid formation of abscesses. In one of the first patients to whom I alluded in the female wards, a number of these abscesses formed in the scalp, several days after the disappearance of the redness of the surface, and we were under the necessity of making about six incisions into the scalp, for the purpose of evacuating the matter.

Case 1.—Having made these general remarks, I turn to the cases before us. Here is a map of the first patient, who, it appears from her statement, had attended her mistress during three days and nights, while the latter was suffering under an attack of erysipelas and puerperal fever, of which she died. On the third evening of her attendance, the servant was attacked with idiopathic erysipelas, violently affecting, inflaming, and distending, the entire surface of the head and face, and extending some distance down her back. The eyelids were so much distended that vision was completely obstructed. In this state she was admitted, being then also violently delirious. On pressing the stomach great induration and extreme tenderness were perceived. The muscles were very rigid, the pulse was 120. She was ordered some antimonial medicine, and was bled sufficient to open the bowels. The next day, which several vesicles also had appeared on the parts, were very freely discharging, and the tenderness of the scalp was confined to the hypo-

gastric region. The pulse came down to 110, and she rather improved. The punctures were repeated very freely, six or eight dozen being made over the eyelids. There was great infiltration over the eyes, so I took the liberty of putting the lancet in at the root of the nose, and ran it upwards, in the mesial line, for an inch or so, in order to allow the serosity there collected to escape in that way, and a line of the nitrate of silver was drawn across the upper part of the thorax, with a view to prevent the extension of the inflammation in that direction. She became a good deal better, and on the 28th of October, having been admitted on the 22nd, the pulse had come down to 90, and was very weak. On the 30th the pulse was 96, and very weak, and she was ordered a little port-wine, with a mixture of cyanuret of potass, tincture of hyoscinum, and infusion of rhubarb. She was not in a state to bear any further abstraction of blood, and this medicine was given to allay the general irritability, and to put the stomach into a better state, and clear the tongue. She is now convalescent, but still remains in the house.

Case 2.—On the other patient an operation was performed, out of complaisance, as the French call it. She came here to have a tumour, situated betwixt her eyelids, removed, on account of the deformity it occasioned. Her friends had advised her to have it removed, and it was dissected out, according to her desire. After the operation she preferred going to her master's house, and on the Sunday following, two days afterwards, there being on that day no certainty of my coming here, she presented herself at my house, to have the stitches taken out, the wound having been brought together by two sutures. On her way home from my house, or on her road to chapel, I do not know which, she was traced into three or four gin-shops, which she did not leave, it is to be presumed, without indulging in a little drop of comfort, and the consequence was, that on the next Tuesday she was attacked with erysipelas of the head and face, and on Wednesday was admitted here with inflammation of a rather severe character. Her pulse was very strong and full, as it had been from the commencement, such as you might expect in inflammatory fever, and I felt warranted in abstracting a little blood. I therefore ordered about ten ounces to be taken away, and this on the next day was found very much buffed and cupped. Common aperient medicine not affecting her, it became necessary to give her croton oil more than once. The parts were punctured, and afterwards fomented. Although at first she showed signs of inflammatory fever, she very soon became weak and low. The type of the fever changed entirely. The tongue became loaded with a brown crust; the pulse was weak, indistinct, and exceedingly

quick. In a day or two she became delirious, like the other patient; it was even necessary indeed to put her into a strait-waistcoat. This delirium was followed by coma. One day the redness had gone off suddenly, which I am inclined to attribute to her having been exposed to a current of cold air by the opening of the water-closet door, next to which her bed was placed, and she was in a most precarious state, and had, in fact, every sign of dissolution except one. She was lying stretched out in bed, her extremities were cold, with scarcely any pulse,—none at the ankles; she had laborious breathing, the mucous rattle, and a lifting up of the nostrils; in short she was comatose—quite insensible—and could not be roused in any way. The only symptom which encouraged me to hope that she might still struggle through was, that she had not lost the power of swallowing. She took any thing that was offered to her,—first port-wine, and afterwards some gin—with very great readiness, and in that way she has been supported until now, and though she is still in a very precarious state, yet I think there is some slight chance of her recovery. I may add that, in addition, a large blister was applied to the back of the head and neck, with a view of producing a diversion of the secretion from the base of the brain. We find in many cases, as in this one, that when the erysipelas goes away rather quickly, effusion takes place at the base of the brain, and sometimes symptoms arise which would induce us to suppose that effusion had taken place, but without our afterwards being able to discover any effusion of serum. Professor BEANS has stated, in his "Principles of Surgery," that in erysipelas "the high excitement of the sentient extremities of the nerves, from inflammation, often causes torpor of their origin, and produces all the symptoms of hydrocephalus, without a drop of water, or any trace of inflammation, being discoverable." The probability was—from the symptoms in this case—from the deep coma observed—that effusion had commenced, and a very large blister was, therefore, as I have said, applied over the back of the head and down betwixt the shoulders, and this was followed by good effects. The patient was next day better, her breathing became easier, the lifting of her nostrils went off, the extremities became more warm, and she now makes attempts to speak, and seems to know what is going on around. All this shows you that in such a case it is unwarrantable to stand by, and to give up the patient as lost without making any remedial attempts. In the most desperate case of this disease, or of any other, it is your duty to act upon the maxim, that so long as there is life there is hope. As long as the patient can swallow, you must endeavour to keep up the circulation and prevent sinking. There could be no

better instance of the happy results of persevering to the last, than this case has furnished, and I have seen many other far-gone cases in which all the powers seemed to have gone except that of swallowing. I recollect a patient who was under my care, about whom I was much concerned, who had submitted to the severe operation of removal of the upper jaw for tumour involving it. Erysipelas of the head and face supervened, but, from some cause or other, the erysipelas suddenly disappeared, and coma came on, and a practice was pursued in that case very similar to what was adopted in this one, and the patient ultimately recovered.

Treatment.—As regards the treatment of erysipelas, I caution you that although there is an appearance of strength and inflammatory action, there is no great power to sustain that action; and if you remove blood in any great quantity, the patient will be liable to sink rapidly. The type is very often, almost from the first, of the typhoid nature—a low fever. Though it commences as an inflammatory fever, it is very apt to change into the typhoid. On looking over Mr. WAXBORO'S excellent book "On Blood-letting" the other day, I observed that he mentions, amongst many other cases in which he recommends blood-letting, that of a lady labouring under erysipelas, to whom he was called, when, on entering the room, he found a quantity of wine-and-water by the bed side, which she had been ordered to take, with bark, every hour. In that case he says he changed the practice, and bled her three times. But that is a practice which I would not have you follow in all cases, though the lady recovered. You must be cautious in these cases, of resorting to blood-letting. You can take away blood by puncture, a practice first introduced by Sir RICHARD DUNSON, with great relief to the vessels affected, allowing their serous contents to escape, and getting rid of the swelling,—preventing, indeed, the formation of matter, or, what is worse, the destruction of the cellular tissue by sloughing.

In other cases, again, there is a great deal of effusion into the cellular tissue, between the coverings of the cranium, or in an extremity, and you will be able abundantly to empty the vessels, to evacuate the effusion, and to accomplish your purpose, by having recourse to one or two incisions of no great extent. That practice, however, you could not follow in the face, with any propriety, from fear of producing deformity; but still you might employ there a great many punctures, which are preferable to leeches, because the bites of leeches very often become irritable, and rather tend to keep up the inflammatory action. In erysipelas very often follows the application of leeches. By those punctures remove as much blood as you can, and the patient certainly

such. In the scap you are very often obliged on to make incisions to evacuate the matter. Without these, in fact, matter will form in very great quantity, in a large bag, sometimes even sloughing of the fibrous tissue occurs, and, ultimately, the destruction of the patient. I have again and again seen sloughing of the aponeurosis of the scapular bone, where the patients have struggled through, in spite of the treatment, and in spite of the neglect, though a great many of such patients have died. You would therefore make the incisions, and at an early period, that is, as soon as the presence of matter is indicated. You are not to wait for the redness of the integument, or for the thinning and pointing of the abscess, but must make the incisions into those parts which feel boggy. It is much better, indeed, that you should be disappointed occasionally in not finding matter, than that matter should be left under the scalp. In erysipelas of the extremities, where the formation of matter, or sloughing, is threatened, you must use pretty free incisions. The suggestion of this practice is maintained by modern writers on surgery, but the fact is that the old surgeons knew something about it, as well as the surgeons of the present day. Here, for instance, is an old writer who says, that "scarifying the skin in gangrene is a very idle practice, unless the surgeon hath sagacity enough, when the membrane is not destroyed, but only ready to suffer, to cut largely through it, and thereby let out the inflamed juices, and by that means take off the distention." If that is not to the point, I am very much mistaken. The writer proceeds to say, "In such an act, the surgeon shows both judgment and resolution, and such good treatment continued may cure the patient." There is just as much in this short quotation, as you will find in some of the modern sayings.

Now it is not necessary to make an incision from one end of the limb to the other, having searched out the point where the infiltration is greatest,—where you think there is a certainty that the cellular tissue is broken up, and where the matter, if any, may be discharged, you should there make the incision; and one incision is just as good as half a dozen, or a very long or large one. The patient Brown from whom this sketch was made, was admitted into the hospital one time ago. He had received a blow on the point of the elbow. I do not know whether there was any wound: but if any existed, it was small; but I again warn you, that those wounds over the point of the elbow,—wounds of the fibrous tissue,—over any joint, are very apt to be complicated by erysipelas. This bruise was followed by violent inflammation, and the appearance which is seen here, as you may have seen, there was a

white appearance on the surface, which I attributed to the application of some cooling lotion or other, very likely containing Goulard's extract, and there was a great degree of tension and throbbing. Into the part which was principally infiltrated I made an incision, and a quantity of blood was evacuated, and sero-purulent matter—ill-digested pus. Immediately upon the incision being made, the redness went off. In two days he returned here with a discharge from the wound, in no great abundance, perfectly healthy, and with the whole of the inflammation gone. The man was cured, in fact, upon the spot.

Now as a local application, I would recommend to you, in preference to any other, frequent fomentation, and with fluid of a comfortable temperature. You may have your liquid for fomentation, medicated or not, as you choose. Patients, however, are inclined to use, and persevere with, medicated applications much more readily than others. You may have simply a couple of bags, containing chamomile flowers, in a basinful of hot water; one of those bags, after lying awhile, is to be squeezed dry and placed on the part, and the two are alternately to be applied, hot and hot, for half or three quarters of an hour at a time. These applications are very grateful to the feelings of the patient, and give much greater relief than any other. They act beneficially by keeping the surface perspirable, promoting the discharge from the surface, and increasing, also, to a certain extent, the secretion into the cellular tissue,—a means which nature employs to relieve the excited capillaries. When effusion can take place readily into the cellular tissue, the inflammation is of a milder kind, the patient suffers much less, and great advantage may be derived from increasing this effusion instead of preventing it. After the fomentations you may dust the diseased part over with some bland powder,—flour, or any thing of that kind,—with a further view of relieving the feelings of the patient and of protecting the tender and irritable surface. This prevents any sudden change of temperature, or blast of cold air, from repelling the inflammation; but you are still to foment, after the incisions or punctures have been made, from time to time, say three or four or five times a-day, according to circumstances.

I should have mentioned, in speaking of the constitutional treatment, that it was essentially necessary to put the digestive organs into proper order. The bowels must be emptied, and any uneasiness which exists about the stomach and liver must be relieved by the application of leeches, and you will find a great advantage after the bowels are emptied, from the exhibition of small doses of antimonial medicines, combined, if you like, with a little calomel. The works of DESAULT, which were re-

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vised and edited by BACWAT, contains an excellent memoir on this subject, where the practice of exhibiting small doses of antimony is recommended strongly, and this practice you will have no reason to regret. The antimony keeps down the force of the circulation, it acts beneficially on the bowels, and it promotes the secretions generally, while undue inflammatory action exists. Afterwards it will be necessary to support the patient's strength by every possible means, by nourishing food, and in some cases even by wine and stimulants of one sort or another.

Now as a means of preventing the spread of inflammatory action, the nitrate of silver may be used, drawing with it a line beyond the skin which is affected, a considerable way from it. This practice has been pursued in both of those cases that are now in the ward, and very great advantage indeed may be derived from adopting it. The inflammation very rarely oversteps this line. How that happens I shall leave to some of you ingenious gentlemen to explain, but an action is evidently established in this way on the surface which is incompatible with the progress of the erythematous blush. The nitrate of silver is a very good application where there is but a slight degree of erythema, and when it does not involve a large surface. Sometimes trifling erythema follows a puncture with a pin, or a fish-bone, or something of that kind, impregnated with putrid matter; and when the inflammation is limited to a finger, or the back of the hand, the nitrate of silver may be rubbed on with perfect propriety. The inflammation in this way will be extinguished; but if a large surface is affected, the nitrate of silver, in driving inflammation from the surface, is apt to cause it to affect some other part, and an infiltration is very likely to supervene, so that, instead of the mere surface, the whole thickness of the chorion will be inflamed, and a considerable degree of swelling, and perhaps a destruction of the cellular tissue, will follow. My attention was directed to this a good many years ago, in treating a case of erythema of the hand. It was pretty extensive; it passed over one or two fingers, and involved the back of the hand to above the wrist. I rubbed the nitrate of silver over it, thinking I was doing no harm, but the next day I was under the necessity of allowing a quantity of putrid fluid to escape, by incision along the whole of the back of the hand, and I do not think the patient escaped without a considerable destruction of the cellular tissue of the part. This is of little consequence compared with the production of inflammation of the internal organs, which happens when the inflammation disappears suddenly, of itself, or when it is repelled by cold lotions. The patient then becomes comatose, or his breathing is embarrassed.

It is found, indeed, to be much more easy to drive the inflammation to internal organs than to bring it back again. I have seen blisters and cauteries applied with the latter view, without effect. I have seen, both in public and in private, cases of erysipelas treated by the nitrate of silver, where the whole surface has been rubbed over and blackened with the caustic. In others, lines have been drawn here and there, transverse, longitudinally, and "glattendicularly," as our transatlantic brethren express it. Some of the patients have done well; in others extensive destruction of the cellular tissue, with formation of diffused abscess, has occurred. This is very likely to be the case, and through the hardened and blackened epidermis it is not easy to discover the mischief early enough to adopt the proper means for giving relief. I am not quite up to the *rationale* of the practice, or the precise intention of those who recommend and pursue it. I had once the pleasure of being a colleague with a gentleman who took the very odd notion into his head that he could cure all patients who were labouring under the disease in question by painting them over *blue*,—perfectly blue,—with mercurial ointment. I should think that long before this he has seen the error of his way.

I may add, that sometimes the mischief of erysipelas is not confined to the cellular tissue and skin only. Now and then even the bones are affected by it. Muscles are affected by it occasionally, and I have seen great portions of them slough out. I have seen a limb rendered perfectly useless in consequence of the destruction of the fascia and the muscles. Sometimes you find the hands contracted, and put into a very awkward position. Here is a specimen, in which the disease commenced with erysipelas, producing this effect on the bones, in the foot. The patient was treated by a physician, and a very rising one, now deceased, in a fever hospital; and whilst everything was done, I have no doubt, to moderate the constitutional disturbance, the local symptoms were allowed to go on. I saw the patient when he was moribund. The whole limb was swollen, and he was then hectic; he was, in fact, in the last stage of existence. A few days afterwards he died, and I preserved the bones. See their condition. The local mischief had been going on for many weeks; the periosteum had been destroyed; the bone was penetrated by ulceration; even the knee-joint was involved; there was actually necrosis of several parts of the articular extremity of the tibia. Here is another specimen, where the disease of the bone was not quite so extensive, where the disease commenced in the skin. It was a violent case. In fact, however, I would call it,

MR. TYRRELL ON WOUNDS OF ARTERIES.

"phlegmonous," "gangrenous," and "necrotic;" but the termination in one or other of these ways, must depend very much upon the skill and activity of the surgeon. It will neither be "phlegmonous," nor "gangrenous," nor "necrotic" (to coin a new adjective), if the surgeon knows what he is about, and gets the patient under his care early enough in the disease. There should be no destruction of the cellular tissue, far less of the skin or of the bone in those cases.

I do not think, gentlemen, I have anything else to say on this subject on the present occasion.

ST. THOMAS'S HOSPITAL.

CASES AND CLINICAL REMARKS.*

NEW TREATMENT OF WOUNDED ARTERIES.

CASE 1.—*Wound of the Brachial Artery in Venesection.*—Eleanor Hughes, ætat. 25, married, admitted under the care of Mr. TYRRELL, March 3, 1834, occasionally suffering from headaches, and in being bled this morning the brachial artery was wounded. Compression was made above the puncture, but she lost eight or ten ounces of blood, and became extremely hysterical. Soon after, a "ring tourniquet" was put on, so as to compress the artery near the insertion of the coraco-brachialis. The ring tourniquet consists of a metal ring, larger round than the limb, and about an inch broad at the circumference, which is tapped so as to admit a screw, to the lower end of which a pad is fixed, the outer end having a small handle to turn the screw, so that the pad can be carried to or from the centre of the circle. This instrument makes pressure only on two parts—by the pad on the artery, and by the portion of ring on the limb immediately opposed to the position of the artery; thus it does not interfere with the lateral circulation. A firm compress, wetted with cold water, was applied over the wound; the limb was bandaged *tightly*, from the fingers to the tourniquet, and the arm was elevated so as to favour the return of the blood to the heart. The whole limb was enveloped in flannel.

9 p.m. A dose of ammonia with camphor mixture relieved the hysterical symptoms. Tolerably easy, but rather restless; pulse soft and compressible, tongue slightly furred.

See Appt Sed. III xxx.

Passed a tolerable night, complains of

very little pain in the arm, which is of the same temperature as the rest of the body.

6. Bowels have been opened once only, and that by medicine, since her admission. *Complains of pain in the arm, and is very restless; pulse 90, and soft.*

7. The ring tourniquet slipping very much, a common tourniquet was put on instead. Whilst removing the compress and bandage from the puncture, about a teaspoonful of healthy pus escaped, which afforded her great relief. Simple dressing and a soft compress of lint were applied, and the whole was secured by a slight bandage. A common arm-splint was placed on the under surface of the limb to keep the arm extended. Pulse 94. Ordered *Colecyth* and *Calomet*, and an enema every evening if necessary.

8. Has been rather sick; the arm has been very easy; very little discharge from the wound, and no hemorrhage, although the tourniquet has been slackened considerably. Bowels relieved three times; pulse 90, and soft.

9. No sickness, but says her arm feels hot and burning. On removing the dressing, a little pus escaped, but the wound is granulating.

10. Her arm is very easy. As, however, she complained of great pain from the tourniquet, it was taken off. No hemorrhage has occurred since.

15. The wound nearly healed; there is much adhesive deposit still left around the artery, through which it may be felt pulsating slightly; general health tolerable.

17. Going on extremely well; arm supported on a splint in a semiflexed position: a firm compress is still applied over the puncture.

April 10. Puncture perfectly healed; the adhesive deposit now quite absorbed; the artery can be felt pulsating in its natural situation, but not at all increased in size, strength, or volume. On the 16th she was presented cured.

Remarks.—"I have seen the patient frequently since" (said Mr. TYRRELL, in commenting on the case), "and she can use her arm without difficulty, even in heavy work. There is no appearance of disease of the artery or veins. This is the fifth case of puncture of the brachial artery in bleeding, which I have thus treated, in every instance, successfully. In one case I had an opportunity of examining the parts several weeks after the cure had been completed. The patient was at St. Thomas's Hospital, and in performing venesection, one of my dressers punctured the brachial artery; I was sent for, and adopted the treatment prescribed in the foregoing case, with success. Some weeks after, the patient died suddenly, when I found that the median vein had its canal obliterated for half an inch above and be-

*The cases and observations are usefully collected and entitled "St. Thomas's Hospital," and published by Mr. J. F.

low the puncture; it was adherent to the artery; the wound of which was firmly united, and its caliber perfect. The parts are preserved in the museum."

CASE 2.—Wound of the Radial Artery.—W. Lowe, *etat.* 22, carpenter, admitted under Mr. TYRRELL, Nov. 11, 1834. In cutting bread with a penknife, the knife slipped, ran into his wrist, and was immediately followed by a large gush of blood, which he commanded by pressure till he arrived at the hospital. On examination, a small wound in the integuments was observed, which penetrated to the radial artery as it passed over the insertion of the *mus. supin. long.* Large gushes of blood pumped out rapidly, but were restrained by pressure of the vessel above. A common phial-cork having been split vertically, one portion of it, wrapped round with lint, was placed with its convex surface upon the artery above the wound, and tightly confined with sticking-plaster, which immediately arrested the hemorrhage. The edges of the puncture were then brought together with plaster, a compress was applied over it, and the whole was confined with a roller. The hand was tightly bandaged, from the fingers to the wrist, and the limb kept elevated.

Nov. 12, 13, 14. Going on well.

17. On opening the bandages to-day, union had not taken place, but the bottom of the wound was healthy and granulating. There was not the least bleeding either from the wound, or on removing the compress on the radial artery. He had some pain and *oedema* of the hand, *owing to the bandage round the wrist*, which was therefore loosened, the arm and hand well kept up by pillows, and a large poultice was applied to the hand. In the afternoon bleeding again occurred; the compress having been taken off, it was reapplied; the limb was confined as before, and the hemorrhage stopped.

24. No disposition to bleed since; the wound only requires cicatrization for its perfect cure.

28. The compress is still retained, but not so tightly as to prevent the flow of a certain quantity of blood.

Dec. 5. No return of bleeding, the external wound is almost healed, and on the next day he was presented cured.

Remarks.—"The vessel," Mr. TYRRELL remarked, "was wounded in a position in which it could have been secured without difficulty, but the case illustrates the success of the plan. The treatment I consider especially applicable to wounds of arteries difficult to get at by operation, without risk to other important structures, as in the case of puncture of the brachial artery, in venesection, or in wounds of the palmar or plantar arteries. I have treated all the above named vessels, on the plan described, successfully. The principle of the treatment consists in arresting or diminishing

the flow of blood to the injured vessel, by pressure on the trunk or trunks communicating with it, in keeping the wounded part carefully adapted by moderate pressure in preventing venous congestion, by position and support of bandage, and in forming the adhesive union by perfect quiet. It is necessary to persevere for two or three weeks to ensure a perfect cure."

BROKEN CATHETER IN THE BLADDER EXTRACTED THROUGH THE URETHRA.

Joseph Strangmore, *etat.* 40, admitted under Mr. TYRRELL, Jan. 11, 1835. Has had stricture for some years, and passes instruments for himself. This morning, however, on passing the instrument, it met with great resistance in the bulbous part of the urethra, and on using force the catheter (a No. 6) gave way an inch above its curve, where it had been once soldered. He immediately set out from Reigate, twenty-one miles from London, and walked a considerable part of the journey. A sound introduced by Mr. TYRRELL evidenced the piece of catheter lodged at the fundus of the bladder transversely, its extremities being held with some firmness by that viscus. He dislodged it by passing the end of the sound beyond it, and drew it forwards to behind the prostate gland, where its position was still transverse. The bladder seemed to contain several ounces of urine. The sound was withdrawn, and one of Weiss's instruments for extracting small calculi, which was nearly straight and had a strong spring, was introduced. One extremity of the foreign body was now free, and after several unsuccessful attempts, was seized and cautiously brought into the urethra. With the finger in the rectum to compress the urethra between the foreign body and the bladder, so as to prevent any retrograde movement of the former, the piece of catheter was then drawn out. It measured three inches in length. The examination and operation together occupied about twenty minutes.

Jan. 14. Feels quite well, and has passed his water much more freely than for some years past.

The museum of the hospital affords several portions of catheters &c. removed from the bladder, but all by the *lateral operation*. Mr. TYRRELL says he believes "that this is the first instance in which an attempt has been made to extract by the urethra, and he trusts the publication of it will prevent the more severe and hazardous operations, in cases of a similar nature, for the future." How forcibly these latter observations might be made to apply to cases of stone in the bladder, and extraction by lithotomy, when that operation has not yet been tried, is a subject for consideration.

**ACTURE OF THE TIBIA AND FIBULA,
WITH PARALYSIS ON THE RIGHT SIDE,
FROM DEPRIVATION OF CUSTOMARY
STIMULANTS.**

Samuel Wiseman, ætat. 49, admitted under Mr. TYRRELL, Sept. 22, 1835. While rather intoxicated he had slipped down and broken both bones of the left leg, at about the middle, where they had been already fractured five times. Much confusion attended the accident, and there was considerable spasm of the surrounding muscles. The limb was placed on a pillow, spirit-wash was applied, and next day the leg was put in splints and placed in a swing-box. *R. Mist. Senn. Comp. p. c. n.*

Oct. 2. He complained of headache, which continued the next day. On the 4th, his bowels were freely relieved by medicine given the night previous; but he still complained of headache, and seemed rather heavy, and the head was hot. *R. Pulv. Jalap. c. Hydr. ʒi, hac nocte. Lot. frigid. capiti.*

5. He complains of pain in the head, and has partial paralysis of motion in the left arm; the sensation is perfect; entire paralysis of motion of the left side of the face, but the tongue is drawn towards the affected side; pulse 72, and beating pressure. *C. C. ad ʒvjoscapiti. Abrass. capiti. applic. Lot. frigid. Rept. Pulv. Jal. c. Hydr. stat.*

8. Has been frequently delirious; the paralysis continues; pulse irregular, and very compressible; bowels open. He was ordered a pint of porter, and four ounces of gin daily, which latter he began to take next morning.

10. Slept well; no delirium; pulse firmer; symptoms of paralysis subsiding.

13. The paralytic symptoms have entirely subsided, and on the 4th of Nov. the limb was removed from splints, and the fracture found firmly united.

Remarks.—"This case," said Mr. TYRRELL, "is one of extreme interest.—first, as regards the injury of the same limb several times before. It is unusual to find, at the middle period of life, many fractures occurring in the same individual. I have, however, had under my care a patient several times who is a remarkable instance of *fragilitas ossium*. He had been the subject, when I last saw him, three or four years ago, of twenty-two fractures. Scarcely a cylindrical bone of any size had escaped. In consequence of these fractures he has lost in height from seven to eight inches. The first time I had him under my care, was the consequence of fracture of one thigh-bone, and the other had been fractured previously. The consequence of different surgery, that the bones were shorter than the

one for which he came under my care. He had worn an iron to make up the difference in the length of the two limbs, and it enabled him to move himself about, but with some inconvenience. Finding this, I stated that it was possible to set the recently-broken limb to the same length as the one formerly broken, and at his wish I did so. I made an angular union of the second limb, and reduced it to the same length as the other, and he was enabled afterwards to make progression more easily and rapidly. Wiseman appears to have that condition of bone which renders it extremely brittle. In such cases, unless at an old period of life, there is almost an equal facility of union. In the man who had had twenty-one fractures, the accidents were repaired with great rapidity, the union of fracture of the femur being perfectly firm at the expiration of three or four weeks.

In examining particularly into Wiseman's case, it may appear remarkable that the man should suffer from headache, and suddenly have the paralysis displayed, without any active mischief in the head. But there has been a *portion* of the upper part of the spinal chord deprived of the due quantity of blood which is essential to its functions, and it thus influenced merely those portions of the body which I have stated.

I have had several somewhat analogous cases under my care. The first instance in which I had a distinct perception of such a case in a surgical patient, was in a coal-porter, who became intoxicated, tumbled from a waggon, and had both wheels pass over his arm, when so much were the parts disorganized, that it would have been difficult to recognise them as belonging to the human body. Amputation was resorted to. For two or three days the man went on extremely well, but on the third or fourth day the man was suffering from erysipelas. I found the parts, previously united, again open, the bone exposed, and the patient delirious. I then learned that he had been addicted to taking a large quantity of stimuli. The pulse was irregular, not intermittent, but easily compressible; sometimes the arteries appearing to dilate, and sometimes to contract more than natural. I immediately sent for a pot of porter and a gill of gin, and gave it into his hand, when he took nearly the whole at a draught, went to sleep, and awoke after many hours perfectly sane. The erysipelas subsided, healthy granulations formed on the stump, and by the continuance of a moderate quantity of stimuli, he went on without a check, and did well.

One, perhaps, of the most trifling injuries inflicted by an operation, is that for cataract. However, sometimes patients, at an advanced period of life, lose an eye from the want of power to carry them through the cure. A short time since I operated on a feeble, man between sixty and seventy years

of age, and extracted a cataract. Two days after, the apothecary came to say that the man was complaining of pain. The apothecary had employed leeches and blisters to subdue inflammatory action, but seeing that the patient's countenance was pallid, his hand cold, and the pulse irregular, I decided on giving stimulants, in spite of local pain, redness, and swelling. I ordered him a dinner of good broth, meat, and beer, and also a small quantity of spirits. On the following day but one, when I paid the usual visit with the pupils, we went up to see the man, and, rather to my surprise, the section was united, and the eye appeared as if no untoward symptom had followed the operation. The stimuli saved the eye. We have further illustrations of this point in *erysipelas*. In one instance a patient recovers rapidly under the abstraction of blood, and in another it would be injurious. Abraham's Ward, being low and close, was formerly especially the seat of such cases in this hospital. In that ward I have had four or five patients suffering from *erysipelas* at once. One of the patients has been taking five grains of quinine every three or four hours, and a pint of porter and a bottle of wine a day, and he has recovered; and the other, a bed or two off, has done well under loss of blood and powerful purgatives.

Applying these views also to medical cases, I formerly had many opportunities of conducting *post-mortem* examinations in the hospital and out of it, and of examining cases where the patients had died of fever, and in children, of measles, scarlatina, and so forth. In many of these cases we found that the patients had suffered from a serious *effusion*. Very often rallying from the primary disease, children are seized with local pain in the chest, in the liver, or head; some important viscera has, according to the doctrine generally taught, apparently become congested or inflamed. The fact I believe is, in most of these instances, that the viscera has really suffered from a *deprivation* of blood, and death is consequent on serious effusions. Thus you will find the cellular tissue of the lungs gorged with serum; the cavity of the pleura half full of fluid; and, where the symptoms affect the brain, you find its effusion in the ventricles at its base. Thinking over these cases, and conceiving them to be somewhat analogous, I was led to make the above observations. Where there is strength there is no objection to moderate counter-irritation; but where there is irregularity of circulation, the abstraction of blood is always mischievous. The great reason why such depletion is resorted to over and over again is, the slight temporary relief which it affords. In the case before us the man was cupped and leeches, and he appeared to be better for a short time, but he afterwards became more restless and disturbed, and then he was relieved altogether

by stimulants. If such patients were on good diet, and had warm clothing, and pure atmosphere, I believe very many cases would be lost that there are at present under circumstances such as I have named.

HYDROCELE TREATED WITH SETON

Case 1.—Richard Drake, *etat.* 32, admitted under Mr. GREEN, April 3, 1835. Of unhealthy aspect, rather stout, fair, and intemperate. Twelve months since he struck his scrotum against a gate, and it became tender and rather swollen; these subsided, and in three weeks he noticed a swelling at the lower part of the scrotum, unaccompanied with pain. It first increased, and then remained stationary for six months, after which it again increased. The scrotum is now about the size of a very large pear; fluctuation is very distinct, but there is only slight transparency. The testicle is situated about the middle of the hinder part of the tumour.

May 20. The operation was performed as follows:—A trocar and canula having been introduced, about eight ounces of fluid were drawn off. The canula still remaining in, a needle six inches in length and as thick as a probe, with a trocar point at one end, and an eye at the other, was introduced, aimed with twelve threads of ordinary seton-silk, into the canula, and having been carried upwards perforated the tunica vaginalis and integuments, near the upper and fore part of the swelling, and was drawn out by that aperture. The canula was then removed, and the ends of the thread were tied loosely together over a space of about two inches.

21. Eight a.m. Slept tolerably well; slight headache; tongue white and moist; rather thirsty; skin warm; pulse 90 and full. The scrotum is about half as large as before the operation, and has a slight blush upon its surface, but there is tenderness only in the situation of the testicle. No pain in the loins, as in some instances directly after the operation.

One p.m. Headache; skin hot; tongue white and dry, with thirst; pulse 90 and hard. The surface of the scrotum is red, and its size nearly equals that of the hydrocele; it is tender when touched, and he complains of a dragging pain along the spermatic cord. He has also considerable pain in the loins and down the insides of the thighs. The threads were withdrawn after twenty hours, and were followed by a drop of pus.

Three p.m. Pulse 86; all the symptoms of excitement are diminishing. The inflammation gradually subsided. The effused fluid was absorbed, and the scrotum had attained its natural size shortly prior to

June 16, when he was discharged.

HYDROCELE WITH SETON.

Case 2.—William Penning, *ætat.* 34, admitted under Mr. GREEN, July 1, 1834, a spare man, of intemperate habits. Seven weeks since he strained himself, and on the following morning observed his scrotum swollen at the lower part to twice its usual size. When now admitted, the swelling exhibited the usual appearances of hydrocele.

July 11. The operation by seton was performed as in the preceding case. The seton was withdrawn after *twenty-four* hours, the usual symptoms of inflammatory action having appeared.

Aug. 9. The cure has gone on satisfactorily, and the cavity of the tunica vaginalis having become obliterated, the scrotum has resumed its natural size. He was therefore presented cured.

Case 3.—Thomas Spencer, *ætat.* 35, omnibus driver, admitted under Mr. GREEN, Sept. 25, 1834, short and stout, but soft and flabby, and his appearance indicating intemperate habits. The disease began four months since, and four days ago the swelling became painful and inflamed; and within this time he applied a hundred leeches, but without material benefit. When admitted, the swelling was about the size of two fists; and, instead of being pyriform, as usual, it retained more the shape of the testicle. It was tender on pressure, and quite transparent.

Sept. 30. About twelve ounces of fluid were withdrawn, and the seton was introduced as in the other cases. He passed a restless night, and next day the scrotum was swollen to about a third of its former size; red and painful, and he has some pain in his loins, accompanied with slight fever. The seton was withdrawn after *twenty-four* hours.

Oct. 3. Swelling and pain somewhat diminished, but the redness still continues.

6. The swelling continues subsiding, but the scrotum is still painful on pressure. In other respects he is much improved. On the 10th he was discharged for disorderly conduct.

Remarks.—These cases are intended to illustrate a plan of treatment, of which Mr. Green says, "that although not altogether novel, it may, perhaps, be deemed an *improved* method of effecting the radical cure of a hydrocele." Mr. Green's clinical observations on the patients extended to the particulars of five other cases. Of the above cases, he says, "the first completely answered my expectations. The second and third were also completely successful, and we have only to draw attention to the fourth." On the other five cases he says, "The first case was a partial cure, the seton was withdrawn too early, in consequence of the pain experienced after a very few hours. The opera-

tion was performed at one o'clock, and the seton was withdrawn at ten. Probably the irritation tended to produce a quicker re-accumulation of the fluid afterwards, for it was performed again, and it is worth notice in this case, that the same individual evinced much less disposition to inflammation in the second operation than in the first, although the second operation quickly succeeded the first." Another was successful, excepting that there was a little suppuration in the cellular membrane. In another, suppuration took place in the cavity of the tunica vaginalis, which rendered it necessary that the tunic should be slit open, in order to allow the escape of the purulent fluid. In another the success was not complete, but in that case it appears that two previous operations by injection had entirely failed. In the last case a second operation was required. On the subject of the radical cure of hydrocele, some remarks, amongst others, to the following effect, were made by Mr. GREEN in a clinical lecture on the subject:—

"The object of the radical cure is that of causing such a *change* in the tunica vaginalis as will prevent the reaccumulation or reproduction of the fluid. It is generally stated, that the object is to *obliterate the cavity* of the tunica vaginalis, by causing adhesion of its sides, but a preparation in this hospital exhibits a tunic, taken from a person in whom the radical cure was effected by injection, and in whom no fluid was reproduced, with the cavity as perfect as it might be in the healthiest person. I can very well conceive that a slight inflammatory action may take place so as to close the exhalant arteries, at any rate in sufficient number to prevent any redundancy of the secretion. I strongly suspect, that in many instances of the radical cure of hydrocele, no more has been done than is to be seen in this preparation; and if we could always hit the quantity of inflammation which should produce this, and *no more*, it would be a better treatment than causing the obliteration of the cavity. But, unfortunately, under all the plans of treatment hitherto adopted, the quantity of inflammation cannot be regulated; unless, indeed, in the cases above cited, a method is offered which will aid us in adjusting the requisite degree of inflammatory action. Surgeons, however, conceiving that the object was the obliteration of the sac, have adopted various plans of a very severe kind, often unsuccessful, and sometimes fatal, viz. the method by *incision*, which consisted in laying open the cavity of the tunic from top to bottom; that by *excision*, in which the whole reflected portion of the tunica vaginalis was cut away; the method by *caustic*; the plan of *seton* as used by Mr. Pott, who carried a seton through the tunic, and then allowing it to come away by ulceration, thus laid open the tunic.

These were all adopted to cause suppuration and excite a granulating process by which the cavity should be filled up and obliterated.

"The treatment most generally adopted at the present day, is that by *injection*, and I suppose that most surgeons would be ready to bear testimony to thousands of hydroceles cured in that way, without the least ill consequence; but so uncertain is the degree of inflammatory action that will be excited, that under apparently the same circumstances, the inflammation will be in some cases excessive, and in others insufficient. There are likewise no circumstances by which a judgment can be formed, at the time of the injection, as to what exactly the *subsequent* effect will be respecting the quantity of inflammation. One person will complain of extreme pain from the injection, and, perhaps, rendered cautious by that symptom, you allow the fluid to escape; but notwithstanding this pain, he may not have sufficient inflammation to cure the disease. Another patient will scarcely complain of any pain, and you are perhaps induced to allow the fluid to remain within the tunica a longer time than ordinary. But instead of the inflammation being proportionate to the pain, there may prove excessive inflammation, which subsequently is both inconvenient and dangerous to the patient. But there is another objection to the plan of injection, which rather applies, however, to a possible want of skill in the operator. The stimulating liquor may be thrown into the cellular membrane of the scrotum instead of the tunica vaginalis, or escape into the cellular membrane instead of through the canula. The accident may easily take place; I recollect a case in which a patient died from it.

"After weighing all these circumstances, it struck me that if a seton were carried through the tunica vaginalis, there would be a sufficient source of irritation, and at the same time the opportunity of *regulating its degree*, that is, that the seton might be allowed to remain till there were symptoms of such a degree of inflammation as is requisite for the change necessary to be produced in the tunica, and that the seton might then be withdrawn, and no further effect be produced than is necessary either to change the surface of the membrane or obliterate the tunica. Generalizing the facts which have occurred in eight cases thus treated, I venture to say that the plan of treatment is well adapted to answer the end for which it was intended. In one case there was excessive inflammation, and a *suppurative* process in the tunica vaginalis; and the possibility or probability of this occurrence is perhaps the most serious objection to the operation. It might, indeed, raise a doubt on the principle itself of the operation. You introduce an extraneous body into the tunica, and allow it to remain till inflammation is produced, and

it is possible that the inflammatory action excited by extraneous bodies may tend to the *suppurative* instead of the *adhesive* form of inflammation. As, however, this result was only observed in *one* case, and no such disposition was manifested in a number of cases, of which the success was perfect, we are perhaps warranted in drawing a conclusion generally in favour of the effects of the seton. Of course future cases (and I shall continue the plan) will decide the point. I should state that the requisite inflammation is attended with the ordinary symptoms of pain, heat, swelling, some redness, and some constitutional affection. There should be, I think, some affection of the pulse, some indication of febrile action, before the seton is withdrawn. The threads may then be removed; I believe you then will have excited inflammation enough to cure the disease. So that it is not whether the seton has remained in ten, twelve, or twenty hours, but whether the requisite inflammation is produced. Perhaps twenty hours is about the average time for the seton to remain.

"This plan of exciting inflammation by a seton will answer your purpose in various other cases, as in ganglions, when you cannot get rid of by bursting them under the skin, or by puncturing them with a surgical needle, and which it would be dangerous to remove. Enlarged bursae may be treated in the same way. The surfaces of these cysts being thus brought into contact, you obtain adhesion. I have done it repeatedly, and in hydrocele of the thyroid gland. I was consulted respecting a large swelling which was evidently situated in the thyroid gland, in a lady. Many plans had been adopted but without success; I had no inducement therefore to go through the same routine of remedies. It appeared to me quite clear that there was a cyst containing fluid. I accordingly introduced a canula, by means of a trocar, for the discharge of the fluid. I then carried a seton through the cyst, and allowed it to remain till what I considered a requisite degree of inflammation had been produced. The result shortly was that she became completely cured, and she remains well to this day."

LONDON MEDICAL SOCIETY.

Mondan, Nov. 16, 1835.

MR. CLIFTON, V. P., in the Chair.

TREATMENT OF BRONCHITIS.

MR. ROBERTS, the secretary, read a paper on acute bronchitis. He observed that bronchitis was not named by authors to the present century, and that it had not been for the purpose of

ethoscope, the disease would have remained undistinguished even up to this time. In infants he considered it not unfrequently complicated with pneumonia, and sometimes terminating in croup; or, on the other hand, croup terminating in bronchitis; the last of which, he thinks, is the most common. The functions of respiration were more prominent in bronchitis than in pneumonia. As to the severity of the disease, he was convinced that practitioners would generally do well to leave nature to accomplish the cure her own way, for the more they attempted to do, the greater number of patients they lost. In the young, if left to nature, not more than one in fifty cases would be lost. When he first entered the profession, he adopted the depleting treatment of the day, and the result was, that he lost nearly every patient. Fortunately for his patients, one child fell under his observation which got well without any treatment; and a second case recovered through the administration of wine. With these examples before him, he was induced to adopt more simple remedies; and since then, his mode of treating bronchitis in young children had been altogether as successful as it was before unsuccessful. His remedies were of the mild kind, but the greatest benefit he had derived was from the *vin. sem. colch.*, combined with, or followed by, purgatives. The effect of colchicum in bronchitis affecting children was very remarkable. If given when the child was apparently dying, relief followed in a few days, and the cough, frequently so troublesome, was arrested by it sooner than by any other remedy. In old people he employed bleeding pretty freely, followed by purgatives; and as in them it was a severe disease, he would recommend a combination of the two. The advantage of purgatives was made known to him through the mistake of an errand-boy, who carried some powerful aperient medicine, which was prepared for another patient, to one who was suffering severely from bronchitis, and on whom it operated copiously, and effected a complete cure. He objected to blisters, and was surprised that practitioners had so great a predilection for them in this disease; and opium he looked upon, if not as a fatal remedy, certainly as always injurious. He had also found expectorants prejudicial, for the expectoration was profuse in the first few days of the attack, but as the inflammation progressed, the secretion ceased, and it was vain to attempt to reproduce it by expectorants.

Dr. CROWE begged to remark, with reference to the interesting paper which had been read, that Mr. Robarts must have understood Cullen, when he implied that opium had not been mentioned by that author. Mr. Cullen decidedly spoke of opium, and described the symptoms of its use. Mr. Robarts had

done, Cullen himself saying, that writers called the disease by different names. Laennec preferred the term of catarrh to that of bronchitis; and to prevent it from being misapplied to designate a simple cold, he divided it into active and passive. Dr. Duncan also had described the disease, and admitted that consumption might supervene thereon.

Mr. JONES believed that the first author who had used the term "bronchitis" was Franks.

A VISITOR differed in *toto* from Mr. Robarts, for, in his practice, he had found the utmost service from calomel, *ippecacuanha*, and tartarized antimony, and leeches, in bronchitis; few cases he thought admitted of the warm-bath, except at the commencement of an attack.

Mr. HEADLAND believed that the proper mode of treatment would be less disputed, if we understood what was meant by the term "inflammation." He agreed with Mr. Robarts, that if the antiphlogistic treatment was pushed far in children, failure would generally result, the lungs in children not having the power to withstand powerful remedies. Calomel also had failed to be with him so decided a specific as many practitioners professed to find it. When the condition of the lungs arose from a congested state of the circulation, accompanied with a quickness of pulse (query slowness?) and a difficulty of breathing, stimuli would be found beneficial. In old people, he would recommend a more moderate treatment than that advised by Mr. Robarts, and would also give opium and calomel, and he would strongly recommend mustard poultices to the chest.

Some other gentlemen also gave their opinions on the treatment, not a whit less contradictory as regarded the principles and the remedies, and we therefore refrain from recording anything farther on the subject on this occasion, excepting so far as to say that bronchitis was generally considered, by all the speakers after Mr. Robarts, as demanding more care than nature herself was disposed to give to it.

Mr. ROBARTS briefly replied, urging reasons for still retaining the opinions expressed in his paper.—The meeting was then adjourned.

Monday, November 23, 1835.

Dr. WHITING, PRESIDENT.

RINGWORM.—DEATH FROM MORISON'S PILLS.—ARTIFICIAL FEATURES.

The time was very much occupied this evening in discussing the subject of ringworm, which was incidentally brought forward by Dr. LEONARD STEWART, who has by accident found three or four obstinate cases of this disease yield to the appli-

cation of a weak solution of opium* (one drachm of the tincture to a pint of water) after various other remedies had been uselessly tried for some months. No constitutional treatment was required. Dr. Stewart asks, Is it an effectual remedy, or accidental? Very little notice was taken of the remedy by the members, who admitted that the opium had not over-acted its part, for some cases got well without any treatment, others certainly from merely being sent into the country: and others, again, from being treated by leeches, and with evaporating lotions.

Mr. CLIFTON strongly recommended a wash composed of ʒss of the strong sulphuric acid, with ʒi of water, which he (Mr. C.) believed, after an experience of twenty-three years, possessed advantages over all other remedies. The nitrate of silver would insulate the disease, and destroy its contagiousness. He regarded every species of the disease (except *porrigio favosa*) as purely local.

Mr. HEADLAND said, that experience had convinced him that ringworm arose from a depraved condition of the fluids of the body, which being corrected, local treatment might then be used with advantage. He named the juice of lemons as a remedy, in doses of half an ounce, or more, taken internally. The effects of the remedy on the altered fluids, in conjunction with the local disease, were commented on. Some remarks were offered on sea-scurvy, but we have not space for further details.

Dr. JOHNSON informed the Society that a lady whom he had visited, had that day died from taking Morison's pills. When he (Dr. J.) was sent for he was from home, and on returning in less than three hours afterwards, he found a second message stating that she was dead. On Friday last, the lady purchased two boxes of "Morison's mild pills," of which pills she took eight, ten, and fifteen a day, without effect. A stronger quality were then had recourse to, and the result was fatal. The symptoms produced were, violent hypercætharsis, inflammation of the bowels, coma, fever, and death.

Mr. CURTIS presented a man to the notice of the Society, of a tolerable appearance, who wears a "false nose," a "false palate," and "false spectacles," who before the poor fellow's ingenuity had suggested these contrivances, was said to have been a most deplorable-looking object. The nose was carved from box-wood, and fixed with firmness into the frame of the spectacles, the use of which latter would not otherwise be required; a thin fold of cotton forms the artificial palate, but a small portion of the natural palate remains, and much assists the

adaptation of the artificial one; in the immense cavity occasioned by the entire destruction of the nose, he places a piece of sponge, which absorbs the moisture, and considerably assists articulation, which (when his "artificials" are arranged, which is almost momentarily accomplished) is distinct and loud, but without them no utterance appeared nearly inaudible. His made-up appearance seldom is detected.

After the adjournment, most of the gentlemen present added their names to the address of condolence to be presented to Mr. Kingdon.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 14, 1835.

Mr. RICHARD QUAIN in the Chair.

MINERAL MAGNETISM.

Dr. SCHMIDT (of Berlin) was announced to read an essay on the application of mineral magnetism for the cure of various nervous diseases. The subject occupied attention during the greater part of the evening, and was adjourned finally to another meeting. In introducing his subject the author premised that mineral magnetism was totally distinct from animal magnetism, and that the magnetic influence acted solely on the nervous system. He then gave a history of the science, and described the doctrines of all authors who had advanced opinions on the subject. In accounting for the magnet having fallen into disuse, he said it arose from an opinion that the cures effected by it were not lasting, the reason of which was that the magnet was never applied systematically, and only by way of experiment. To accomplish cures, powerful instruments must be employed; for the minor magnets could only remove trivial diseases, and even in them frequently failed. Of the instruments employed three were named; first, the *horse-shoe magnet*; second, the *magnetic staff*; third, the *magnetic plates*. The curative power of the first is in direct proportion to its power of attraction, and that is the chief instrument employed to perform magnetic cures. The five-fold *horse-shoe magnet* consists of five simple horse-shoe magnets horizontally placed, and closely adapted one to the other, the centre magnet being the longest and thickest, the others each gradually diminishing in length and thickness, the arrangement being thus made in order that the power of attraction might fall in the centre, or, rather, that each magnet might not be exerting its influence on the needle at the same time separately. The power of attraction then would be as $5 \times 5 = 25$, instead of $5 \times 1 = 5$. The power of these magnets is such that

* The tinct. opii, sometimes used pure, at other times diluted, is an old and occasionally an efficacious remedy in some conditions of *porrigio*.—*Rep.*

10 to 120 lbs. Larger magnets are only necessary in extreme cases, or where it is desired to transmit the magnetic fluid to interior organs, as in cases of deafness, for then magnets of from 200 to 500 lbs. power of attraction must be employed; of which power he (Dr. S.) has constructed some. The magnetic staffs are only applicable in cases of toothache. The magnetic plates are used where the horse-shoe magnet cannot be applied; as when magnets are required to be fitted to any part of the body. For the treatment of diseases with either kind, either powerful instruments were used from time to time, or the continual influence of magnetism was employed, by the patient wearing small magnets for some time on the part affected. The former is either topical or general, and employed in a certain order, with one or two poles, and with one or two instruments, always following the course of the nerves in passing them. According to the theory hitherto followed, it is supposed that the "friendly" poles as they are called, ought to be placed opposite to each other, in order to lead a magnetic stream through any part of the body. The reverse he (Dr. S.) would prove to be the fact. (This was demonstrated with a sheet of cartridge-paper placed between the magnets and some iron filings, and with a bar of soft iron placed between the magnets.) For the application of magnetism, the patient may be placed in any position. If the eyes are to be operated on, the magnet is fixed for some minutes on the eye itself, and then passed several times across the upper and lower edges of the eyelids, commencing at the corner of the eye; and then several times from the forehead downwards, in such a manner that both eyes are touched at the same time. Sometimes the desired effect is not produced until the poles have been changed several times. For deafness the patient is seated between two magnets, so that the poles exactly fit in the plates of two small instruments, which are introduced into the organ. These instruments are made with an oval disc, one inch long, and half an inch broad, of soft iron, in the centre of which is fixed a black pin, one inch long, and one line in thickness. The operation may last from five to fifteen minutes. The magnet is then placed over both sides of the head downwards. For the toothache, he (Dr. S.) usually fixes the north pole first on the painful tooth, and if not relieved, then applies the south. If obstinate, he touches the gums with either of the poles, or passes them across the cheek, where the pain is most acute. The magnet should be first rubbed. The general magnetic treatment may succeed the topical, especially if the patient is nervous. The last division of his subject was devoted to the effects of magnetism on the unhealthy. As to the effects we need simply say, that

until he proved to the contrary, mineral magnetism, Dr. Schmidt said, was always declared to have no influence on healthy parts. Secondly, On the sick, magnetism is either soothing or exciting. Dr. Becker says, "Very often the patient considers that he has no sensation at all from it, but generally in the course of time, he experiences an effect from it." The sensations are, with some slight modifications, the same in all cases, viz., cold, warmth, increased sensibility, and pulsation, and numbness and insensibility in the part affected. These sensations, except the last, increase gradually, and then become weaker, until at last they disappear entirely. Dr. Schmidt concluded his paper, by saying that the effects of magnetism appear very often instantaneously. That they are not local, and that the diseases in which magnetism exerts a curative power, are those in which the sensibility or mobility of the nerves is heightened, or where the nerves are over-excited, as in tic-douloureux, headache, &c.; in spasms of the stomach, palpitation of the heart, hooping-cough, epilepsy, and convulsions; or where in the nervous system there is a want of action. Also, in some diseases not purely nervous; as in rheumatism, gout, suppressed menstruation. During the catamenia, or during pregnancy, it must not be used. Lastly, The doctor said that it was his conviction, that magnetism deserves a preference over all other remedies, in the diseases above enumerated. At the end of his Essay, Dr. Schmidt read an extract from *Hufeland's Journal*, for September last, speaking in commendatory terms of the science of magnetism. Dr. Schmidt then showed that the power of a magnet might be given to iron, or destroyed in a few seconds, a fact which was first made known by Dr. S. The process of destruction consisted in passing down the poles of one magnet, against the like poles of another magnet, commencing at the curve of the instrument. To reproduce the power, the poles were reversed in the passing motion, commencing also at the curve. Dr. Schmidt attached considerable importance to this experiment, for he says that when the power of the magnets becomes deteriorated, it is easily restored; and failure, which must frequently before have attended its application for the cure of diseases, could now be readily obviated.

Saturday, November 21st, 1835

Dr. ADDISON, President.

MINERAL MAGNETISM.

The subject of mineral magnetism was again introduced this evening, with much amusement, though not with much profit, and the discussion was closed with an intimation from some of the members, that

turn which it had taken was not consonant with the objects of a medical society. Dr. SCHMIDT, of whose talents it was impossible to avoid forming a favourable estimate, and who addressed his audience in the English language with a correctness which many speakers of our own nation might be glad to reach,—recommenced the subject by repeating some experiments, concluding, however, rather abruptly, and leading the discussion into a direction which lost for magnetism its chief claim on the attention of the Society. One experiment was designed to prove the discovery of Dr. Schmidt, that more magnetic power exists between the north poles of two magnets (a space intervening between them) than between the south poles, and that therefore in employing horse-shoe magnets on a limb, it was erroneous to oppose, on each side of the limb, a north pole to a south, and a south pole to a north, as the remedial process had always hitherto been performed, and always, consequently, with less success than by his (Dr. S.'s) mode. Testing this statement by experiment, the result seemed to bear witness to the correctness of the allegation.*

The experiments called on his legs Mr. Bird, who gave some designation to them which Dr. Schmidt did not consider very courteous. Considerable disputation resulted, for Mr. Bird denied the correctness of almost every proposition of Dr. Schmidt, and then, between various parties, began a series of not very obvious, or very conclusive, or very well-explained experiments with magnets and iron filings, accompanied by diagrams on a black board, all, too, so purely theoretical, that a *moral*, only,—which there is no need to explain—could be drawn from them. Yet the exhibition was tolerably entertaining, and might, had the philosophers been better agreed as to first principles, been useful to a majority of the audience, of whom Dr. Johnson afforded a good specimen, when, with rather unhappy look, he remonstrated, at the close of two hours, on the time of medical men being occupied so long on the mysteries of "north poles" and "south poles," magnetism by direct procedure, and magnetism by induction. "Let us know," he prayed, "what diseases magnetism will cure. We care not what influence it exerts over mariners' compasses, or bunches of keys, or steel dust."

Mr. Bird declared, as we have said, that Dr. Schmidt's proceedings were all "flimsy," and pronounced the chief results to be the

simple results of magnetism by induction. Mr. Bird, however, was himself sharply hit at the knuckles by Mr. Everitt, who suddenly interfered, "In order to save the time of the Society, to remind the young gentleman that those who were better acquainted with the subject did not admit the truth of the positions on which Mr. Bird was basing the whole of his objections." Mr. Bird, in fact, was proceeding to prove that the relative quantity of the magnetic fluid at the positive end of a bar of soft iron, would be shown by the power of attraction exerted by it over particles of iron filings represented thus, $\times 3-2-1$; or, that in the horse-shoe magnet, at its north or positive extremity, the magnetic influence would be represented by $\frac{1}{2}$; at its angle or intermediate space by $\frac{1}{3}$; and at the south, or negative extremity, by 0. This problematic experiment Mr. Everitt sought to show was in direct opposition to the "indisputable fact," that if a bar of iron were divided into any number of parts, no piece or division of it would contain more magnetic fluid than any other, provided the size of each division or compartment was exactly of the same size as each of the others, and if the division be carried down ever so low, the fact would, he contended, still be obvious.

Mr. Bird met this charge by declaring, as he did on each other occasion on which an experiment or argument was used against him, that he regarded it as a beautiful example of the theory he himself wished to advance; but having stated the theory and the objection, we must be content, from want of space, without giving further details on this point. Mr. Bird apologized for presenting himself to notice, and stated his object simply to be to defend the reputation of several great men whose views were opposed by the theory of Dr. Schmidt.

A degree of interest was here given to the disputation, by the reply of Dr. Ritchie to a call from several members for his opinion on the points advanced, but we are compelled simply to say that that gentleman with much clearness developed the best-accredited views on some points in magnetism, commenting briefly on the theories expressed by previous speakers, which, however ingenious, he did not consider correct in many respects. Circumstances, however, which we cannot stay to explain, prevented the impeachment of Dr. Schmidt's views from being sustained. Indeed, the time and apparatus did not admit of experiments in any respect conclusive upon any important point under debate. At the next meeting the medical division alone of magnetism is to be canvassed, when the subject will most probably be concluded. We here observe that Dr. Ritchie's opinion was not of opinion that magnetism could be advantageously employed in the treatment of diseases, though he admitted that on one

* Dr. Schmidt also showed a method of obtaining the magnetic spark by means of a very simple apparatus, constructed as follows.—A piece of soft iron, round which a copper wire is twisted, the extremities being amalgamated with quicksilver, is placed over the poles of a magnet. On one is fixed a small copper plate, and the connection being then forcibly broken, the magnetic spark is vividly produced.

two very curious results follow the application of the galvanic battery. In justice to Dr. Schmidt, we may state that he appears to be perfectly candid and open in all his explanations relative to the "mysteries" of mineral magnetism as a remedial agent in disease.

MEDICO-BOTANICAL SOCIETY.

Tuesday, Nov. 24, 1835.

EARL STANHOPE, *President, in the Chair.*

SOME beautiful specimens of the acacia, catechu, manchean gambier; specimens of the greater and lesser cardamoms, and of the grains of paradise, this evening were exhibited as presents from Professor Martius, with a view of obtaining, through the medium of the Society, correct information as to their proper classification and derivation. Mr. Hiff and Mr. Battley also presented specimens, with a view to ascertain whence they were procured.

Dr. SIGMOND drew attention to a new sort of catechu, lately introduced into this country, which he said was superior to any hitherto imported, from its presenting a much larger quantity of tannin than the other species of catechu. The new species had been introduced by the cotton manufacturers of Manchester, who have found it yield a valuable dye. Dr. Sigmond then made some remarks on the different varieties of cardamoms. The medicine is brought from Singapore, but as that is a free port, it is difficult to ascertain its original locality. The other variety (samples of which, particularly fine, were on the table) is brought from Java and Ceylon. Professor Martius seems to think that the grains of paradise are in fraternity with the larger cardamoms; but Dr. Sigmond said, that whoever tastes the paradise grains, will, from its peculiar flavour, readily perceive the difference.

Mr. HIFF said it was impossible to arrive at a proper solution of Professor Martius's questions, until the different importers had been consulted.

Dr. RYAN also made some observations on the catechu and cardamoms.

A paper was then next read on the different barks of Guiana, forwarded to Dr. HANCOCK, who transmitted the paper to the society. A splendid branch from the castor-oil tree (*ricinus communis*), reared in the Society's gardens, the property of Mr. Gibbs, was presented, covered with seeds, and although grown in this country, it was as perfect as one of those sent from the East or West Indies. The capsules were exceedingly small, covered with rough spines, and were so arranged as to expel the seeds. Specimens of the castor-oil, pure and im-

pure, were also laid on the table, and some of the watery extract of bark, which Dr. SIGMOND (when alluding to the properties of different drugs) said ought to supersede the sulphate of quinine, for it contained "nature's own acid," and the gallic acid, combined with the alkaloid, without having to pass through the numerous manipulations of the chemist, which rather obtained educts than products. The Society was then adjourned.

ERRATA.—In reports of Medical Societies last week, at page 313, line 8, for *cancer* read as *exostosis*.—Line 33, erase the words between parentheses.—In note, at page 316, line 6, for *combined* read *uncombined*.

An Inquiry, Physiological and Pathological, into the Proximate Cause of Cholera. By PROTHEROE SMITH, M.R.C.S., Sen. Surg. to the Farringdon Dispensary. London: Bailliere. 1835. pp. 39.

To know the first tissue in which a disease commences, is not to know the "proximate cause of that disease;" nor does a knowledge of the first step which a disease takes, imply a knowledge of its "origin." To inquire into "the proximate cause of cholera," is, in reality, to carry research up to the identical cause of the first derangement of the earliest tissue affected. Over the cause of cholera we agree with the author that "a cloud of mystery hangs;" but from around the chief features of the disease itself the mist we think is now dispelled, and amongst those who have helped to clear away the vapours, we must rank Mr. Smith. The modes of treatment which are urged to cure the disease are as various as they seem to be, first, because so many medicines produce the same ultimate effects on the animal economy; and, secondly, because the profession do not choose to agree on the therapeutic details which their therapeutic doctrines might teach them. That the view we take of the "cause" of the disease is held by Mr. Smith himself, the following sentence demonstrates:—

"Mental disquietude, or atmospheric influence, often exists as an exciting cause of diseased action, producing effects on the sensorium similar to those caused by external bodily injuries, and often inducing more suddenly the results above enumerated, as is instanced by imbecility or death occasioned by fright or grief, and by epidemic disorders arising from miasmata and other like sources. Thus, even when the exciting

cause of disease is not cognizable to our senses, it often produces sequelæ more violent than the results of extensive corporal injury."—p. 10.

He puts aside the cause of the disease in order to discuss the conditions of body under which its phenomena occur.

"I proceed to the inquiry of those conditions under which occur the various phenomena constituting the disease under consideration. Of the ultimate cause, or first principle, from which cholera results, I shall not attempt to offer any other solution than that it depends, and is consequent, on the will of the Great Author of Nature. . . . I therefore leave the subject to those ingenious speculators in mysteries whose time is their least valuable commodity," and shall proceed to treat of the proximate or immediate cause from which the evidences or symptoms of the epidemic cholera directly proceed."—p. 11.

The terms "proximate," "ultimate," "first," "exciting," and "immediate," are prefixed to the word "cause," in medical discussions, in a manner which questions in the exact sciences will not allow. But the error is great, and we constantly find mischief to arise from the misapplication of these adjectives in medical writings. Any morbid change produced in the body, even the very first and minutest of a chain, is the disease itself, or a part of the disease, and not the *cause* of the disease, either proximate, exciting, ultimate, or immediate.

Having stated our own view of the title, we proceed to give some account of the author's object in the contents. Mr. Smith divides the disease into the usual three stages, which he discusses in a plain and conclusive manner. The "preliminary symptoms," he says, "evidently indicate a disturbance of the *prima viæ*, and the peculiar action of the exciting cause is clearly that of morbid impression on the follicular apparatus of the intestines." Taking the liberty ourselves of condensing his views, he proceeds to say,—

"Conscious of the attack, an effort is made at the brain to resist the assaillant, and an inordinate action is established in the alimentary canal, while the heart's action is greatly increased to supply the

* These are the very gentlemen whom cholera demands. With more time there would be fewer mysteries. Which, indeed, are now the "*mysteries*" in cholera, if the real *causes*—proximate, exciting, or what you will—be not?—Ed.

means for the extensive alvine discharges. This constitutes the first excitement, or preliminary fever, in which bold blood-letting is the only effectual remedy; but these symptoms precede the complete seizure by so short an interval, that the application of means is sometimes precluded, and some have even doubted their existence. The increased exertion continued in the sensorium, would be alone sufficient to induce collapse, from the inertia following unusual exertion of any function; but this sequela is accelerated also by a rapid loss from the very fluid on which nervous energy depends. The immense defluxion from the intestines robs the blood of its saline and serous particles, and renders it thick, tenacious, and unsuited to circulation, necessarily requiring an increase of power in the heart to propel it through the usual channels, supposing they were of sufficient caliber to admit this thickened fluid. The result is, want of pulsation in the extremities, cold surfaces, deficient pulmonary circulation, and, consequently, imperfect decarbonization of the blood, suppression of the renal functions, and consequent continuation of the urinary bladder. The voluntary muscular contractility of the body, now altogether uninfluenced by the nervous power, becomes violently and involuntarily active and irregular, which accounts for the peculiar characteristic of this stage of the disease. The continuance of these morbid actions frequently carries off the patient. There is a cessation of muscular spasm consequent on paralysis, from vascular engorgement, or effusion into the cavities or substance of the brain, which, from the heart being gorged with blood too dense for distant circulation, is overcharged; a rous, or sanguineous effusion, or apoplexy, closing the scene. When the patient recovers from this state, the third stage results, usually presenting all the concomitants of *typhus*, a disease too well known to need description. Thus we have successive resulting states, which have their origin in derangement of the *prima viæ*. In support of these views, I will cite a few post-mortem examinations, which, I think, will substantiate my opinions, inasmuch as they all evince great cerebral disturbance of the brain."—p. 13 16.

We have already so many autopsies of cholera patients on record in our Journal, that we shall withhold extracts from this part of the pamphlet.* Suffice it to say that

* With one exception.—In the last case recorded the author says, "The fingers crackled on being straightened, which last circumstance was thought by M. H. Grand a peculiar characteristic of cholera," and he adds, "I might recount other cases, but think the few already cited show the frequency of this symptom."

those "post-mortem" which the author—who has had excellent opportunities of observing the disease—has cited from his note-book, justify the views he has expressed. Relative to his own plan of treatment the author says,—

"The plan most in accordance with my views, has, in general, proved of most avail. Mr. Kennedy, in his valuable work on cholera, asserts, that his plan of remedying this malady has proved more successful than any he has seen practiced, and the evidence of the mass of authors on this subject has a similar tendency."—page 28.

The plan of Mr. Kennedy is well known. The details of Mr. Smith's plan, are fully given in his pamphlet, which contains the result of much observation in a very small compass. Of his experience he says,—

"I availed myself of an opportunity for extensively observing the morbid appearances of this disease in the autumn of 1832. Through the introduction of Mr. Kiernan, I became acquainted with M. Halma Girard, who was deputed by the faculty of Paris to investigate the nature of cholera in London, previous to its appearance in France. I assisted this gentleman in his post-mortem examinations, and collected accounts of a large number of cases."

THE LANCET.

London, Saturday, November 28, 1835.

Within a very few years the City of the metropolis of England not having become an University, under the sanction of an Act of Parliament, or the authority of some royal decree, up to close of the year 1835, will be considered one of the most extraordinary circumstances that can be related in connection with the history of the literature of this country. It does not even appear that, until a very recent period, the question of establishing an University in the metropolis, has ever been mooted by persons whose character could give weight to their sug-

gestions. When the project was first announced for founding the University which is now proceeding in its successful career in the northern part of London, the projectors were made the objects of contemptuous ridicule, by the members of that wealthy and influential party which had so long directed the destinies of the empire. Entirely destitute of arguments which could be urged against the philanthropic scheme, the opponents of the measure resorted to every species of slander which malignancy could invent, in order to deter the subscribers from proceeding in the great national work in which they had engaged. It was pretended, indeed, that the idea of founding an University in London, or, rather, of establishing colleges in London, which should confer on the metropolis itself the title of "an University," had originated in a desire to offer an opposition to the national Universities of Oxford and Cambridge. The pretence was the off-spring of falsehood, bigotry, and folly. The founders of the University were stimulated by no such unworthy motive. On the contrary, there were to be recognised amongst them men of the most distinguished and exalted attainments,—who were indebted for their learning, and the multitudinous pleasures which they had derived from the cultivation of their minds, to those splendid institutions which it was alleged to be their object to destroy. In the secure possession of a vast amount of real property, sustained and invigorated by a system of electing the ruling authorities, so liberal in its character that it is restricted only by the number of the Fellows belonging to the Universities, what could such establishments fear from competition? Nothing. But whatever benefit the members of those institutions can hope to create from the more wide diffusion of learning and knowledge, must arise from the stimulus of honourable rivalry amongst congregated masses of the literati of the empire, and, in reality, from the exercise of that just and useful invention alone.

The founders of the *University of London*, in carrying their plans into execution, performed a labour which was likely to be followed by advantages of an immediate and not of a posthumous description. They hoped to outlive the successful commencement of their labours, and were not so vain or so foolish as to attempt to enter into a contest with the ancient Universities of Oxford and Cambridge, immovably fixed as were the latter, on solid masses of treasure, and renowned as they had become throughout the world, as the most celebrated establishments of learning in civilized Europe. There was no desire to circumscribe the sphere of advantages attaching to a collegiate education, which had been created by those venerated seats of learning. On the contrary, the promoters of the great academic enterprise in London sought to widen that sphere, to multiply the opportunities of learning, and to afford to some thousands of the youthful inhabitants of England the means of acquiring, on cheap and accessible terms, a first-rate education in literature and the sciences. The friends of Oxford and Cambridge, therefore, had no legitimate ground of suspicion or jealousy on that occasion, and it is quite certain that the gentlemen connected with the ancient universities, who are the most exalted from the extent of their learning, and command the greatest share of respect for those qualities which most distinguish at once the philosopher and the man, became, at an early period, the advocates of the new scheme, and ardently did they desire that the efforts of its supporters might be crowned with success. Without having received the slightest assistance from the Parliament or the Crown, the claims of the *University of London* to distinction have taken a firm hold on public opinion, and, under difficulties which it may be considered are now surmounted, the institution has passed through a seven years' ordeal, preparatory, we trust, to running a splendid career of national usefulness.

Under circumstances of so favourable a character, we do not expect the proprietors, at their meeting, which is to be held on Wednesday next, will enter into any discussion or approve of any measure, which can lead to an inference with the thinking portion of the community, that the interests of the University could be advanced, that its reputation could be increased, or that the sphere of its usefulness could be enlarged, by obtaining from the Legislature or the Crown any privileges of a strictly exclusive or local nature. The professors are too generally distinguished for their acquirements, and they must be rendered too independent by their industry, to imagine that the institution could derive any advantages from aids of so dubious a character. Nor must it be forgotten that when the project of founding this University was first opened to view, the sympathies of the public were wooed in its favour, by a reference to the principle of exclusiveness, which had so long shut out dissenters from collegiate honours in the Universities of Oxford and Cambridge. Let not, therefore, the new institution attempt at the end of seven years to give strength to an abuse which it was designed to destroy. The principle of exclusiveness cannot exist, certainly it cannot flourish, in the new metropolitan institution. London itself must become a regularly-organized and acknowledged University in the British Empire, and the great establishment now styled the *University of London* will, we are convinced, throughout many succeeding ages, take the lead under the name of "UNIVERSITY COLLEGE," or some other title, as the most liberal of those academic establishments, by means of which the fame of the University of the British empire will be nobly sustained. It will constitute at once the chief pillar and the brightest ornament of the metropolitan universities, and the names of its founders will be placed by the future historians of the literature of England, amongst those of the noblest factors of the human race.

Whatever may be the intentions of some of the proprietors in convening the meeting Wednesday next, we may take this opportunity of informing them that so far as the medical department of the University is concerned, it is not in the power of the Ministers of the Crown to confer upon gentlemen who may be educated in that department of the University, any legal advantages in connection with the practice of medicine. Acts of Parliament present insurmountable obstacles to the granting of any such concessions. It would not be audacious, therefore, to press on the attention of the executive government, questions of such a nature, because, although it may be desirable on the part of some individuals to restrict the view of such subjects within the walls of one institution, it is quite evident that if the matter be once taken up, it must be carried out into a far wider range, and then the value of university distinctions may go far towards being sacrificed by the immense number which it would be found necessary to confer. At present, the University, especially in its medical department, stands in a pre-eminently exalted situation, and under such circumstances we should be sorry to see it become the object of an uncertain and hazardous experiment.

At page 350 we have given insertion to the effect of Mr. G. BERY, relative to the proceedings at an inquest held a few weeks since at Farnham. The contents of the letter indicate little that is favourable either to the judgment or the temper of the writer. The subject, however, has now assumed a somewhat serious aspect, and in the absence of Mr. BERY's disposition before the Coroner, we shall refrain from saying another word on the main question at issue.

With regard to that deposition, Mr. BERY will, of course, be glad to hear that we shall publish a *verbatim* transcript of it, by moving, on the next sitting of Parliament, for a copy of the evidence taken at

the inquest, as well as of the verdict of the jury. We trust that this announcement will be satisfactory to every person who is anxious to obtain the truth, the whole truth, and nothing but the truth, touching the subject under investigation. It may be very agreeable to the feelings of Mr. G. BERY to exhibit his deposition to the clergyman at Farnham, and other respectable friends in that town, but we shall not be satisfied until it is laid before the members of the medical profession. When we have obtained possession of these documents, we shall devote a few pages to the discussion of the important subjects which the inquiry involves.

In giving insertion to the letter of Mr. TARNETT (page 348), we regret that we cannot find space also for a copy of the petition of that gentleman, presented last session to the House of Commons. Mr. TARNETT will, of course, best consult the independence of his character, and the purity of his motives, by refraining from entering into any contest with his brother governors. It is his duty at once to refer the Committee of Almoners to the office of the charity Commissioners who are now sitting in Great George-street, Westminster. It is time that some inquiry was made into the affairs of *Christ's Hospital*, for it appears, from the official accounts of the hospital of the expenditure of one year,—from December 1833 to December 1834,—that the monstrous sum of 10,237*l.* 1*s.* 4*d.* was swallowed up in that institution in "salaries" alone!

KING'S COLLEGE, STRAND.

In consequence of the small number of medical students who attended this school last year having been diminished less than one half in the present session, several of the eminent professors of the establishment have been anxiously deliberating what course to pursue as regards the future, when Mr. MAYO, the anatomical teacher, was induced to write to Dr. HAWKINS, the celebrated professor of the practice of physic, explaining

to him the importance of his retirement from the school, and the necessity of appointing a man of still greater eminence to fill his chair, as one of the principal means of reviving the medical department of the decayed institution. HAWKINS, with a pride which did him honour, rebutted the charge, and for answer returned to Mr. M. a copy of his own letter, merely changing the name of "Hawkins" for that of "Mayo;" whereupon the teacher of anatomy, with an equally honourable high moral feeling, sent a letter to the Council, containing a resignation of his professorship, which, as he anticipated, was not accepted, so that the school continues to be embellished with two names equally high in the page of medical fame! On another occasion we shall publish the letter.

Dr. WINSTER has been used very ill at this institution. We are authorized to state that he has suddenly had notice to quit the chair, Dr. PARIS having considered it, after all, too important for his worldly views, to let slip the opportunity of getting into the Strand.

INTERCEPTED LETTER.

"DEAR DOCTOR MACMICHAEL,—You know me sufficiently well, fully to comprehend the salutary influence which a retreat from the busy "haunts of man" to a sequestered spot like this, must have produced, not only on my enfeebled frame, but on my fatigued and harassed intellectual functions; I feel that at my advanced period of life every year gives my constitution a *shake*, and I am sensible that my mind is now much longer in recovering its powers and its wonted vigour,—that there is a greater want of elasticity about me—than when you first knew me. However, I mean not to complain. I am thankful to a munificent Providence for numerous earthly blessings, and the most earnest wish of my heart now is, to end my days in contentment, and to die in peace with all men!

"This delightful abode affords me, I do assure you, every possible means of renovating my physical frame, and of elevating my drooping spirits; and though I confidently trust that I shall gradually be restored to perfect health, yet it must, I fear, require some time to restore me to my professional labours,—and what, my dear friend, is my fondest wish, to be able to use my best efforts to preserve our venerable institution! As to my *private* practice, you and other of my friends, I am well aware, are decidedly of opinion, that the ample fortune I enjoy ought to make me careless about receiving any more fees. I am, however, firmly convinced that if I were to show less eagerness in getting patients, and to pay

them fewer visits when my attendance solicited, I should be less esteemed, and should lose my consequence and importance in the estimation of society. I should then be much less able to support the sacred cause I now uphold, by exercising the power which I possess over many of the most enlightened and elevated individuals, both of church and state,—an influence which all admit I have on many occasions judiciously and successfully exercised, for supporting the dignity and reputation of that elevated branch of the profession to which we both have the honour to belong!

"The time I have spent here in reflection, and in deliberating on public affairs, has *not* altered my opinion on one single point. No man in his senses can doubt, that every one of our sacred and venerable institutions is either trembling, or absolutely tottering; and I often reflect on the truth of an observation of Pazzo di Borgo, 'that the British constitution is formed of such a flimsy mass of materials, that if an attempt be made to alter or repair any one part of the edifice, the whole must be pulled down and built anew.'

"But however determined I am, as you know me to be, to stick to the last rafters of the wreck, I cannot conceal from myself the deplorable state of all our medical corporations; I will not even except that of Pall Mall East, and I do not see the possibility of any system of legislation altering the condition of the medical profession, whilst the present system exists. It would be infinitely more politic in the reformers, as Mr. WASHINGTON contemplates, to overthrow the whole existing colleges, and build up on their foundation one system to regulate the medical profession as a great whole.

"Nothing has appeared more incongruous to many intelligent and virtuous men who have interested themselves in the proceedings of the Parliamentary Committee, than the undeniable fact of all our charters and laws being violated and neglected, the members of each of the institutions acting in all respects the very reverse of what their laws direct. These are to me insurmountable difficulties in all my conferences with my great political friends, who even taunt me with the fact admitted in the "Evidence," of a large portion of the income of the members of our venerable College, being derived from the practice of midwifery,—the vilest part of surgery, which the pure surgeons will not condescend even to be supposed to know anything about, whilst those very *pure*s have the effrontery to confess that they practice *physic* as much as surgery. Another dilemma, from which I cannot extricate myself, is, that of living with any degree of plausible appearance of reason, honesty, and subordination,—then, whose care the

ty is placed, both high and low, rich and poor, should be considered the *lowest* grade of the profession, whilst they must, necessarily, possess as much knowledge both as a pure physician and a pure surgeon put together. This is so contrary to the usages of all other professions, that it is quite indispensable. In every other department of life, when rise in the estimation of society in proportion to the extent of their knowledge.

"Be all these things as they may, *our* position as a chartered body is evident, and we cannot act with more consistency, honour, and benefit to our own interests, than by using every means to uphold all our ancient privileges, taking care to humiliate all those to whom we grant *licenses*. It was, indeed, gratifying to observe that the few Licentiate who signed the last appeal to Parliament, were so low and disreputable a squad,—a parcel of Scotch *Dubs*, some of whose names I don't think I ever before heard of.

"It will be time enough, by-and-by, to arrange what kind of *reform* it may be wise and politic to bring before the College, however little, if any be intended. We must keep constantly *talking*, like my esteemed friend Sir Roderick PEARCE, about a '*rational reform*,' and ward off the evil hour as long as we can; and I do assure you, my dear friend, that I feel it a great consolation, to hear that there is not one *Fellow* who in his heart desires anything like a *radical* change. They are all, I am persuaded, to a man, *aristocrats* at bottom, and only make use of the filthy slang of *liberalism*, that they may pull me down, and mount up their own dear selves on the ladder of power. You will, I am sure, do me the justice to admit that these opinions are correct; and no wonder that it should be so, if you will but for a moment consider what could have ever induced them to be at the expense of the *rigmarole* process of term-serving at Oxford and Cambridge, and after all be obliged to go to some Scotch university, as I did, to learn their profession. Nothing but an inordinate love of *grade*, or whatever you choose to call it, could have induced them to submit to such measures; and, after having done so, who is the man amongst us to sacrifice the privileges thus acquired, and become a *leveller*? It is just as impossible for a camel to go through the eye of a needle, as for a *Fellow* to place himself on an equality with a *Leucate*!

"Matters are going on at Windsor much as I expected. They never send for me now-a-days, but I think it right to pay them a visit on my way to town when I go to see such patients as want me. The QUEEN has certainly improved in health, and all her features are much less red since she has been pursuing the homœopathic system. The German doctor has, I am informed, succeeded, after having

remained at Windsor nearly a couple of months, under the pretence of watching the effects of his millionth part of a grain pills. I think we need not talk about the prerogative of our College to suppress quackery after this.

"I take it for granted, that there is very little going on in the way of practice at this season of the year. But indeed I am well aware of the fearful changes that have already taken place, and which, I fear, will continue to go on in the profession, every one of its departments suffering from the changes of the times. We must all be contented to work on more moderate terms, for by keeping up the prices, business has already gone nearly all together out of the hands of *physicians*. A few days before I left town TUPPER told me that the top-apothecaries had also great cause of complaint. 'In the good old times,' said he, 'when I sent in an account of 50*l.* 19*s.*, I should be paid by a check for 100*l.*,' but since the Reform Bill has passed, in place of the 100*l.* I receive only 50*l.*, the 19*s.* being actually deducted! Most families, too, keep a medicine chest, and they sometimes have the impudence to ask me to 'weigh out a dose for them.' *Tempora mutantur!* The apothecary also complains sadly of the '*physician-accoucheurs*,' as they designate themselves, certainly a curious species of physicians,—a kind of non-descript animal, which we ought never to have admitted into our College. Those hermaphrodites do everything; they put the ladies to bed,—inoculate the children,—scarfify their gums, draw their teeth, give them clysters,—cure the husband of gonorrhœa,—bleed,—and, in short, do things that even the lowest of the "*subordinates*" will not do. The chemist is no less hurtful to the legitimate and pure physician. Those vagabonds take care not only to sell drugs, but to *prescribe*, which is most infamous, and must be put a stop to. The whole profession, indeed, seems to me to be in a state of revolution, so that I do not know well what is to be done, though, at the same time, placed as I am at the head of the profession, I am compelled, by every moral feeling, to support that system of medical government which has worked so well for me.

"The weather here has been delightful, and I employ myself busily in making improvements on my beautiful domain, and in the society of my neighbours. There is a set of sporting men about here, for whose conversations I have generally no relish; but there are also some enlightened members of the established church, and a few well-educated squires, whose society I like. I amuse them by repeating the more imposing passages of my *orations*. There is very little female society within my reach; these I amuse in *other* ways. Old Lady N—— often pays me a visit, and as she does

not understand the classics, I entertain her with all my antiquities, and an occasional bit of court scandal!

"I ride about a good deal, on an old pony, who is both blind and broken-winded, and neither shys nor gallops off with me, but fatigues me sufficiently to give me a good appetite. My groom is very amusing in the account he gives me of the wonderful effects of all his nostrums, but not a 'subscription' (which is his name for a prescription) will he reveal to me. One day I said to him, 'What is that stuff, John, you are rubbing the mare's leg with?' To which his only reply was, 'It is some things that I mixes together.' There is no doubt that the mystery which these grooms make about their stuffs, as they call them, and their *humoral* pathology, suits the minds of most people much better than one of my profound classical disquisitions. Well do I recollect my beloved friend and ever-to-be-lamented sovereign, GEORGE the Fourth, mimicking the manner and strange sayings of a royal groom who used to afford his majesty the greatest amusement. GEORGE was fond of a joke, and was so perfect a mimic, that had he been *compelled*, I have no doubt that his appearance on the stage would have been as brilliant as, on the throne, he was magnificent. Nobody with whom his majesty was ever acquainted, escaped his powers of imitation, and I perfectly recollect my quondam friend WARDROP telling me—which he did in the most delicate manner—how the KING could, with the utmost accuracy, imitate my voice, my mode of expressing myself, and, above all, how fortunate he was in mimicking what I had always understood to be my *forte*.—my manner of coming into a sick room, and expressing, by my countenance and gestures, the utmost anxiety for the patient, and the deep interest I seemed to take in the minutest details of the case.

"I continue to take much pleasure in attending to my farm-yard, and although the markets are very low, I do not think the farm will be a losing concern to me this season. My fine beef has brought me from 3s. 6d. to 4s. per stone (sinking the offal). Mutton brings from 3s. to 3s. 6d. I am celebrated for my pork. Nothing, in fact, agrees better with my own stomach, and I have been feeding my domestics so much upon that food lately, that when I ordered my old-fashioned confidential bailiff, the other day, to slay a famous pig of the Chinese breed, he jocosely observed 'Law! yer 'honour, we have bin eating such a lot 'o' pork lately, that I'm now afeard to look 'a pig in the face.'

"All these little things amuse me; they excite and occupy my mind, and keep away the blue devils of London. Write to me soon, and let the letter be long, and put in it

every information about what is going on in the profession, and believe me,

"Yours, very faithfully,

"H. H.

"Leicestershire, Oct., 1835."

"P.S. Let me have a copy of WARDROP'S book on Blood-letting, whenever it appears. I do not expect him to send one, not having given him a copy of my Orations, which I learn, by a side-wind, he was annoyed at. Let me also have a copy interleaved, for notes and observations of my own, as there is no subject in which I have ever been more interested than that of *bleeding* my patients."

CHRIST'S HOSPITAL.

To the Editor of THE LANCET.

LETTER FROM THE CHAIRMAN OF THE LATE COMMITTEE OF INQUIRY.

SIR,—You have taken a highly commendable interest in the affairs of *Christ's Hospital*, and have, as usual, been successful in aiding the correction of some of the gross abuses which prevail there. I thank you sincerely, in behalf of the children and their *natural* relations and parents for your exertions; and I call on you again to exercise your powerful pen, in reminding their parents' deputed and solemnly-charged guardians, to look first to their charge, and secondly to the manner in which they have acted under it. I have visited the charitable institutions of France, Spain, Germany, Switzerland, and Italy, and the information I there obtained has been improved by subsequent inquiries into our charities at home, firmly impressing me with the conviction that an impartial examination into the management of *Christ's Hospital* must be productive of prospective and immediate good, of the most extensive kind, to the objects of the founder, at once at Hertford and in London.

The medical question, which has so many times occupied your attention, has, at length, been disposed of, in a manner which does not, at the present moment, admit of being re-discussed; and I am sorry to say, that other matters, as regards the health and education of the children, seem to be relapsing into their former state. The unnatural practice of shearing the boys' heads has been revived, and the ringworm still lives and flourishes.

The Committee of Almoners appear to think that they are for ever to exercise their injurious influence over the health and future characters of the children. The expectation, however, is, I fully believe, a vain one. They will no longer find it available, independent, but care

by of "Pray support your committee"! Careless governors, I am sorry to say, do support that committee still, and will continue to do so. The ledgers of the hospital will not be looked at with so much anxiety by them as their own. Still if they would but once, *only once*, take the trouble to inquire, they would, perchance, find that besides the income derived from the interest and possession of Treasurer's balances, and the expenses of residence (the Treasurer's especial perquisites), the salaries of clerks and servants amount in one year to more than one fourth of the gross income of the hospital! Would any of the numerous mercantile governors think that such a sum as 10,000*l.* could be properly, or with safety to themselves, given, in the mere shape of salaries, to clerks and domestic servants, in their own establishment, out of an income of 40,000*l.* a year? The fact I have stated should at least lead them, by analogy, to suspect that their unbounded confidence in the Committee may have been misplaced. Why, sir, the Committee of Almoners of *Christ's Hospital* have never, singly, turn by turn, or as diligent superintendents, gone through the wards and efficiently investigated the conduct of the nurses and other servants. And these gentlemen, too, are auditors of their own accounts. Meetings of Committees of Almoners are held, and that is all, and eight hundred children are committed to the care of servants!

With this brief summary of facts I beg to direct your attention to the circumstance, that a member of the Court of Governors has given notice that on Friday next he will bring under notice my petition, as that of a Governor of the Institution, to the House of Commons, on the subject of the abuses in *Christ's Hospital*. What that Governor expects to accomplish on the occasion, I know not. He may desire to intimidate, but he will not succeed in his object; or he may find vent for feeling of anger at the exposures made in that petition; but be his object what it may, it is my intention to meet the case he may present, only with the petition to the House of Commons, replying no further than by the contents of that document. The petition, you may remember, was presented by yourself from me, as Chairman of a Committee of Governors appointed to inquire into the due and efficient discharge of the duties of certain officers of the establishment, and praying that Parliament would inquire into the truth of the allegations urged therein; and lest the honourable Governor who is to bring forward the motion in question, should have come unprovided with a copy of the petition, I beg, through the medium of your pages, to hand him one. I shall not think it a mark of disrespect or personal attack, if the governor, however he may feel, is in opinion, and I am sure, the same from others.

This noble institution, with its ample funds, would afford, under different and better management, a far more extended sphere of usefulness than it does. The conviction of this has prompted me hitherto in all I have said and done, and it will continue to do so until a correct system of management is adopted within its walls. With my brother Governors I desire not war, but peace, in the distribution of the bounty of the benevolent founder, and in the councils of the Almoners; but where 400 gentlemen, with a charge so solemn as that to which they subscribe, consign their duties to the small body who meet under the designation of a (neglectful) "Committee," then it appears to me that peace on my part, or on the part of any of the Governors, is neither honest to the memory of the founder, nor to society at large. I am, Sir,

Very obediently yours,
WILLIAM BRACKSTONE TARBUTT,
Governor of *Christ's Hospital*.
London, Nov. 25, 1835.

CHIMNEY-SWEEPER'S CANCER.

To the Editor of THE LANCET.

SIR,—You will oblige me by correcting an error into which your reporter has fallen, in publishing some observations which I made at the *Medical Society of London*, last week upon a case of Chimney-Sweeper's Cancer. I did not say that "the exostosis on the tibia of the patient well illustrated the proposition laid down by Mr. Abernethy." On the contrary I thought that circumstance accidental (probably congenital), and having no connection with the cancer on the scrotum, which I believe to be a local disease, brought on by the application of an irritant (soot) to that particular part. What I did say was, that I thought this case illustrated the observation of Mr. Abernethy (that cancer will invade every structure of the body), as it began in the skin of the scrotum, extended thence to the cellular tissue and glands of the groin, to the muscles, the periosteum, and even to the bone, the left pubic bone, which came in contact with the disease, being nearly destroyed.

But, Sir, my question to the Society is of some importance in the treatment of this disease, and with your permission I will now repeat it, to be answered by any of your correspondents; it is this:—Is Chimney-Sweeper's Cancer a constitutional or a local disease? The case which I related would seem to favour the latter opinion, as no disease was found in any other organ of the body. I am, Sir, your obedient servant,

R. L. HOOPER.
London Road, Southwark,
24th November, 1835.

DELIRIUM WITH TREMBLING.

To the Editor of THE LANCET.

SIR,—I was rather surprised at seeing a letter from Dr. Copland on Delirium cum Tremore in THE LANCET of last week, in which he claims the merit of having been "the first who distinguished two species of the disease;" and I was still more surprised at Dr. Copland saying, I am sure inadvertently, "I cannot find that I have made any reference to Dr. Elliotson's lecture on the subject." If Dr. Copland will again peruse the article in his Dictionary, he will find that he *has* referred, among his authorities, to Dr. Elliotson's very lecture mentioned in your foot-note. In the same lecture, and also in a clinical lecture published in THE LANCET for Nov. 13, 1830, a still earlier period, it will be seen that Dr. Elliotson not only had distinguished two great varieties of the disease, the one (the more frequent) not inflammatory, but requiring "to be treated with opium in full and repeated doses, backed by good nourishment, and sometimes to be combined with stimulants;" the other decidedly inflammatory, and not to be cured without "bleeding and starvation," in fact, "requiring to be treated as you would treat phrenitis;" but he mentions also a third variety, "where it is perfectly right to employ moderate antiphlogistic treatment, and to give opium also." Nay, Dr. Elliotson invariably pointed out all these varieties of the disease, and also the incorrectness of the name *delirium tremens*, which he said ought to be changed to *delirium cum tremore*, from the time he commenced lecturing at St. Thomas's Hospital, in 1825; and he was in the habit of mentioning a case, in illustration of the inflammatory type, which he saw many years before that time, in the person of a young county member, whose acquaintance he had made at Cambridge. Of course, I do not mean to imply that Dr. Copland did not also observe the varieties, because I know him to be a most honourable man; but it is evident that he was not the *first* to distinguish them, any more than the *first* to suggest the alteration of the name.

I enclose my name and address, and beg to subscribe myself.

AN OLD PUPIL OF ST. THOMAS'S.
London, Nov. 23, 1835.

It appears to us to be better to retain the term "*delirium tremens*," in the present state of medical nomenclature; first, because it is already in use; secondly, because it is more euphonious than the triple-worded term; and, thirdly, because it is quite in accordance with the general analogy of doctrinal language. *Delirium* is the result of a morbid condition of part of the human economy, and the adjective *tremens* is ap-

pendent (the whole really making but one distinctive word, with a *hyphen* in the centre to denote a modification of that condition). The two learned teachers may be justified according to their own views of the disease in each adopting that particular phrase (Latin or English) which best expresses their notion of the actual condition of the patient affected; but to say, as we presume they would, in advocating a change of terms that *delirium* does not tremble, is to detect a meaning in the old term which (according to circumstances) it scarcely even suggests. As well might we say of *inflammatory fever* or *neurotic palpitation*, that those terms must be abolished, — the latter, for instance, because the *palpitation* is not nervous, — in order to say "*palpitation with nervousness*," "*fever with inflammation*." We could cite a dozen such instances, but by thus changing terms we should convert them from names into sentences, which is not the thing desired.

INQUEST AT FARNHAM.

LETTER FROM MR. G. BURY.

To the Editor of THE LANCET.

SIR,—I appeal to "your own sense of justice and propriety," so loudly proclaimed in one of your editorial articles of Saturday November 14, to insert in an early number of your journal the paper sent herewith which has been called forth by the extraordinary mis-statements to use the mildest term contained in a letter to you from this town, purporting to bear an account of an inquest lately held here, dated October 26th and printed on the above day. In the accompanying document I think you will find most complete contradictions of all the so-called "facts" furnished to you by your correspondent, relating to me; and as, in my opinion, no man who considers himself respectable, or would wish to be thought so could condescend to reply to the author of such "facts" in any other mode than that adopted by me, or to notice any of his statements touching other points of the case, I shall crave your permission to pass on to the remarks made by you, or more fairly speaking, by the writer of the leading article alluded to.

I take the liberty of addressing you, Sir, as being the editor of a public journal, and as having offered observations therein on a case in which I have been concerned, both as medical attendant and witness, rather than from the estimate I entertain of my own sense of justice and of the necessity of this "sense" of justice in submitting such a paper to the public.

spondent into your columns, in which a medical jurist is said to have delivered evidence of the remarkable nature therein specified, without having made prior inquiry as to its correctness, either of the witness in question, or some other party. You may object that you have been misled by your correspondent, in whom you placed confidence, and whom you believed to be trustworthy. Be it so. But were you sufficiently acquainted with his character to warrant your accepting any statements he might choose to transmit to you? Or were you sufficiently acquainted with the relative station, in society and character, of your correspondent and the other medical men here, if, indeed, your new advocate for the necessity of medical coronerships can be called a resident practitioner, to justify you in publishing the like observations from one against the other? I know you were not. You could not have had such knowledge. Therefore, may I not well ask, where are your "justice and propriety," "in publishing the letter to be found at page 256?"

With respect to your "stating that Mr. Portello does not appear to have incurred the slightest degree of culpability," and "there is not a tittle of evidence in proof that the child was poisoned," will you permit me to ask you, on what are *formed* the opinions thus freely given? I have always understood, in my own simple judgment, that it is requisite and essential to be enabled to form an opinion before one can be given. But you hesitate not in pronouncing yours without even having seen the evidence, or having been present at the inquest, — an opinion that can be grounded only on the contents of the letter of your correspondent, from which *per se* (even if it were correct), every person competent to judge must admit your conclusions have been drawn too hastily, and from insufficient data. Your authority with regard to what was found in the stomach, as to how long it might have been in that organ, and how far it operated in being the cause of death, is, questionless, of great value; but, for my own part, I consider that of Dr. Christison at least *equal* as a toxicologist, and if you will take the trouble to refer to the last edition of his excellent Treatise on Poisons, you will discover in pages 799 and 801, matter quite at variance with what you have ventured to assert so "certainly" and "assuredly."

Again, if "Mr. Portello is entirely exonerated from blame," as you have avowed him to be, how can it be "an act of malicious cruelty to make him the object of suspicion or reproach?" Or how is it possible that he should be "an object of suspicion?" In your paper, by whom Mr. Portello was accused or reproached, was any one of the jury said to him, and

I defy you to bring proof of, or even to show malice or cruelty towards him emanating from any quarter. I remain, Sir,

Your obedient servant,
Farnham, Nov. 23, 1835. G. BURY.

[Extract from the Printed Document alluded to in the first paragraph of the above Letter.]

So soon as I read what alluded to me therein (in THE LANCET of Nov. 14th), I wrote to Mr. Woods, the Coroner, requesting answers to certain questions, if it were not incompatible with his official situation to reply to them. His absence from home prevented my receiving the following letter at an earlier date, together with a copy of my deposition taken at the inquisition over which he presided:—

"Friday Evening.

"My dear Sir,—Having seen the garbled case in THE LANCET, I most readily furnish you with a copy of your deposition for your own private information, assured that you will not give it publication. To save time, my youngest son is the bearer of it. I should have felt myself equally bound to have given Mr. Portello a copy of his own deposition upon the same understanding. This was not inquired for. To say nothing of that part of the publication which is grossly untrue, viz. that I had stated a fact to Mr. Rogers of your having administered powder to the child, from whom alone I received this information, the whole of the statement is calculated to mislead the public. He told me he gleaned the circumstance from the parents of the child. As your evidence is now before you, you will think it superfluous for me to answer the specific questions you have put. The verdict certainly was not wholly founded on your evidence, but as connected with other depositions, I have no doubt it made a powerful impression.

"Yours very truly,

"HENRY WOODS.

"To George Bury, Esq."

Having received authority from the son of Mr. Woods, to submit the copy of my deposition, which I am not at liberty to publish generally, to the inspection of two or three respectable inhabitants, I have done so, and, in conformity with the recommendation of a disinterested person, placed it before the two gentlemen, whose names are appended to the document which follows, the former of whom was selected as being one of the clergymen of the place:—

"We have carefully perused the whole of Mr. Bury's evidence given before the coroner and jury at the late inquest, held on the body of the child Catherine Robinson, and can confidently state—*First*,—that Mr. Bury did not use Mr. Portello's name in his evidence. *Secondly*,—That he did not swear that nuxvomica caused the death of the child. *Thirdly*,—That his evidence proves that the child could not swallow at the time he saw her.

"R. SANARY.

JAS. STEVENS.

"Farnham, 21st November, 1835."

(The following are subjoined as the replies of Mr. Bury to the various statements of Mr. Rogers.—En. L.)

Declaration of Mr. Arthur William Woods.

"I hereby declare that I was present at the inquest at Farnham, held on the 17th of October last, and that I heard my father, the Coroner, ask Mr. Bury several times during the examination, whether he could swear that nuxvomica was the cause of the

death of the child, and Mr. Bury as often replied that he could not swear to it, or in other words that he could not pronounce such an opinion.

"ANNA W. WOODS.

"Nov. 21st, 1835."

No charge was delivered. The Jury requested the Coroner to withdraw before all the witnesses in attendance were examined, and in a few minutes returned their verdict, agreed on unanimously.

"The verdict certainly was not wholly founded on your evidence, but as connected with other depositions, I have no doubt it made a powerful impression."—*Mr. Woods's Letter.*

"To say nothing of that part of the publication, which is so grossly untrue, viz. that I had stated a fact to Mr. Rogers of your having administered powder to the child."—*Ibid.*

The truth is, that I sent medicines to be given, if the child should alter for the better in the course of the night, from the effects of a blister which I applied. I told the Coroner and Jury I considered the recovery of the child hopeless, from the first moment I saw her, and when about to communicate what remedies were used, I was stopped by the Coroner, who remarked, "You did all you thought proper to be done," to which I assented, and he then proceeded with other parts of my evidence.

Declaration of Mr. Hewitt, Guardian of the Parish.

"I hereby affirm that I accompanied Mr. Bury at each of his visits to Mr. Portello's shop, previously to the inquest on Catherine Robison, and that on neither occasion was he shown by Mr. Portello, or any other person, a bottle containing jalap in powder, or the situation of such bottle, or any such preparation, in the shop; and I also affirm that that substance was not even named to Mr. Bury.

"JOHN HEWITT, Guardian.

"Nov. 18, 1835."

Declaration of Michael and Ann Robison, the Parents of the Child.

"We declare that we never stated to any one, or at any time, 'that the child became sick, very sick, from the medicine given by Mr. Bury, and that it was much convulsed after taking it.'—We do also hereby attest that the child had no vomiting, after Mr. Bury first saw her.

"MICHAEL ROBISON.

"Witness,

FREDERICK TRIMMER,
Assistant Overseer.

"Farnham, 18th November, 1835."

An idea exists in the minds of some of the inhabitants of this town, that my evidence before the coroner and jury was intended to criminate Mr. Portello, and I believe he himself has imputed the design of doing so to me. To those who know me, I trust it is quite unnecessary to disclaim having had any such motive; but if others entertain doubts upon the point, the following brief statement must remove them from every candid mind.

It was well known (and made known to Mr. Portello also from my own lips) to the parish officers, to the coroner, and several others, that my suspicions of guilt, up to the hour of the inquest, fell upon another party, whom I will not name, since such suspicions have subsequently proved groundless. His name, as above attested by the Rev. R. Sankey, and James Stevens, Esq. was not mentioned to me, but the *individual* evidence touching him, came from other testimony than mine. The circumstance I am now going to relate, will indeed show that I really had friendly feelings towards him. Late in the evening before the day of the inquest, Mr. P. requested me to walk with him to the house where the child was lying, a distance of nearly a mile, and said he would feel much obliged by my accompanying him, for he had some questions to put to the parents which no other person than a medical man could appreciate. I readily and instantly complied with his request. Mr. D'Esterre, my brother-in-law Mr. Hewitt, and Newell, the high constable, who were in his shop at the time he asked the favour of me, went with us. I confess I heard him put no other question to the parents of the child than this, "Why did you not send for Mr. Bury sooner?"

In conclusion, I here repeat that my *sole* motive in publishing these observations and contradictions, is to vindicate myself from the charges involved in the foregoing misstatements.

G. BURY.

Farnham, 21st November, 1835.

COURSE OF LECTURES ON DISEASES OF THE BRAIN AND NERVOUS SYSTEM, BY M. ANDRAL.

In the next Number of THE LANCET will be published the first of a series of Lectures now in the course of delivery at Paris, by the celebrated M. ANDRAL, on the Diseases of the Brain and Nervous System, reported expressly for insertion in THE LANCET, and published with the express permission and approbation of that renowned pathologist. We content ourselves by merely making this announcement, as the importance of the subjects to be treated in the lectures, and the celebrity of the lecturer (who has devoted an immense portion of time exclusively to the study of the subjects by which they will be illustrated), recommend them to the notice of the profession without a word of comment on our part.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 5, 1835.

[1835-36.

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Médecine, in the Faculté de Médecine of Paris.

LECTURE I.

PRINCIPLES OF INVESTIGATION.

GENTLEMEN,—In the course which I am about to deliver this session, I propose to draw your attention specifically to diseases of the brain and its appendages; in a word, to affections of what is called "the nervous system,"—those diseases which affect the organs of relation, commencing with the nervous system as the chief agent by which the various acts or functions of relation are produced and regulated.

Before we enter immediately upon the study of this most interesting class of diseases, permit me to present to you a few preliminary considerations on the difficulties by which the physician is surrounded in his pursuit of knowledge in this particular branch of medicine. The study of diseases of the nervous system is peculiarly difficult, not only on account of the obstacles which impede the advancement of medicine in general, but from various circumstances connected more intimately with the system itself. In the first place, we desire to collect materials for the ground-work of any general views upon this subject, we find ourselves compelled to examine a vast variety of works, and to spend an immense portion of time in the collection of facts, which are scattered through a great number of authors, written at different times, and published

A great deal has been known in latter years, and the knowledge of the system, and its

thological anatomy; but I know of no single work which may be said to afford any thing like a complete view of the question, which embraces all the facts that bear upon it, and at the same time does not leave untouched a great number of the most important and interesting points on which correct principles are to be founded. But the subject, difficult and arduous as it is, from its own nature, is rendered still more difficult from the various opinions and theories which prevail amongst the best physicians on almost every single question connected with the physiology and pathology of the brain and nervous system. It is not now the time to touch upon the disputes to which these have given birth, but you will have occasion to observe, during the present course, how very difficult it is to arrive at any thing like the truth, or even to obtain a fixed idea on any point, amidst the multitude of conflicting opinions, and the host of contradictory facts, which we shall find stated and vouched for upon the most respectable authorities. Yet all these we must examine and discuss, with the hope of obtaining some determinate principles, carefully sifting opinions, and weighing and comparing the facts on which they have been founded. I do not mean to affirm that medicine, as a science, is exact or complete. No; I certainly would not venture to assert *that*. There are many points in the science upon which we are as yet by no means sure; but uncertain as our knowledge may be with regard to the causes and nature of several diseases, it is infinitely less sure, far less firmly based upon rational grounds, or supported by positive *data*, when the diseases of the nervous system become the object of our inquiry. In the study of any disease, or in the investigation of the diseases of any particular part of the body, or any system, there are three or four circumstances to which the attention of the physician is almost exclusively directed, and which he always endeavours to determine, though he may not expect that his efforts will always be crowned with success. His *first* object is to ascertain the causes which have determined the disease: his *second* is to observe the external or internal symptoms which reveal its existence: his *third* is to study the pathological phenomena or lesions

which the disease produces in the different tissues; and, *finally*, by carefully meditating on the causes, the symptoms, and the pathology of the disease, he endeavours to fix upon a rational treatment. This is the manner in which we should proceed, were we to investigate diseases of the chest, of the abdomen, or of the circulating or any other system; but in diseases of the nervous system, we unfortunately find that the study of the causes, the symptoms, and the treatment, is surrounded with difficulties of a peculiar nature, which we do not find in any other class of disease. We shall now lay before you an account in detail of some of those difficulties,—not with a view to discourage you in the pursuit of professional knowledge, but in order to render your progress more easy, by pointing out at once some of the principal obstacles with which you will have to grapple, and prepare you to surmount or remove them.

If we begin by investigating the causes which determine the symptoms of other diseases, we have to consider *first*, the action of external agents; *secondly*, the reaction occasioned by the operation of several of those agents; and *thirdly*, the process or influence which is called "sympathy."—a trouble produced in the functions, and often in the structure, of one part of the body, or of the economy in general, by derangement in the function or structure of another part.

Applying this division to the nervous system, we find that the latter is not influenced by the external world, or at least, is but little subjected to those changes which external agents incessantly tend to produce in other symptoms. The respiratory apparatus is constantly and of necessity exposed to the action of the atmospheric air, and to the various impressions, of a thousand sorts, which are apt to be conveyed through that medium. The intestinal canal is also daily exposed to the action of the various alimentary and other substances which are applied to its surfaces. But the central nervous system is, by a peculiar provision, withdrawn from the influence of most agents of this kind. It is, however, subject, in the the highest degree, to effects of the third species of causes to which we have alluded. Indeed, an attentive observer of the phenomena which take place during disease, must be convinced that we can have no organ slightly deranged, no function troubled, even in an insignificant manner, without a corresponding change being produced in the nervous system. No matter whether the primary change takes place in a fluid or in a solid of the body, in an organ essential to existence, or in an apparatus of secondary importance. The central nervous system, or that force which presides over life, partakes more or less of the disturbance. Its ordinary phenomena are then no longer manifested, and the economy evinces symptoms

of general trouble. Hence, in all diseases, the nervous system is affected in a variety of ways; and hence, also, arises one great difficulty in pursuing the study of those diseases which are peculiar to it. Take, for example, any disease, examine its symptoms, separate those which depend immediately upon the organic change from those connected with a lesion of innervation,—select a number of diseases indiscriminately, and see how many of the most important among them frequently depend upon the latter. In gastritis, in hepatitis, in inflammation of the lungs or the abdominal viscera, how many symptoms have we which can be referred to the mere inflammation of the part,—to the simple physiological change which occurs in the condition of its vessels? Examine the symptoms with care, and you will find that the greater part of them depend upon the trouble occasioned by the local disease, in altering or perverting the vital force,—that they are, in a word, secondary affections of the nervous system, which commands and directs all the other systems of the economy,—which stamps its peculiar physiognomy on the primary disease, determines its character and gravity, regulates its march, produces its complications, and, finally, directs the therapeutic indications which we are to follow. In almost all the other organs of the body, we can find the cause of the malady in the structure of the organ. Pathological anatomy, cultivated as it has latterly been with arduous and perseverance, has laid open to us the changes which take place in the organic structure of the different apparatuses during the course of most diseases by which they are affected; but in the nervous system pathology furnishes little or no aid of this kind, and we are compelled to look for a number of causes of its diseases which are totally unconnected with physical modifications. Hence arises a principal difficulty in the study of nervous diseases of the system, which assume a variety of characters and types, under the influences of causes which, having no sensible effect that is appreciable to the senses, often escape our observation, or involve us in an obscurity which it is too often impossible to dissipate. Though our knowledge of nervous diseases may still be very imperfect, we are sufficiently advanced to affirm that they vary considerably, according to the different stages and periods of life; that they are modified by climate, and even by atmospheric changes; that the tendency to several nervous affections is augmented or influenced by the education and profession of the individual, and by numerous other moral agents, as must be familiar to every physician who has practised medicine successively in the country and in the populous capitals, like Paris. According to the form of the disease, religious persuasion

stage, according to the degree of civilization, and the more or less extensive partition of enjoyments which operate with immediate influence on the moral man, we find that diseases of the nervous system become at one time intense, at another feeble, are confined to particular classes, or are diffused through vast masses of the population. Diseases which at one time were obstinate of treatment and frequent in recurrence, become at another time mild and rare. Affections with which we are now familiar, were seldom observed in earlier and more simple ages; while many nervous diseases have altogether disappeared and become extinct, from the different relations of man in civilized life.

This uncertainty in the form and character of disease, more peculiar to nervous disorders than to any others, from some of the causes we have just pointed out, must render it difficult to appreciate a great number of circumstances connected with them; but this is not all: even when we would determine the existence of any nervous disease, seek its place in the nosological scale, in a word, give a name and seat to the disorder before our eyes, we find ourselves surrounded by a number of peculiar difficulties which frequently frustrate our best-directed and most assiduous efforts. Some, perhaps the principal, of these obstacles, gentlemen, arise from the absolute insufficiency of our means of investigating diseases of the brain and nervous system. Disease of an organ is betrayed by a change in its physiological functions. The change of structure or of physical conditions in many of the chief organic apparatuses, makes itself known to our senses, and hence arises the admirable precision of diagnosis at which we have latterly been enabled to arrive in diseases of the chest and abdomen. By the aid of auscultation and percussion, or, in other words, by bringing our senses to bear immediately upon the injured part, we can fix with wonderful accuracy, not only the seat, but even the precise nature, of various disorders which occur in those two great cavities; but the peculiar nature of the functions of the brain and nervous system, the difficulty hitherto experienced of establishing any connection between the function of the organ and its structure, the absolute impossibility of applying our senses with any advantage to an appreciation of the normal or abnormal physiological conditions,—these and several other causes compel us, in diseases of the nervous system, to abandon the aid of our senses, and have recourse to simple induction. But this latter guide is uncertain: it furnishes to different investigators, an immense difference of results, and thus the study of nervous diseases, difficult as they are, and the more so, as their nature, becomes still more obscure from the insufficiency of our means.

A second obstacle which presents itself to us in our examination of diseases of the brain and nerves, arises from the absurd manner in which theory has been mixed up with observation. The number of facts collected is considerable, but their value has been much diminished, and their appreciation often rendered obscure, if not impracticable, from the unhappy tendency which too many writers have, to build up suppositions without any foundation, which they bring forward at every instant, and to which the true facts are frequently compelled to yield, or they are distorted into an apparent reconciliation. Thus for many years the study of diseases in general, and of the nervous system more particularly, has been retarded by a wish to explain all that we witness in the course of disease, by ascribing it to an augmentation or a diminution of normal excitement. No doubt in many disorders which have an hyperdynamie, or an adynamie, we find the vital force elevated beyond the normal type, or depressed below its natural standard; but in a great number of diseases we have a third state, which we cannot neglect without falling into numerous errors; we have something more than a *plus* or a *minus*: we have a condition that cannot be referred to exaltation or diminution of the vital force; we have a change of quality in that force, an aberration, a perversion or deprivation whose influence is perceptible in almost every affection, and whose existence we cannot neglect without exposing ourselves to all the errors of the Brunonian doctrine. The existence of this state of ataxia in various disorders may be directly proved, in others it may be inferred from analogy; thus in delirium, in several forms of convulsions, &c., we have evidently an aberration or a deprivation of the vital force; not an exaltation of it, or an excitement. When delirium exists in the course of fever, or of inflammation of the brain, I say there is an aberration of the intellect, a deprivation of the vital force in that part of the economy, and I can prove this from the very nature of the disordered function, but I cannot admit that there is an excitement, or an elevation of a normal condition.

Another cause of the difficulties with which we meet in studying diseases of the nervous system, arises from the circumstance that various organic changes in the brain, a great diversity of lesions, may give rise to nearly identical symptoms, and in the actual state of the science we are compelled to use the utmost reserve whenever we would attempt to explain, by the nature of the lesions found in the dead body, the functional derangements presented during life by the brain or its appendages.

You need not go deeply into the history of cerebral disease to be convinced of this truth. Let us take, for example, two individuals who are labouring under

examination of the dead body cannot explain the various phenomena we observe during diseases of the nervous system; and if we place too exclusive a reliance upon pathological researches, we shall become involved in contradictions, from which escape is very difficult.

If we look for the cause of this slow advancement of the science in diseases of the brain, we may perhaps find it in the circumstance that a great number of functional disorders may really exist without any change of structure sufficiently pronounced to be observed by our senses after death. This, I say, may possibly be the case; the lesion of innervation may be sufficient alone to produce various troubles in the economy, without being accompanied by any organic derangement of tissue; however, we should be inclined to suppose the contrary from analogy. These lesions very probably do exist, although they have hitherto escaped all our researches. We have, therefore, the greater need to increase our diligence, multiply our observations, and examine with most minute attention the slightest change not only in the arrangement and texture of the nervous system, but also in its composition, and at the end we shall perhaps arrive at truths whose discovery is now almost unlooked-for.

We are indebted, as I said before, highly indebted, to pathological anatomy for some of the most important discoveries in medicine which have been made in modern times; but it is unfortunately an effect of the ardour with which one branch of the science is pursued, that many other considerations, of minor importance indeed, but still necessary to the full knowledge of disease, have been comparatively neglected. Thus, perhaps, we have not paid sufficient attention to the relative development of the several parts which, taken together, constitute the *ensemble* of the nervous system. Almost exclusively devoted to the research of changes in the texture of organs, we have neglected to inquire in what manner an irregular development of certain portions of the brain may be a cause of trouble to the functional actions of the whole organ. We have many reasons for believing that loss of equilibrium in the normal growth of the different portions of the cerebral mass, may become the cause of deranged equilibrium of its functions, just as well as if the change were operated in the structure of the part. I merely throw out this idea as a matter for your reflection; the time for discussing the question has not yet come. Again, there are certain changes of nutrition, certain phenomena connected with the chemical composition of the brain, which may not be without influence on its functional manifestations, and therefore deserve our attention while examining the history of disease in an organ where it is so diffi-

cult to trace after death the physical change that may have been the cause of accompaniment of the original malady. In later times, gentlemen, it has been proved that the elements which compose the brain vary from one period of life to another. Thus in the infant and child the quantity of aqueous matter predominates over the albuminous and the brain itself presents an augmentation of volume from birth up to the age of puberty. In the adult, again, the quantity of phosphorus which enters as a component into the chemical composition of the brain, is greater than in the child or in the old person. The quantity of phosphoric matter, inconsiderable in the child, acquires its maximum in the adult, and again diminishes in old age. During the latter period of life the brain shows evident signs of diminished nutrition; its several diameters are reduced by some lines, and its specific gravity is from one-twentieth to one-fiftieth less than in the adult.

These are questions which as yet have only been touched upon as connected with diseases of the brain, but they deserve our serious attention. In the absence of anatomical lesions, it is not altogether irrational to conclude, that perhaps some diseases of the nervous system may be explained by chemical changes in the substance and complication of the brain; but this only proves that at a future time we may be in a condition to give a satisfactory reason for several phenomena which are now involved in total obscurity. The ideas which I have just thrown out upon this point, are mere suppositions, that may be confirmed or overthrown by subsequent observations; it is a such that I would wish you to receive them and not as facts that obtain the value of demonstrations.

Let us now turn to another part of the subject, and consider, briefly, diseases of the nervous system in a therapeutic point of view. Here also you will find yourative beset by many unexpected difficulties. In various abnormal conditions of the nervous system, the patient shows marks of excitement, the energy of the nervous force appears elevated, and the symptoms seem to indicate such means as usually operate in diminution of the vital power; but in these cases, if you employ blood-letting to any extent, instead of allaying the nervous trouble you aggravate it, and the indications of treatment upon which you had reliance in disorders of the other systems, here leave you in fault. This is particularly seen in many of that class of diseases called "neuroses," where sanguineous emissions always exasperate the symptoms of exaltation which seemed to indicate them, and where we are compelled to have recourse to quite a composite system of treatment. In some of these intense inflammations of the brain, where the only hope

besides the copious and repeated bleeding, this latter measure is attended with decidedly injurious effects; the excitement, instead of being calmed by the loss of blood, rapidly increases, and is soon followed by a fatal exhaustion of the vital power.

In many other diseases, also, some peculiar nervous state exists, which will not admit of blood-letting. In chlorosis, for example, we have signs of a nervous exaltation; but these are dissipated under the use of quinine, of cold effusions, of strengthening diet, exercise, &c., which bring back the harmony between the functions of the several parts of the nervous system, while sanguineous emissions would, on the contrary, only tend to keep up the disorder. Another difficulty in the appreciation of the effects of remedial agents in disorders of the nervous system, is the immense and varied power enjoyed by the imagination over almost all our functions; the force of a vivid imagination, the power of energetic belief, the influence of religious or superstitious impressions, are capable of producing and curing diseases, not only such as depend upon derangements of the nervous system, but others which have taken much more profound root in the economy. Of this, history affords us proof every day, without ascending to a period of remote antiquity, or the miracles of the royal touch. How easily can we explain by the imagination, many of the cures obtained from the magnetisms of MESMER, down to the infinitisms of homeopathy! It is the influence of this same imagination which constitutes the force of the charlatan, working a cure by invisible means, which is attributed to the nullities he administers: in a word, the influence of the imagination on the normal and abnormal conditions of the human body, forms one of the most curious parts of the history of man.

There are, perhaps, few professions which require a greater combination of varied and extensive knowledge, than that of the physician; and if this be true for the study of disease in general, we feel a still greater necessity, when entering on the investigation of nervous diseases, of preparing and clearing our way by a previous study of the other accessory sciences. Above all things, gentlemen, your efforts should be directed to the acquisition of anatomical knowledge; not of the rough imperfect anatomy with which you are contented in the commencement of your education, but of minute and delicate anatomy, which alone can enable us to throw any light on the changes of organization that take place in the brain and nerves. You will find this minute research the most precious aid in your investigations, and it is the only method by which we can arrive at an interpretation of the phenomena already present, without any further explanation of

them in the actual state of the sciences. Cultivate then, I say again, minute anatomy, and believe me that if you would pretend to advance this obscure portion of medicine, you must, above all things, be a profound anatomist.

The knowledge to be derived from comparative anatomy and from experimental physiology is also not to be neglected. In some cases you will observe the movements of the lower extremities extensively lost, though the lesion in the spinal marrow is comparatively insignificant; in other cases the loss of motion and sensation is less perfect, although the injury of the spinal marrow may be carried to such an extent as to cause its complete separation into two portions: it is difficult to understand how this can take place, but without attempting altogether to explain it, I may observe, that in some fishes I have seen the nerves completely separated from the spinal marrow, and yet sensation and motion have been conveyed from it to the distant parts of the body, through a fluid.

We can also derive considerable assistance towards the clearing up of certain obscure points in pathology, from physiological experiments; thus we have been able to understand and explain a great number of interesting points connected with paralysis of the face, only since the period that experiments have demonstrated the different functions attached to the fifth and seventh nerves. Again, consider the great light which experimental physiology has thrown on the pathology of the spinal marrow; in man we have frequent examples of an injury affecting only the anterior columns of the spinal marrow, and the functional derangement is betrayed by a greater or less loss of the motile power; in other cases the lesion is situated chiefly in the posterior columns, and here sensation is the function which suffers. How could we explain this difference without the beautiful discoveries of some modern physiologists, who have shown that the posterior columns of the spinal marrow preside over sensation, while its anterior portion is chiefly destined to regulate sensation!

The difficulty of tracing the morbid phenomena presenting themselves during life, to certain organic lesions, may, in some cases, perhaps, depend upon our not searching for the lesion in the place where it really exists, and this often, in turn, depends upon a neglect of physiology. Thus, in many instances, a patient goes blind without any sensible alteration in the structure of the eye. After death we examine the optic nerves, their commissure, the thalami, in a word every portion of the brain supposed to bear any relation to the sense of vision; and we find all these parts equally free from any appreciable lesion. In another case the sense of hearing is deranged, or altogether lost. We examine the internal ear, the trau-

fect of the *fourth* molis, the stric in the floor of the fourth ventricle, and every thing presents a normal appearance: are we therefore justified in concluding that the loss of sight and hearing in these cases did not depend upon change of structure in the nervous system? I do not think so, gentlemen; we have omitted in our investigations an essential element; experiments have demonstrated that the fifth pair of nerves is an accessory nerve to the functions of the different senses; nay, more, comparative anatomy teaches us that the branches of the fifth pair may themselves become nerves of sensation in certain animals who possess organs of sense that do not exist in man, or in other animals placed low in the scale of creation, this accessory nerve actually becomes a sensitive nerve, and supplies the organs of sight and hearing: hence it is by no means improbable that in many cases of blindness and deafness, the loss of those two functions may depend upon a lesion of the fifth pair of nerves, or some of its branches, and not upon an injury to the principal nerve distributed to the diseased organ.

Thus, gentlemen, you see how closely these different branches of knowledge are connected together; how pathology is aided by comparative anatomy and experimental physiology, and how necessary it is to cultivate these latter branches of the science if we would hope to take a distinguished part in the advancement of the former.

I have thought these considerations upon the various difficulties that present themselves in the study of nervous diseases, of sufficient importance to lay them before you, gentlemen, in some detail. Let us now explain, briefly, the order we propose to follow in the present course. We shall first describe the different lesions of the central nervous system, commencing with the most simple forms, and thence passing to the more complicated; we shall then take up lesions of the nerves; and, finally, terminate with a review of those disorders which are generally attributed to a lesion of the great sympathetic nerve. We have already seen, as regards the other principal systems of the economy, that diseases may be distinguished into *Lesions of Function*, and *Lesions of Structure*. The same principle of division holds good with respect to the brain, and we shall soon have occasion to demonstrate how the influence of this organ extends to all parts of the economy, modifying disease in a peculiar manner, and stamping all with a characteristic mark.

Finally, with regard to the spirit in which we propose to conduct the present course, we may say that its chief object shall be a just appreciation of facts. Some of these facts are premature, and as such cannot be taken into account; others are demonstra-

ble, and upon those principally shall our deductions be founded; others, again, are merely probable, but are by no means to be neglected from that circumstance. We are not of opinion with those who say that a probable fact is no fact at all, "*un fait vraisemblable est un fait non-vrai*." On the contrary, many of these possess a very great value, and instead of turning from them with neglect, we should endeavour to verify and appreciate them. Lastly, some facts are false and inaccurate; but even here I would remark to you that many facts are supposed to be so, merely because they do not agree with our own theories, with the ideas we have been taught to adopt: you must, therefore, weigh each fact with care and impartiality before you decide on its rejection, for nothing is more fatal to the science than that absurd cynicism which believes nothing that it does not see. Our last care, gentlemen, shall be to notice some of the principal theories which prevail with regard to disorders of the nervous system. We cannot pretend to expose all; we shall, therefore, confine our attention to the most plausible. I am not one of those who run after hypotheses and theories, but as a teacher it is my duty to lay them before you, and thus keep pace with the progress of the science, for we have often seen the most interesting and important discoveries, whose authors commenced by inventing hypotheses, and terminated by proving them.

ON THE

NATURE AND QUALITIES OF FLAME.

By W. REID CLANNY, M.D.,

Sunderland.

WHEN a simple body is burnt the flame is uniform throughout; but when compound bodies are burnt, the flame varies considerably, depending upon the nature of the combined gaseous substances inflamed, and producing a variety in the intensity and colour of the light.

As a familiar example, I will commence by giving a correct account of the phenomena of the flame afforded by a candle, and by way of explanation, append a diagram of that flame, afterwards describing the experiments which led me to the conclusion I have adopted, and the apparatus employed.

Surrounding the flame is a thin

Arabic characters (3.2.3), we always find a clear blue flame which chars the wick from the moment it is lighted, and in forming a base for the light-giving flame, at this point, the two flames show a blue-white light at their junction.

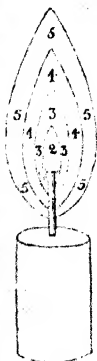
Immediately surrounding the top of the wick we find a conical space (2), which forms a centre to the yellow-white flame, and which is less transparent and less luminous than the yellow-white flame, immediately surrounding it.

Round the space (2) we observe the yellow-white or light-giving portion of the flame, which is also conical (3.3.3), as all heated gases are in ascending, by reason of the uniform pressure of the atmosphere.

Surrounding the last-mentioned light-giving atmosphere (4.4) we find an atmosphere which is, generally speaking, invisible to the eye, except we use a large coarse candle in a very dark room. This atmosphere is diaphanous, and surrounds the light-giving flame at every point.

Externally to this invisible flame we find another still (5.5.5), which is composed of nitrogen and carbonic acid gas, but as, of this atmosphere, and of all other parts of the flame, it will be my duty to treat more at large, I will commence by stating, that when we hold a piece of fine brass wire across the flame of any description of candle or oil-lamp, the atmosphere (5.5.5) does not effect any change in its appearance. In the atmosphere (4.4) which, as remarked above, is also invisible, we find that the wire instantly becomes yellow-white, from the great heat afforded by this invisible flame.

Immediately within this invisible flame we find (3.3.3) the light-giving flame, and at this film, or atmosphere, of yellow-white flame, the wire becomes red-hot only. In the centre or the obscure part of the flame of the candle (2), we do not find that the brass wire is so much heated as to give it the tint of what is called "cherry-red." Indeed, I am of opinion that were it not for the conducting power of the wire itself, this obscure portion would not give to it any appreciable augmentation of heat; for, assuredly, this opaque or central portion of the flame, is not in a state of combustion, as I expect to be able, very shortly, to demonstrate. When we place before us a candle of any description which has been burnt for some time, and extinguished in the usual manner, then holding any flame to the wick, we find that the first appear-



ance of ignition is a clear blue flame, which I have discovered by experiments to be carbonic oxide gas. This blue flame, as it continues to burn, will augment in extent, and soon afterwards will show a white flame upon the top. This white flame will gradually augment until it become the light-giving flame of the candle.

The base of blue flame gives out a powerful heat, which not only chars the wick, but also melts the tallow of the candle, and this melted tallow is pumped up, as it were, in the heated interstices of the wick in the manner of fluids in all capillary tubes. At the top of the ignited wick we may readily observe, without the aid of a lens, the inflammable gases springing up into the centre or opaque part of the flame (2), which may be seen more readily after the wick has been snuffed. This liquid or melted tallow, being composed of carbon, hydrogen, and oxygen gases, is manufactured by the heat of the flame, and becomes an empyreumatic oil,—olefant gas, bi-hyduret of carbon, and carbonic oxide gases, suspending a considerable portion of free carbon; and these substances, when in a state of combustion, we call "flame."

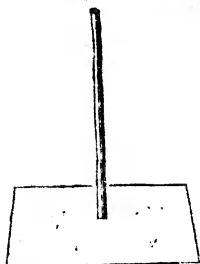
Carbonic oxide gas is formed whenever carbon is burnt without its receiving the needful quantity of oxygen gas to cause it to pass into carbonic acid gas. Carbonic oxide gas is remarkably inflammable, and takes fire in the open air when it comes into contact with iron at a cherry-red heat. It is, therefore, in the first instance, burnt at the base of all flames into the composition of the gases of which it enters, as we may observe in the familiar instances of lighted candles, oil-lamps, and gas-lights.

When the free carbon is in excess, in the *tabula flamma*, a portion of it is, during combustion, attracted into the body of the blue or carbonic oxide flame, and there contributes, in a very beautiful manner, to the augmentation of the light at the base of the flame.

When carbonic oxide gas is burnt by itself in the open air, it has, also, its invisible flame, and over this there is an atmosphere containing carbonic acid gas. The invisible flame of carbonic oxide gas has exactly the same properties as the white or light-giving flame when it is burning in a cylinder of wire gauze, except that no water is formed in the combustion, as hydrogen gas is not present.

I now enter upon the subject of inquiry in respect to the nature of the opaque portion of the flame, marked 2 in the diagram.

Into a piece of wire gauze (*vide diagram*) I inserted a brass tube four inches long, and the eighth of an inch in calibor.



It will readily be understood that when I held the piece of wire gauze horizontally, so as to cut off and consequently extinguish the upper half of the flame, the centre or opaque part of inflammable gases not being ignited, would be conducted up the brass tube in the manner of a chimney. When this was neatly and steadily performed for a minute, I could readily ignite these gases as they sprung from the centre of the flame, and I always observed that the flame at the top of the tube was remarkably brilliant. Upon conducting these gases into a tube of glass open at top and bottom, I was enabled to collect a sufficient quantity thereof for experiment, and I found that it consisted of the *pabulum flammæ*, above mentioned,—that generally the olefant gas was in excess, and hence the strength and beauty of the flame. In all instances I found a considerable quantity of free carbon suspended in these gases. I found no oxygen gas in this opaque portion of the flame. Indeed, it could not be expected to be found there, because, as I have stated above, this portion of the flame is not in a state of ignition which would not be the case did it contain oxygen, and because in the combustion in the body of the wick, which converts it into a state of charcoal, all the oxygen contained in the tallow, wax, or oil, is expended in this combustion.

We now come to the yellow-white or light-giving portion of the flame (3. 3. 3). This flame surrounds the opaque or central portion of the flame, except at that part at which it comes into contact with the base of blue flame. This flame, as may now be readily understood, is composed of the substances above-mentioned contained in the centre or opaque portion of the flame. In a word, this is the only true light-giving portion of all flames, and has its dependence upon the invisible atmosphere (4. 4. 4) which surrounds it, and to which I must now advert.

Surrounding the light-giving flame, and the base of blue flame, we always find an invisible flame. This invisible flame will, in some degree, become visible when we cut a black card into the exact form and size of

the light-giving flame, and, in an otherwise dark room, completely eclipse the light giving flame. In such case, though the flame be scarcely visible, we may observe that it is uniform throughout, and is about the eighth of an inch in thickness. This invisible flame is of the greatest importance, for without it we should have no flame whatever.

From numerous experiments with the wire-gauze and brass-tube apparatus, I am satisfied that, at every point, highly heated free carbon is attracted from light-giving flame, and is burnt in the atmospheric air surrounding the flame on all sides, and which air is at all times moving in a current over the flame, from below upward, so that as fast as the atmospheric air affords sufficient oxygen for feeding this invisible flame, it, viz. the heated surrounding atmosphere, is carried upwards, by reason of its expanded state, effected by the intense heat at all times given out by this invisible flame.

This invisible flame instantly fuses fine brass wire, which the white or light-giving portion, in some instances, requires a considerable time to accomplish. I am well assured that this invisible flame is perfect throughout, as I have examined it carefully with powerful lenses; and, also, that by the great heat which it gives out, the inflammable gases of every description are burnt, and that without it, flames of every description could not continue for three seconds.

When we blow upon any flame, with heated air, we drive away this invisible or heat-giving flame, and if we continue to blow, we next drive off the white flame and, lastly, the centre, or magazine of inflammable gases, and thus mechanically extinguish the flame, but not by the current of "cold air," as Davy and others after him supposed. (Of this more hereafter.)

Over the invisible flame we have another atmosphere (5. 5. 5), of which I will now give some account. The smallest engraving represents a glass apparatus exactly of the same size as here represented.



This glass apparatus is composed of two tubes, which project from a bulb, into the latter of which lime-water is poured (by a small funnel), which is represented by the dividing line. I hold the aperture of one of the tubes to any part outside the invisible flame, in such a manner that a small card may pass through the little aperture, and the flame, outwards, taking the

water remain steady in the glass bulb. I allow this current to be established for a few seconds, and then place the fore-finger of the right hand upon the aperture of the outward tube, and the thumb of the same hand upon the aperture of the tube which had been next to the flame. I now very cautiously agitate the lime-water contained in the bulb. In all instances I have uniformly found, that the lime held in solution in the lime-water became visible as a carbonate, by reason of its union with the carbonic-acid gas, conveyed by this glass apparatus from the atmosphere immediately surrounding the invisible flame. This atmosphere of carbonic-acid gas I estimate at one-tenth of an inch in thickness.

As mentioned above, this atmosphere is carried upwards as fast as it is formed, for the reasons there given. Hence the necessity of the constant supply of oxygen gas which our atmosphere affords, and hence the brilliant combustion which takes place when inflammable substances are burnt in oxygen gas.

The invisible flame is destroyed when we hold any incombustible substance against it, and, consequently, the yellow flame recedes at that point, or, rather, is destroyed. Instantly afterwards a new invisible flame is formed, and when we press the incombustible substance forward at that place, the yellow or light-giving flame is again destroyed, and so on until the light be totally extinguished or destroyed. When we arrive at the opaque or centre portion of the flame, we shall find that a considerable portion of free carbon will be precipitated upon the incombustible agent. When we place an extinguisher upon any flame, we will find that it does not come into contact with the flame, even though it be extinguished, because a sufficient portion of oxygen gas is not allowed for the formation of the invisible flame. These phenomena take place with flames of all description into which carbon enters. I need scarcely remark that the purer the atmospheric air, and the greater the portion of carbon which enters into the composition of the above-named gases, the more powerful, *ceteris paribus*, will be the combustion or explosion of these gases.

When we hold a piece of wire-gauze web, of from 28 to 30, both warp and woof (such as Sir H. Davy recommended to be employed in his safety-lamp, to any flame in which carbon is burnt, we shall thereby prevent the formation of the invisible flame within the wire gauze, and another invisible flame will form nearer the centre of the light-giving flame. If we now follow the light-giving flame with the wire-gauze web, we shall find that it will again recede from the wire gauze, and a new invisible flame; and we shall find that the light will be immediately be exting-

guished, or, in other words, the light will be totally destroyed.

When we employ a web of wire gauze, the meshes of which are greater than that mentioned above, we shall find that the flame (no matter of what description it may be) will pass the wire-gauze barrier.

Sir H. Davy, and, after him, many eminent chemists, supposed that the prevention of the passing of flame by the wire gauze which he employed in his safety-lamps, was effected by the "cooling power" of the wire gauze, but this is not the case, as my experiments in this paper testify.

We know, from what I have stated above, that if the invisible flame be prevented from being formed by the above-named agents, so that there may be a deficiency of oxygen gas in Davy's safety-lamp, combustion cannot be continued, and hence the comparative safety afforded by this lamp. But it is needful to assert and maintain that the formation or nonformation of this invisible flame accounts for all the phenomena which that distinguished philosopher referred to the cooling power of the wire gauze.

The more this position is known, and, indeed, I may say, the more that my experiments are tried by competent judges, the greater assurance of their correctness will, I trust, be entertained.

Having visited several very "fiery coal-mines," I am assured that when pitmen are hewing coals they seldom cast an eye to their safety-lamps, and if they did the dense atmosphere of coal-dust would prevent their observing the phenomenon of fire-damp burning in the safety-lamps, as, in fact, there is, in nineteen cases out of twenty, no augmentation of light when fire-damp burns in a Davy-lamp, as I have had reason frequently to remark. Besides, if fire-damp burn several times in a Davy-lamp, the wire gauze becomes oxydated, and, falling in pieces, cannot prevent the flame of fire-damp from passing. Should an accident, such as any pitman's working-tool, unwittingly penetrate the cage of wire gauze in the Davy-lamp, during the prevalence of fire-damp in a coal-mine, the flame of course would pass thereby into the atmosphere of the mine; or should any part of the wire cage be rusted, the fire-damp would soon pass at that part, and, in such cases, explosion of the coal-mine would follow. Another source of danger arises from the following cause:—When the fire-damp is mixed with very pure atmospherical air in the coal-mine, the flame in the Davy-lamp burns so steadily, and with such power, that should the pitman either inadvertently, or through fear, run quickly along the gallery of the mine, we know that the flame of fire-damp would in such case pass out from the wire-gauze cage of the Davy-lamp. It will not appear presumptuous in me to assert that my newly-invented apparatus, being exceed-

ingly simple and easily to be understood, will obviate the dangers pointed out above, as I have certificates from several of the most respectable persons concerned in coal-mining, who spontaneously conferred these kindnesses upon me. Nor have I in any instance experienced the least opposition to my views, and the application of my discoveries, for preventing accidents. Several eminent persons concerned in the management of coal-mines, and who have not yet tried my new safety-lamps, have given me upon inspection their approval of them in the most satisfactory terms, and I have reason to expect that in addition to those first-rate coal-mines in which my safety-lamps have been tried, approved, and used effectually, managers of other coal-mines will, as may seem suitable to their convenience, adopt them. I may remark, *en passant*, that when the wire gauze in a Davy-lamp is more open in its texture than in the proportion of twenty-eight to thirty, in both warp and woof, as Davy himself proved, we shall find that the invisible flame will, by such apertures or meshes, be permitted to be formed outside the wire-gauze cylinder, which cylinder, in that case, cannot be considered a barrier to the progress of flame. Here, "cooling power" is out of the question, and, as in all other cases, does not afford the true explanation of the phenomenon.

As I have not drawn up this paper for the perusal of the learned readers of *THE LANCET*, in order to show the value of my new safety-lamp, but for the advancement of science, I will conclude by remarking, that by the use of my new safety apparatus, all the contingencies which are mentioned above in respect to the Davy may be avoided; and as the Davy is in general use in the coal-mines of the north of England, I considered it imperative upon me to add to the Davy in use the safety shield, so that the expense of new safety-lamps may be avoided. I am informed by all persons using my safety-lamps, that the wire which I employ for supporting the safety cylinders, stands to their satisfaction, when placed over the flame of the oil-lamp in the wire cage, but the moment fire-damp burns within the cylinder of wire gauze, the piece of fine wire is fused, and the whole cage is instantly surrounded by the safety cylinders. Sunderland, Nov. 5. 1835.

The printed Minutes of Evidence, and the Report of the Parliamentary Committee appointed to inquire into the lamentable catastrophes which are so constantly occurring in the *Mines* of Great Britain, with the view of ascertaining the means of preventing the recurrence of similar accidents, have just been issued. We shall shortly examine some parts of the document, which extends to 360 folio pages.

ON THE LAW OF MORTALITY

IN

EACH COUNTY OF ENGLAND.

By T. R. EDMONDS, Esq., B.A., of Trinity College, Cambridge.

THE knowledge of the laws which regulate the collective vitality at different ages of the population in various districts of England, is evidently an object of the highest interest to physiologists. When those laws are established, and when the peculiar circumstances of each locality have been investigated, we may reasonably expect soon to arrive at a knowledge of some of the chief causes affecting the prolongation of human life. Having minutely examined the great mass of facts accumulated in the *English Population Returns* of the years 1821 and 1831, I can speak with confidence of the high value of the information which they contain. The results from one hundred separate observations of males and females, are consistent with each other, and in harmony with previous observations, when viewed in connection with the new theory of mortality which I have explained in Nos. 605 and 614 of *THE LANCET*. There exist, however, in different localities, considerable variations in the mortality at different ages, and in the relative mortality of the two sexes. The causes of these variations, whether dependent on atmospheric or other external circumstances, or whether dependent on original peculiarities of individual constitution, is a subject well worthy to exercise the ingenuity of physiologists.

Before proceeding to the general investigation of the subject, it may be interesting to state a few of the principal results hereafter to be established. In comparing together different counties, the characteristics of each peculiar law of mortality are marked by the mortality in three principal divisions of age; namely, in the period under five years of age, in the period between fifteen and sixty, and in the period above sixty years of age. In all counties, out of a given number living above the age of sixty years, the number dying in one year is nearly the same. In some counties the mortality between the ages of fifteen and sixty years is nearly half as much greater than in many other counties. In some counties, out of a given number born, nearly twice as many die under the age of five years as in some other counties. In all counties the mortality of males under the age of fifteen exceeds the mortality of females under the same age, in the proportion of nearly 100 to 90.

In the majority of counties, at ages greater than sixty years, the mortality of males seldom exceeds that of females more than three per cent. In the majority of counties the mortality of males between the ages of fifteen and sixty years is *less*, in a small degree, than the mortality of females. The most remarkable result presented by the population returns, is the fact that all the counties wherein the mortality of females between the ages of fifteen and sixty years is at a maximum, are found on or near the same straight line. A low mortality between the ages of fifteen and sixty years is the best index of a healthy population, because the individuals of this class are of much higher political value than the individuals under five years or above sixty years of age. As an index to the healthfulness of a locality, the law of female mortality is to be preferred to that of males, because the various occupations of the latter may exercise an important influence on the mortality. The line of greatest mortality of females between the ages of fifteen and sixty years, is a central one, running in a north-west direction from Brighton to Liverpool. The most healthy counties are those most distant from this line, with very few exceptions.

The materials on which the present observation is founded consist in a return of the ages of the *dying* in all England and Wales during the eighteen years 1813-30, combined with one enumeration of the *living*, and their ages made in the middle of the year 1821. The only important defect in these materials is the omission of a considerable and uncertain number of deaths. The returns made show the number of deaths which have been entered in the parish registers only; and we are left with very little information respecting the numbers omitted through negligence, or omitted because buried in the grounds of dissenters, or in private burial-grounds. Mr. Rickman, who compiled the returns, estimates the deficiency in the deaths to be 8 per cent. less than the true number for the whole of England and Wales. The results which I am about to give for thirty-nine counties of England, are founded upon the assumption that the registered deaths are deficient ten per cent. from the truth. I have supposed that, out of every twenty deaths which have occurred, one is omitted through negligence, and another because the burial occurred out of the church grounds. In the counties of Middlesex, Surrey, Monmouth, and in Wales, I have estimated the deficiency at 20 per cent.; Mr. Rickman having expressed his opinion that the deaths are more deficient in these than in other districts. The consequent deficiency for the whole of England amounts to 12½ per cent. The estimate of Mr. Rickman, however, of the number of deaths which I have assumed as the true total, differs

from the total assumed by Mr. Rickman only one-twentieth part.

It is certainly highly desirable that the number representing the absolute annual mortality at all ages should be correctly ascertained. I believe it to have been ascertained within 5 per cent. of the truth. But even if it should prove defective to the amount of ten per cent., the value of the results hereafter stated will be very little affected thereby: for they would in that case equally well indicate the *relative* mortality at different ages of life, and in different localities, which is the only important question to physiologists. The materials supplied enable us to establish, beyond dispute, the relation subsisting between the mortality at one interval of age, and the mortality at every other interval of age. If the absolute mortality at any one age, or at all ages, in the aggregate be known, the absolute mortality at every interval of age is also known.

In order to obtain the law of mortality prevailing in each county of England during the eighteen years 1813-30, the facts requisite are, the total number of deaths occurring during that period, distributed in quinquennial or decennial gradations of age, together with the mean population who have been alive during this period also distributed according to the same intervals of age. Dividing the number who have *died* in any interval by the mean number who have *lived* in that interval, we obtain the exact number who have died in eighteen years out of a given number constantly living in that interval. A series of numbers thus obtained for each consecutive interval of age would represent the true law of mortality of the population observed. Dividing the results by eighteen, we should have the law expressed for one year, in which form it is most easily compared with the results of other observations. If the results be also multiplied by 100, we should arrive at that form of expressing the fact which is adopted by the best authorities. For example, in the following table the mortality of females in England and Wales, during the eighteen years 1813-30, between the ages of fifty and sixty years, is stated to be 2·16, which is intended to represent the fact that this is the average number of deaths occurring annually for every 100 persons constantly living between the ages of fifty and sixty years. If the materials had been perfect, this number would have resulted from dividing the dying 132,918, by the living 352,160, and dividing the quotient by 18. The result of these operations however is 2·10, which differs from the number above stated, in consequence of necessary correction having been introduced for defects in the materials.

Having stated the nature of the materials as they would be if they were complete, it remains to state the degree and manner in which they are defective from the true

standard. The most important defect, arising from a considerable proportion of deaths not being entered in the parish registers, has been already alluded to. This defect concerns the absolute mortality only at each age, for it may be presumed that these omitted deaths would have been distributed according to age, in the same manner as the total of deaths whose ages are specified. If the defect at all ages be assumed to be $12\frac{1}{2}$ per cent., the defect at each age will also be $12\frac{1}{2}$ per cent. Two minor defects in the materials consist in the want of specification of the ages of a small proportion of the total number returned as living and as dying. The ages of one-eighth of the living population, and of one twenty-fifth part of the registered deaths, have not been specified. The correction necessary on these accounts at each age, is the same as for the total at all ages. In addition to these unavoidable defects, the enumeration of the male sex is defective, by the entire omission of the ages of the military and maritime population, and we have no information given respecting the total numbers of this large class, resident in, or attached to, each county. We are merely informed that the army, navy, &c. belonging to Great Britain, consisted of 300,000 men. This defect ought not to have existed, for it would have been easy to obtain the ages and number of the soldiers and marines resident in England, and attaching them to the summaries of their respective counties. There would probably have existed little difficulty in obtaining a similar enumeration of the sailors belonging to registered vessels. The utility of such an enumeration of seamen would be very little diminished by the fact that the same sailors do not always continue in the same port; because their places are usually supplied by seamen of some other English port, or by foreign seamen. After deducting the sailors and soldiers on foreign stations, I have estimated the amount of that portion which encountered risk of death in England and Wales at 160,000, so distributed that 100,000 are below thirty years of age, and 60,000 between the ages of thirty and sixty years. The effect of this correction, is to reduce the apparent mortality of males at all ages, from 2.23 to 2.17 per cent. per annum.

In the present inquiry, one of the two essential facts to be ascertained, is the mean number who have been alive at each interval of age, during the period of observation, or during the eighteen years 1813-30. The true mean population would certainly be indicated by eighteen annual enumerations of the living at each interval of age. Four enumerations of the living and their ages, made at intervals of six years, would, however, have been amply sufficient, in the opinions of all qualified persons, to determine the true mean population. But in the pre-

sent case, we have only *one* enumeration of the living, and this made *not* at the best time, and yet there seems no reason to doubt that it is nearly as valuable as eighteen enumerations would have been. It appears to be a fact founded upon experience, that in any extensive population, the increase or decrease of the number living in *each* decennial interval of age, is so uniform throughout a period of eighteen years, that the number living in this interval at the end of the ninth year of the observation, is a mean proportional between the number living nine years before, and the living nine years after. The proof of this fact is contained in the English population returns, by means of a supplementary observation of the mortality in England and Wales during a period of seven years, 1818-21. The results of the observation for seven years, agree exactly with the results of the observation for eighteen years, the mean population at the different ages in each case, being assumed to be the number ascertained to be living in the middle of the year 1821, or in the middle of the respective periods of seven and eighteen years. The absolute mortality during the seven years, was 2 per cent. less at every age than the absolute mortality during the period of eighteen years. The relative mortality in the two cases is identical, as it ought to be if the materials of the two observations were complete; and as there is no reason to suspect the mean population for the period of seven years not to have been correctly assumed, there seems to be no room for doubting that the mean population for the longer period of eighteen years, has not also been correctly assumed.

The present observation would have been more complete, if the enumeration of the living, according to age, had been made at the end of the year 1821, which is the middle of the period of observation. The time of enumeration appears to have been fixed on no settled principles, and it seems to have been a mere accident that the time chosen was so near the time at which the enumeration ought to have been made, in order to render the observed number and ages of deaths for eighteen years of the greatest value. The return of births and deaths is made up to the last day of December in each year; and in order to have the means of instituting any accurate comparison between the population living at any time, and the births and deaths, the enumeration ought to have been made at the beginning or end, and not in the middle, of the year. In defence of this acknowledged error, we are told that the middle, of the year was chosen, because the days were longer! If the population had been enumerated at the year 1821, the number living would have been about $\frac{1}{4}$ per cent. less than the number given in the present return. It is necessary on this account, to reduce the ap-

parent mortality of females at all ages, from 2.083 to 2.167.

The scale of relation connecting together the mortality at different ages in large towns, is of a totally distinct character from that applicable to the general population. The relative mortality of the two sexes is also widely different. In the country, the mortality under the age of five years, is only ten times as great as the mortality between the ages of ten and fifteen years; whilst in large towns, it is fifteen times as great. In the country, above the age of five years, the mortality of males exceeds by a very small amount the mortality of females; and between the ages of ten and fifty, the mortality of females even exceeds that of males. But in large towns at every interval of age, the mortality of males considerably exceeds that of females. For the whole of England and Wales, I have assumed that the registered deaths are to be increased 13.947 per cent. for males, and 13.894 per cent. for females, in order to obtain the true number of deaths.

For large towns, I have assumed the necessary increase to be 20 per cent. for each sex; it having been always supposed that the deficiency is considerably greater in towns than in the country. If a lower degree of disparity had been adopted, the minimum mortality, or the mortality between ten and fifteen years of age, would have been less in large towns than in the whole territory. The population returns contain observations on six towns only, which are of the largest size, and which contain a large proportion of sailors and soldiers, of which no enumeration has been made. Having no materials for making a satisfactory estimate of the deficiency, I have made no correction of the apparent results; so that the mortality of the male sex in the six towns between the ages of fifteen and sixty years, is represented considerably higher than the fact. Instead of 3.39 for the mortality of males at all ages, the true number ought probably to be near 3.15.

TABLE, exhibiting the Materials from which the Law of Mortality of the aggregate Population of England and Wales has been deduced.

Between Ages.	Living on 28th May, 1821.				Dying in 18 years, 1813-30.			
	In England and Wales.		In Six Large Towns.		In England and Wales.		In Six Large Towns.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0-5	791,579	774,689	24,716	24,330	736,039	622,903	36,449	31,744
5-10	693,858	682,457	21,853	21,940	87,263	79,732	3,817	3,448
10-15	603,613	569,366	16,759	17,982	52,324	52,155	1,673	1,544
15-20	509,586	535,569	12,424	17,752	63,405	71,535	2,033	2,089
20-30	755,780	901,338	18,709	31,338	144,586	163,140	5,622	6,001
30-40	593,662	619,507	19,417	21,991	123,996	140,848	5,757	5,855
40-50	482,329	500,977	16,220	18,219	129,675	129,939	5,880	5,430
50-60	342,201	352,160	10,152	11,913	142,843	132,918	5,545	5,317
60-70	231,509	249,184	5,770	7,439	182,207	179,251	5,991	6,223
70-80	115,032	124,648	2,499	3,572	202,208	211,028	5,314	6,312
80-90	29,587	36,315	616	942	116,726	136,085	2,506	3,656
90-100	2,253	3,280	44	86	14,486	21,304	300	597
above 100	60	129	5	4	637	1,263	20	48
Ages specified	5,151,052	5,379,619	149,214	180,508	1,996,395	1,942,101	78,907	78,244
Ages omitted	683,114	765,090	2,961	4,389	75,199	80,265	—	—
Total	5,834,166	6,144,709	152,175	184,897	2,071,594	2,022,366	77,954	74,883
Estimated omissions	160,000	—	—	—	288,930	281,000	15,591	14,977

There is a small arithmetical error, amounting to 200, in each of these numbers, as Mr. Hickman.

whose ages are specified are in excess, because of the deaths in the towns having been included.

TABLE, exhibiting the Average Annual Deaths for every Hundred Persons living in each of Thirteen Gradations of Age, according to Nine distinct Observations.

Between Ages.	England & Wales 18 Years.		England & Wales 7 Yrs., 1818-24.		Six Towns 18 Years.		Sweden, both Sexes.		Table of "Mean Mortal- ity."	Belgium both Sexes, 1829.
	M.	F.	M.	F.	M.	F.	21 Years, 1753-73.	20 Years, 1776-93.		
0—5	5.35	4.60	5.29	4.56	9.21	8.06	9.01	8.50	6.73	6.58
5—10	.72	.67	.70	.65	1.09	.97	1.42	1.36	.99	.87
10—15	.50	.52	.49	.53	.62	.53	.66	.61	.65	.54
15—20	.72	.76	.69	.76	1.02	.73	.76	.70	.75	.66
20—30	1.01	1.04	.96	1.01	1.88	1.18	.92	.89	.93	.91
30—40	1.14	1.24	1.09	1.21	1.85	1.45	1.22	1.16	1.25	1.00
40—50	1.49	1.49	1.44	1.48	2.26	1.84	1.74	1.61	1.68	1.36
50—60	2.34	2.16	2.26	2.08	3.41	2.76	2.64	2.39	2.40	2.17
60—70	4.53	4.12	4.40	4.02	6.48	5.17	4.81	4.93	4.83	3.85
70—80	10.12	9.69	9.95	9.49	13.28	10.92	10.23	10.41	10.04	9.09
80—90	22.71	21.46	22.11	21.27	25.40	23.84	20.78	19.74	20.18	17.88
90—100	37.01	37.19	36.50	36.78	42.57	42.88	39.41	35.13	39.85	30.47
Above 100	61.11	56.06	68.06	58.61	24.97	74.12	—	—	70.00	—
All Ages.	2.17	2.07	2.12	2.03	3.39	2.68	2.89	2.68	—	2.27

The apparent mortality of males in all England and Wales, has been diminished by .09 between 20 and 30, and by .06 between 30 and 60 years of age, on account of the unenumerated maritime and military population. In the six large towns a greater correction is necessary, but none has been applied.

It might be supposed probable that the mortality deduced for females between the ages of fifteen and fifty years, may be subject to error from the disposition of females to understate their ages. The error is apparently of very small amount. If the ages of all the females, dying as well as living, be understated to the amount of two years, the mortality at each of the three decennial intervals from twenty to fifty years will be five per cent. higher than the fact. But if the ages of the dying are correctly given, and the ages of the living only are understated, then the apparent mortality between thirty and forty will be correct; whilst the mortality between twenty and thirty will be lower, and the mortality between forty and fifty higher than the truth. Adopting the intermediate supposition that the ages of the dying are understated to only one half the amount that the ages of the living are, the female mortality under the age of forty will be very nearly correct.

It has been already remarked, that the numbers representing the absolute mortality at each age in my present tables, are founded upon the assumption that the registered deaths are deficient twelve per cent. from the truth, and that Mr. Rickman has estimated this deficiency at eight per cent. The estimate of Mr. Rickman is not founded upon any fact, and leads to results contra-

dictory of facts which he admits. My estimate is founded upon a probable fact, and leads to results in harmony with all other stated facts. Mr. Rickman agrees with me in supposing that the increase of the English population is entirely due to the excess of births over deaths, or that the immigration from Ireland compensates the emigration from England. Assuming this as a fact, the truth of my estimate and the error of Mr. Rickman's are easily demonstrable by means of the proportion stated to exist between the unregistered births and deaths.

In the population inquiry, questions were addressed to each clergyman requiring an estimate of the number of births and deaths in his parish unentered in the register. A portion of the clergy made such an estimate, another portion offered no estimate. The absolute number of "unentered" births and deaths of which there exists an estimate is evidently of very little value, because we are ignorant of the proportion of the total population from which this estimate was obtained. It may, however, fairly be presumed that the proportion of unentered births to unentered deaths would have been the same for the whole, as for this part of the population. This proportion, regarded as a valuable fact, and the supposition that the increase of population is due entirely to the excess of births over deaths, the difference between the un-

entered births and deaths is a known quantity, and the absolute number of unentered births or deaths is known when this proportion is known. Mr. Rickman's estimated deficiency in the deaths is, however, derived from the apparently groundless assumption, that the total deficiency in the deaths was just double the number of which an estimate was returned. Because the partial estimate amounted to four per cent. on the total, he has assumed that if all had made an estimate, the deficiency would have been eight per cent. He then shows, as a consequence of this assumed deficiency, that the unentered births were to the unentered deaths in the proportion of four to one. He entirely disregards the fact elsewhere stated, that the unentered births were to the unentered deaths as two to one, which proportion would have indicated a defect of twenty per cent. in the deaths, as I have shown in No. 611 of THE LANCET.

For the whole of England and Wales the partial estimate of the different clergymen indicates that the number of unentered births was just twice as great as the number of unentered deaths. If London be excluded, the proportion between the unentered births and deaths was that of three to one. This last proportion I have adopted as true for the whole of England and Wales, because it is applicable to nine tenths of the total population, and because the estimate for London is not much to be relied upon. The determination of the absolute mortality at all ages being a question of great public interest, it may be useful to exhibit the chain of facts upon which my estimated deficiency in the deaths is founded. I have confined myself to the observations on the female sex, because the increase of the female population is capable of being more correctly determined than that of the male population.

The total number of registered births of females in England and Wales during the eighteen years 1813-30 was 3,129,368, and of deaths, 2,022,366, which yields an excess of births over deaths of 1,107,002, instead of 1,658,202, the true increase of the female population in that time. There remains, therefore, the number 551,200 to be accounted for by the excess of unentered births over unentered deaths.

The total number of "unentered" obtained from those parishes which made an estimate, amounted to 357,168 births and 170,930 deaths of both sexes. For London, the estimate was 40,498 births and 65,934 deaths. Consequently for all England and Wales, excluding London, the partial estimate was 316,670 births and 104,996 deaths; which numbers are very nearly in the proportion of three to one.

It is assumed that the true deficiency of females for all England and Wales amounted to 275,600, then

three times this number, or 826,800, will represent the corresponding deficiency in the births. The difference between these unentered births and deaths is 551,200, the increase of the population to be accounted for as stated above.

The true number of births of females during the eighteen years will then be 3,956,168, and the true number of deaths 2,297,966. The female population alive at the middle of the eighteen years, or at the end of the year 1821, was 6,198,200. Consequently the average annual deaths of females was 2.06 per cent., or one out of 48½. The average annual births of females was 3.55 per cent., or one out of 28. The deficiency in the births amounted to 21 per cent., and the deficiency in the deaths to 12 per cent. According to Mr. Rickman, the deficiency in the births was 19 per cent., and in the deaths 8 per cent. According to my estimate the proportion existing between the total births and deaths of females is that of 172 to 100: according to Mr. Rickman the proportion is that of 175 to 100.

The population returns of 1831 abound with contradictory statements made by Mr. Rickman, founded upon the obviously false hypothesis of the population having been "stationary," and that the annual births had been equal to the annual deaths for a long period of time. Mr. Rickman does not appear to have thought that there was any absurdity in supposing 175 to be equal to 100. At a late hour, and since the publication of the returns, he has been made sensible of his error. In the pages of a medical periodical he has recently bestowed a great deal of unnecessary pains on the demonstration of his own errors. He appears to claim praise for detecting errors which could never have been committed by one possessing any knowledge of the subject discussed. He is greatly mistaken if he supposes that any writer of repute has said a word to the effect that the "hypothesis of the population being stationary," was applicable to circumstances like those of the English population. One specimen of Mr. Rickman's conclusions will be sufficient to satisfy the reader as to their value. Because out of 100 deaths of females in England and Wales at all ages 32 occur below the age of five years, he has stated as a fact that out of 100 born, 32 die before they complete their fifth year. The true statement is, according to his own showing, that 32 die out of 175 born, which represents a mortality of 184 instead of 32 per cent.

I have considered it unnecessary to construct a table rigorously representing at annual intervals the law of mortality which occurred in England during the period of observation. Such a table would be of very little value, because it would differ in an insignificant degree from a theoretical table

which I published more than three years ago. Moreover, there is reason to believe that this theoretical table being founded upon general principles, will be a better indication of future facts, than a table exactly representing one fact out of a great series of facts. The mortality of the female population of England is represented as near the truth as can be desired for any useful purpose, by my table of "Mean Mortality," when the limiting age of the period of "infancy" is taken at seven years. In the published table I have fixed this limit at eight years, which is the true limit for the male population of England. To adapt this table to the female population no alteration has been made except at ages under eight years. The results of this altered table agree very nearly in three important points with the results of the English observations for females. According to the table and according to the fact, the mortality between the ages of five and ten years is 20 per cent. greater than the mortality between the ages of ten and fifteen years. According to the table, there die annually 4.47 out of every 100 constantly living under the age of five years. According to the fact, when the registered deaths are assumed to be deficient 12½ per cent., the mortality of females under the age of five years was 4.60 per cent. According to the table, out of 100 born 19.5 die before they complete their fifth year of age. According to the fact when the registered births are assumed to be deficient 21 per cent., out of 100 born, 19 die before they complete their fifth year. The near coincidence of these results is satisfactory evidence of the general consistency of the materials, and of the conclusions deduced from them. It may be useful to state that the "expectation" or mean duration of life, at birth is 43.70 years according to the table of Mean Mortality, when the limit of "infancy" is fixed at seven years. If the English female population had been stationary, or if the annual births had been equal to the annual deaths for a long period of time, there would have died annually at all ages during the eighteen years 1813-30, one out of every 43.70 living. But on account of the increase of population, the actual annual mortality was only one out of 48½.

On the supposition that the registered deaths are deficient 12½ per cent., the mortality of the English population between the ages of sixty and seventy, and between seventy and eighty years of age, agrees very nearly with that of the table of Mean Mortality. According to this table, 204 living between the ages of sixty and seventy are reduced by deaths in ten years to 100 living between the ages of seventy and eighty years. According to the fact stated in the returns of 1821, there were of both sexes 201 living between sixty and seventy for every 100 living between seventy and eighty

years. If the population had been stationary between sixty and eighty years, the coincidence of these numbers would prove that the absolute mortality at this interval has been truly stated, and is represented by the Table of Mean Mortality. If the absolute mortality is correctly stated at any one interval, it is correct at every interval of age, because the scale of relation connecting together the mortality at different ages is indisputably established. That the population was stationary at the period in question, or that the living in 1821 between the ages of sixty and seventy proceeded from the same number of births as the living between seventy and eighty, appears to be highly probable. At least this was certainly the case in London, and there is no ground for supposing that the rest of England did not resemble London in this respect. Those living in 1821, between the ages of seventy and eighty years, were born in the ten years 1741-50, and those living between the ages of sixty and seventy were born in the ten years 1751-60. Now, according to the London Bills of Mortality, during the ten years 1730-39, the number of baptisms amounted to 170 thousand. In the ten years 1740-49 they amounted to 116 thousand; in the ten years 1750-59 they were 148 thousand; and in the two following decennial intervals the baptisms amounted to 160 and 173 thousand respectively. It may hence be inferred as highly probable that the English population in 1821 was decreasing between the ages of eighty and ninety years, stationary between sixty and eighty, and increasing under the age of sixty years.

The new theory of mortality is founded upon the discovery of three numbers, respectively presiding over three well-marked periods of human life—before, during, and after, the existence of the procreative power. To construct a theoretical table, the absolute mortality at any one age must be known, together with the position of the inferior and superior limits of the "procreative period." In every population, whatever may be the absolute mortality, the relative mortality at different ages is the same, when the position of these two limits is the same. In the Table of Mean Mortality I have fixed the superior limit at the age of fifty-five years, which happens to be the true limit in each of the nine independent observations above stated. In all these observations, and in every county of England, the mortality between fifty and sixty is to the mortality between forty and fifty years, in the proportion of three to two, as it is also in the Table of Mean Mortality. Notwithstanding this extensive coincidence, the position of this limit is not to be regarded as having more permanency than the position of the inferior limit. A variation of a year in the position of the superior limit involves a change of five

tive mortality; the same variation in the position of the inferior limit involves a change of 32 per cent. in the relative mortality. In constructing the Table of Mean Mortality, I ventured, in opposition to all direct evidence on the subject, to put back the inferior limit one year, and thus effected a diminution of 32 per cent. in the relative mortality under the age of nine years. My prediction has been confirmed, and more than confirmed three years after its publication, by the present observation on the English population. According to all previous observations, the inferior limit, or the mean age of attaining the minimum mortality, was at nine years—the mortality between five and ten years being always twice as great as the mortality between ten and fifteen years of age (as it is now in the large towns of England), which agrees with theoretical tables wherein the inferior limit is fixed at nine years. In the table of "Mean Mortality," I assumed the inferior limit to be at the age of eight years, which is the limit now applicable to the total male population of England; the mortality between five and ten years being 50 per cent. greater than the mortality between ten and fifteen, according to fact and according to the table. But for the female population the limit is at the age of seven years, for the mortality between five and ten is only 20 per cent. greater than the mortality between ten and fifteen, according to fact and according to a table wherein the age of seven years is assumed as the limit. In Belgium the position of this limit is now at the age of eight years and a quarter for both sexes. The grounds of my accomplished prediction were the following:—From the ages of the living under fifteen years, and from the rate of increase in the births, indicated by the population returns of 1821, I became convinced of the fact, that the mortality under the age of ten years was less in an extraordinary degree than had ever been supposed to exist. I knew also that the diminution in the mortality during infancy was amply sufficient to account for the reduced mortality in England at all ages. Knowing then that the mortality was considerably diminished under the age of ten years, and not diminished above that age, I accounted for it in the only way consistent with the new theory. The truth of this theory has now been confirmed by the highest order of human evidence, for it has enabled me to predict the precise manner in which a new and extraordinary diminution of the relative mortality in infancy has been effected.

In every county of England the proportion of deaths occurring at annual intervals between the ages of one and six years, agrees with what I have stated to be the universal law. The deaths in any two age are always in the proportion of two, according to fact

and according to theory, as may be perceived by any person without calculation. Under the age of one year, the theory is correctly applicable to the county of Cornwall only. In all other counties, the proportion of deaths under the age of one year is much greater than that indicated by the theory. Four years ago, in the preliminary observations to my "LIFE TABLES," I expressed an opinion that the theory would not represent the fact in all cases under the age of eight weeks. I believed then, as I believe now, that the high mortality under the age of one year will be found to consist in an excessively high mortality during the few weeks immediately succeeding birth.

As the subject which I am discussing naturally divides itself into two parts at the point now attained, I shall here arrest my remarks until the publication of another Number of THE LANCET will admit them to appear.

46, Regent Square, Nov. 7, 1835.

CASE OF

GANGRÆNA SENILIS,

IN WHICH THE POST-MORTEM EXAMINATION DISCLOSED A

COAGULUM OF FIBRINE ADHERENT TO THE AORTA.

To the Editor of THE LANCET.

SIR.—If you consider the outlines of the following case worthy of being recorded in your truly independent journal, I shall feel obliged by its insertion. It is, in my opinion, calculated, in some degree, to illustrate the pathology of a disease which is too frequently fatal.—I am, Sir, your obedient servant,

W. TAGERT,
Surgeon to Mercer's Hospital,
Dublin.

CASE.—Catherine Strahan, aged 66, of a delicate and feeble frame, was admitted a patient into Mercer's Hospital, on the 25th of September, 1835. She then suffered from distressing diarrhoea, and complained much of pain in the left leg and foot, accompanied by a constant sense of coldness. This coldness, and the pain of the extremity, with occasional diarrhoea, afflicted her about a month previous to her admission. The pain was so urgent as to interrupt her sleep. She attributed her sufferings to rheumatism, and kept the limb wrapped in flannel. She did not suffer from pains elsewhere, but her general health was broken. On admission, the leg and foot presented a natural appearance, and she stated, that when suffering from cold, the limb assumed a livid hue. The diarrhoea was relieved by the ordinary

treatment, but the pain and uneasiness of the limb continued unabated, and became daily more urgent. On the 1st of October, almost a week after her admission, a darkish livid hue was observable on the integuments of the left instep, which felt colder to the touch than the opposite one. This lividity soon extended to the outer ankle, and, after two or three days, involved the entire foot. At this period there was no sign of vesication about the toes. On examining the femoral artery in the groin, a slight thrill could be distinguished. Its pulsation was evidently weaker than was the pulsation in the opposite limb. The pain was now very severe, with nocturnal exacerbations. The extremity was wrapped in cotton, and oiled silk was placed outside this, and anodynes were administered to alleviate her sufferings. The lividity extended up the limb, day after day, and vesications soon formed on the leg and foot, from which there was serous oozing. The gangrenous appearance now occupied the entire limb, almost to the knee, but evinced no disposition to extend higher, for about ten days previous to her death. I may observe, however, that an isolated gangrenous spot appeared over the patella, and in three days afterwards the thermometer indicated the following temperature:—

Heat of the ward, 68°;

Heat of the sound limb, 82°;

Heat of the gangrened limb, 74°.

At this period no pulsation could be distinguished in the femoral artery at the groin.

It is unnecessary to give a minute detail of the daily treatment pursued. It will be sufficient to observe, that it consisted principally of the internal exhibition of the acetate of morphine, with a cautious administration of wine and stimulants, combined with tonics, the extreme debility and unceasing pain being the prominent indications. She sank gradually under her sufferings, which terminated in death on the 22nd of October, nearly one month from the period of her admission into the hospital. The diarrhoea had returned, and continued unchecked for a few days previous to her decease, notwithstanding the use of the cretaceous mixture, with kino, opium, and other astringents.

Autopsy, ten hours after Death.

Nothing remarkable was discernible either in the thoracic or in the abdominal viscera. In order to examine the large arterial trunks, I had the aorta carefully removed, together with its continuation into the common iliacs, and also the entire of the main arterial trunk of the diseased extremity, with a portion of the internal and external iliacs of the opposite side. On slitting up the aorta, its coats appeared to be healthy in the thoracic region; the internal coat of the abdominal aorta presented a number of whitish spots, of an irregular

figure, which were slightly elevated, containing an earthy or ossaceous deposit. This atheromatous deposition was external to the lining membrane, and unaccompanied by any inflammatory appearance. The aorta at its bifurcation was occupied by a coagulum of fibrine, of a conical shape, three inches in length. The base of the cone was turned from the heart; its colour was a yellowish white, without a trace of red colouring matter; it was firm in consistence, resisted strong pressure with the finger, and gave to the vessel a solid fleshy feel before it was slit open. It was intimately adherent by its base to the entire circumference of the artery, and could not be removed without tearing the bond of union. The organization of the coagulum was so perfect, as fully to demonstrate that it had existed during life, and had been possessed of vitality. The apex of the coagulum was also adherent to the aorta. Its base, for the extent of more than an inch, blocked up that vessel, and, immediately above its bifurcation, filled the cavity of the aorta so completely as to act as a perfect barrier against the transmission of blood through that portion of the vessel. Coagula of a similar appearance, but not adherent, occupied both of the common and internal iliacs. The external iliac of the right side was healthy, and unoccupied by coagulum. That of the opposite side contained a fibrous plug. The femoral artery of the diseased side was much contracted in its entire course, even to the ham, and was occupied by coagula of a reddish-brown colour, but of firm consistence. High up in the groin, near Poupart's ligament, the coagulum was intimately adherent to the artery. The popliteal was much contracted, and the posterior tibial was so diminished in size, that it could with difficulty be recognised; it contained no coagulum; the muscles of the gangrened limb were much softened, and were dark in colour. The aorta, and the remainder of the arterial trunk, with the coagula *in situ*, I have preserved in the museum at *Mirrer's Hospital*.

Remarks.—With regard to the question, Was the coagulum of fibrine found in the aorta a post-mortem deposit, or did it exist during life? I have to state, that, independently of any reference to the history or symptoms of the case, I think its existence during life is fully proved by the fact of its organized connection with the artery. It may also be asked, Were the coagula the cause or the effect of the gangrene? Upon this point I shall refer to the following extract from "*Andral's Pathological Anatomy*." After speaking of the various ways in which an artery may become obliterated, it makes the following remarks:—

species of obliteration (that is by coagula of fibrine) has been more frequently observed than the first, but no instance of it has as yet been seen in the aorta; it has been repeatedly found in the arteries of the lower extremities, coinciding with the disease known by the name of gangrena senilis, and it is reasonable to conclude that in these cases the obliteration of the arteries is the cause of the gangrene. This much at least is certain, that it is not the effect; for in a patient who died of gangrene in one foot, and in whom all the arteries of that limb were completely obstructed by solid coagula of fibrine, the commencement of a similar obstruction was found in the arteries of the opposite limb, although not a sign of gangrene was observable in it. It appears to me highly probable that if this individual had lived for some time longer, the arteries of the sound limb would have become more and more obstructed, and that the foot of that side would then have become gangrenous."

The following passage from Dr. Thomson's excellent work on inflammation may not be considered out of place here. In the article "Mortification," he says, "Fabricius Hildanus mentions a case of mortification of the feet and legs which proved fatal to a man in the vigour of life, and of apparently sound constitution, in whom after decease a scirrhus tumour was found surrounding and compressing the inferior cava and aorta, just where they are about to divide, to form the iliac vessels, and which by its pressure had prevented the free passage of the blood to and from the lower extremities."

Beclard also was of opinion that the obliteration of the arteries was the cause of the gangrena senilis, as will appear from the following extract from his "Elements of General Anatomy":—"Contraction and obliteration of the crural trunk and its branches. This is the ordinary cause of the gangrene of the toes, feet, and legs, in old people, the change happening in a part, and at a period, when the arterial twigs themselves, affected by induration, are no longer capable of the rapid augmentation necessary for the establishment of a collateral circulation."

I shall not trespass further on your valuable space than just to observe that I lately witnessed the dissection of another female who died of the same disease, and in whom there were found most extensive ossific deposits in the thoracic and abdominal aorta, as well as in the artery of the affected limbs. In this case also the posterior tibial artery was so diminished as to be found with diffi-

EXCESS OF

FATTY MATTER IN THE BLOOD.

DEFICIENCY OF THE RECTUM.

To the Editor of THE LANCET.

SIR,—I send you two cases of unusual occurrence, the first recommended from the remarkable milky appearance of the blood; the second being a case of imperforate anus, with deficiency of the rectum. By giving them insertion in your valuable journal, you will oblige your obedient servant,

THOS. ROBT. TATHAM, Surgeon.
Huddersfield, Nov. 27, 1835.

CASE.—April 25th, 1833.—Mr. William Bond, ætat. 36, publican, of a florid complexion, rather corpulent, and of a sanguineous temperament. I found him suffering from a severe catching pain in the right hypochondrium, much aggravated upon pressure, on the slightest attempt to take a deep inspiration, and also increased by the recumbent posture. He had headache, the countenance was flushed, and there was a suffused redness of the eyes, tongue furred, dry in the centre, much thirst, surface hot and dry. Pulse 136, full and hard; urine high-coloured; bowels confined. Says he has not been quite well for the last fortnight, having suffered from loss of appetite, disagreeable taste, and "greasy" eructations; did not vomit; complains that his vocation exposes him more to the influence of liquor than is consistent with health.

V. S. ad deliquium animi. Thirty ounces were taken.

R. Calomel. gr. xij; Pulv. Opii gr. iij.
Cons. q. s. Divide in pilulas vj.
Capt. 3tiis horis.

R. Mistur. Effervescentie, sumend. 3tiis horis.

P.m. Pain in the side much relieved, breathes with tolerable ease, can lie down in bed without inconvenience, but cannot take a deep inspiration without pain; skin become moist; pulse 130, softer. The blood as it stands, undisturbed, appears like thick custard; the coagulable lymph on the crassamentum is a quarter of an inch thick, and the serum has precisely the appearance of milk. These peculiarities induced me to submit it to the inspection of Dr. Walker and Dr. Turnbull, physicians, of this town. Dr. Walker visited the patient with me on the following day. Upon drawing off the serum from three teacupfuls of this blood, leaving the crassamentum behind, and mixing with it half its volume of sulphuric ether, it yielded, upon evaporation, upwards of two drachms, in weight, of fatty matter, of the consistence of butter.

26. Improving; pulse, 126; lateritious sediment in the urine; bowels have not yet been opened. *R. Ol. Ricini ʒvj, statim sumend. et rep. 6tis horis, si opus sit.*

27. Two doses of the oil produced three dark-coloured and offensive evacuations.

May 3. Convalescent. During the last few days more active cathartics were administered, which have restored the healthy appearance of the evacuations.

CASE.—January 16, 1835.—I was sent for by Mrs. Whitworth to examine her male infant, born on the 14th inst., which she had just discovered had an imperforate anus. The infant had been indisposed from its birth, and refuses the breast and all nourishment. It is very restless, almost constantly crying, holds itself stiff, turns blueish, and appears to be threatened with convulsive fits. She attributed these symptoms to uneasiness in its bowels from its not having had an alvine evacuation. The greenish slimy appearance of its urine upon the cloths, led her to make an examination, when she discovered an absence of the natural outlet from the bowels. The raphe, from the scrotum, is continuous through the perineum. There is no vestige of an anus, no doughy feel, nor any sense of fluctuation on making pressure over the parts. Mr. Robinson, surgeon to the *Huddersfield Infirmary*, accompanied me in the afternoon to see the patient, when we decided upon an operation without further delay. I commenced by making an incision in the line of the raphe a little below the scrotum, and carried it rather beyond what I supposed to be the proper situation of the anus. This incision might be an inch and a half in length. I then carefully dissected backwards, to avoid wounding the urethra and bladder, and downwards, towards the sacrum, full one inch from the surface of the perineum, before I reached the gut, which was much distended, the infant forcing very much the whole time. I made a free cut into it, which was followed by a very copious discharge of meconium. I then passed with the greatest ease, and without apparent increase of pain to the infant, my left forefinger into the colon. Oiled lint was placed in the opening. Very little blood was lost in the operation, but blood oozed much during the night. The child, however, continued hearty, and par-took freely several times of arrow-root.

February 1st. Doing well. Fed with the spoon; the mother could not get it to suck, and her milk has now disappeared. A little oiled lint, and simple ointment on lint, were used during the first five or six days. Afterwards I made a bougie of tolerable size, and covered it with wax, which is introduced three and four times a-day, allowing it to remain for a quarter of an hour or twenty minutes each time.

10. Up to this day the infant continued

to do well; it has made water in natural quantity, quite clear from fecal matter, and passed its stools without much inconvenience. The use of the bougie has been diligently persevered in three and four times a-day; nevertheless the parts have contracted rapidly. Passed per urethram this morning a quantity of fecal matter. Phymosis has come on; the scrotum is slightly ery-matous; and the perineum is inflamed, swelled, and painful. Bowels rather confined; dejections of a pipe-clay appearance. In consequence of the inflamed state of the parts I desired them to desist from using the bougie for a day or two, and ordered a zinc lotion to be applied to the affected parts, and a dose of castor-oil, and some alterative powders to be taken twice a-day.

13. Much the same; the oil operated freely, takes scarcely any nourishment, very restless; there is now much purulent discharge from the urethra.

15. Takes more nourishment; parts less inflamed; bowels more regular; the bougie is again used, a little bloody discharge follows each introduction.

19. Rests better and takes more food; yet is weaker, and more attenuated; the urethral discharge continues not so severe; the phymosis and œdema of the scrotum have subsided. Dr. Walker and Mr. Robinson called this morning, but suggested nothing that could be of decided relief. The mother, of her own accord, has given it, during the last few days, a little Godfrey's Cordial.

26. Much the same; discharge of fecal matter, *per urethram*, continues daily; scrotum very much relaxed; screams violently at every attempt to make water; the introduction of the bougie causes spasm of the bladder, and a flow of urine,—bloody mucopurulent discharge following its removal.

March 15. Continues to decline; is much more attenuated; the appetite is variable, sometimes very voracious; the artificial opening is more contracted; the other symptoms are as before noted.

20. Dead.

Autopsy on the 21st; Dr. Walker and Mr. Robinson present.—Body very much emaciated; thoracic viscera healthy. On opening the abdomen, the omentum was found nearly free from fat; the large bowels were greatly distended with air; liver much shrunk, small intestines of a shrivelled appearance; stomach and mesentery natural. I detached the scrotum and penis, with the corresponding integuments, from the pubes, carefully divided the symphysis, and separated the bladder from its connection with the inner surface of those bones. Passing a director through the urethra into the bladder, and slitting it open superiorly, I found the opening to be a small narrow canal, a quarter of an inch in length, situated immediately behind the prostatic part of the urethra, and communicating with the bladder.

extremity of the colon. The gut contained a little bloody mucopurulent matter, and curdled feces; it had descended to within half an inch of the surface of the perineum. This portion, judging from the appearances, would soon have been in a highly diseased state.

MODIFIED SMALL-POX

OCCURRING

TWENTY-TWO YEARS AFTER VACCINATION,

Turning on the third day after the appearance of the Eruption.

To the Editor of THE LANCET.

SIR,—I beg to send you the following case for publication.—

J. S., *ætat.* 51, of short stature, and well formed, possessing general good health, and having scarcely ever known, as he states, "what it is to be ill," was seized with a sharp attack of fever, attended with severe headache, which he attributed to cold. A dose of calomel, and an aperient, relieved him, but he was unable to quit his bed, on account of debility and giddiness, for ten days, during which period there was occasional remission of the febrile symptoms, which on the sixth day assumed the intermittent form. On the eighth day, two incipient pustules appeared on the hand, succeeded by others on the face and body. I at first imagined these to be varicella, but the number and character of the pustules on the tenth day were unequivocal. The eruptive fever was severe; about a dozen pustules arrived at maturity; those on the hand progressed regularly, but on the face and some parts of the body they died away before the formation of pus. On the tenth day, those which had matured became flattened, and were scabbed on the thirteenth. The patient gradually recovered, and was quite well on the fifteenth day.

On examination of the arm, there appeared two well-defined cicatrices. The vaccination had been perfect, and the patient described it as "a very fine arm." The rise and progress of the pustules were *steady and uninterrupted throughout*. No lymph was taken from them, and to this fact I am disposed to attribute his preservation from the disease, which, but for this ægis, would, in all probability, at his age, have terminated fatally.

I am, Sir, your obedient servant,

T. W. WANSBROUGH.

DOUBTFUL SEX.

CANCER OF THE RECTUM SUCCESSFULLY REMOVED.

To the Editor of THE LANCET.

SIR,—I take the opportunity of a friend proceeding to London, to send you two cases which you may consider of sufficient interest for publication.

I am, Sir, your obedient servant,

D. R. RANKIN.

Carlisle, Lanarkshire, Nov. 15, 1835.

CASE 1.—A case of that peculiar conformation which is usually distinguished, however inaccurately, by the term "Hermaphrodite," has lately fallen under my immediate observation, and as it is remarkable in some degree, I shall in the following short description try to bring before the reader as distinct a picture of the case as possible.

The child is about ten months old, healthy in every respect, and well made. The present appearance of the infant, so far as regards the external parts of generation, is much the same in proportion as it was at birth. At certain times, without close inspection, the parts present all the characteristics of the female; the mons veneris is freely rounded, and the labia majora are of the usual dimensions, in the commissure of which the clitoris is merely seen. At other times an opposite appearance is presented; the labia disappear, a scrotum hangs loosely down, and, in place of the clitoris, a penis, small in size, is beautifully displayed.

During the first-described state of the parts, on more minute examination, the labia are found to be covered with integument, corrugated, and in other respects like that which forms the scrotum, and to contain, each, a small moveable oval body, like a testicle. There are no nymphæ; but a fold of integument, reflected from that protuberance which occupies the place of the clitoris, simulates faintly those processes. The body holding the place of the clitoris, has a mucous membrane for its covering, is cylindrical, about three-fourths of an inch long, rather disproportioned in thickness, not unlike, in shape and size, to a large well-formed female nipple, and very much resembles a penis. The glans with its perforation, and the prepuce (short and incapable of covering the glans) with its frenum, are most distinct; but there is no corona glandis, or cervix. Beneath, and at the root of this body, there is a small orifice, which proves to be the proper urethra; and under this, indeed in its proper situation, another opening, the vagina, which, in appearance and depth, is of the normal standard.

In the other state of the parts described,

while the female peculiarities are sufficiently well marked, the male organs are very fairly represented, only the scrotum is divided in the middle, giving a pouch to each testicle, and the penis is short.

The anatomical structure of the penis, or clitoris, in this case, it is not easy to determine; it is, however, an erectile body,—a characteristic of both. While in the erect state, it can be very easily traced to its root, which seems to be over the symphysis pubis—there being no trace of it in the perineum.

The question, Is it male or female? has a hundred times been asked; a question which, in the meantime, cannot be decided positively. Independently of any other consideration, the presence of testicles, with some, decides the matter; but the minute inquirer perhaps will not rest satisfied with such evidence, so long as the functional powers are questionable. May not there be a womb, and appendages, and ovaries too? A near approximation to such a formation has been proved oftener than once, and we do not know what may be the result of further investigation.

CASE 2.—Mrs. —, aged 55, of weakly constitution, was first seen by me towards the end of Nov. 1831. She had for nine months endured a great degree of torture, from pain in the rectum; for the last six weeks she had had discharge from the anus, of very offensive matter, and the pain was now so incessant and severe, that life had become a burden. She had been attended, during the period above stated, by the family surgeon, who supposed that it was a hemorrhoidal affection from which his patient suffered, and treated her accordingly. He had even lately "cut away a blind pile," as he called it, namely, a part of the scirrhus.

On examination per vaginam, a flat, indurated, inelastic body was distinguishable on its posterior aspect, and on introducing a finger into the rectum, and passing it on the anterior aspect, an extensive, irregular, tubercular surface was detected. With the aid of the speculum the whole was brought into view, and the nature and extent of the disease at once seen. The diseased mass, a congeries of tubercles of various dimensions, extended nearly four inches along the anterior of the rectum. It was about two inches broad; the margins were well defined, and the rest of the bowel seemed to possess its integrity. As the only probable means of relieving the immediate sufferings of the patient, and the only hope, however small, of affording permanent relief, or at least of prolonging life, an operation was recommended, Mr. Logan, of Larnark, concurring in the proposal, to which the poor sufferer willingly responded.

On the 29th of Nov., after a renewed and careful examination of the parts, the operation was performed. The recto-vaginal

septum was found two inches thick at the perineum, and, at the superior part of the tumour fully an inch; the coat of the vagina, posteriorly, were greatly attenuated, and proved, at some particular points, to be involved in the morbid mass. It was therefore thought vain to endeavour to preserve it. The patient being placed in a suitable position, the speculum was introduced into the rectum, and so managed that one of the arms ran along the anterior margin of the diseased intestine on the right side, which was the line of the first incision. The knife was passed along the arm of the speculum, while the index-finger of the left hand was introduced into the vagina, to receive, at the highest part of the tumour, the point of the knife, which, guided in this way, was brought freely out at the perineum. The part thus freed on one side, was grasped by an assistant with a long flat forceps, and carried to the right side. The incision on the left side was then made in the same way. The whole diseased portion was now taken hold of by the left hand, and pulled down until the knife easily reached beyond the disease, which was detached by a transverse incision. There was little blood lost, and the cautery was required to be applied only at two points. A sponge, loaded with a weak solution of nitrate of silver, was introduced into the cavity, and the patient put to bed. Setting aside the inconvenience experienced by the involuntary discharge of feces, and the falling down of the womb, no untoward symptoms ever appeared, and the patient now enjoys comparatively good health.

The diseased portion of the rectum, on inspection, presented all the characteristics of tubercular scirrhus. Ulceration had commenced in three different places, and there was one ulcerated cavity large enough to admit a walnut.

EARLY BREEDING IN THE HEIFER.

P.S. I have notes of a few interesting cases, (?) not strictly medical however, which have lately occurred (?) in my neighbourhood. One of an animalcule in the eye of a horse. One of singular monstrosity in the shape of a chicken with *four* legs and *three* wings. And a case of precocious impregnation in the cow species. A bull calf of *less than three months* age, and a quey calf of about *two months*, copulated, and within nine months the female brought forth her first-born; both mother and offspring being yet alive. Will details of any of these phenomena suit the pages of *THE LANCET*? If so they shall be forwarded.

. We find the following statement, by Mr. W. A. Cartwright, of Whitechurch, the *Veterinarian* for November, 1831, on the subject of impregnation in the

"A Mr. Wilson, a respectable farmer, residing at Alkington Hall, had a cow that calved her first calf in January, 1834. When about six months old, this calf was bulled by a bull calf of the same age, when running out with her. In about nine months after she calved very well, and brought a heifer calf which is now rearing. It is rather small but healthy. The breed of this heifer is of the short-horn."

In the same periodical for December, the Rev. Henry Berry, alluding to the above occurrence, makes the following statement. The subject is interesting to physiologists:—

"I this year lost an improved short-horned heifer, from the injury experienced in extracting a calf at a period when the dam was *only thirteen months old*. The bull's access to her at such an early period was of course accidental; but the circumstance of calves seeking the bull at this early age is quite common in my stock, most particularly if the calves be allowed to suck the dam. Strange though the circumstance may seem, I find them more susceptible of impregnation at a very early age than when more matured; and, still more strange, my late but frequent experience has been derived from cases where the calves, unmanageable under these circumstances, have obtained access to a *particularly large* bull, whose size would suggest the impossibility of consummation. I think it probable that *any* calf allowed to suck the dam, would come earlier in season than otherwise, but the improved short-horns are peculiarly characterized by *general* early maturity, and I should, even without the testimony of experience, be inclined to expect the result under consideration, as well as the other indications of such early maturity."

THE LANCET.

London, Saturday, December 5, 1835.

THE excitement in the profession on the subject of the medical contracts which are still being made in the new parochial unions, is on the increase. The dissatisfaction is deep and general, and sincerely do we hope that the indignation of the members of the profession will undergo no abatement, until the vile, the abominable, the brutal system by which the making of these contracts is carried on shall be for ever abolished.

As a member of this Journal we cannot but feel that it was unjust to

condemn the Poor-Law Commissioners, when those gentlemen had expressly declared to Mr. HODGES, M.P. for Kent, and other gentlemen, that the Boards of Guardians should exercise the unrestricted privilege of arranging the conditions of the medical contracts in the new parochial Unions. In offering those exculpatory remarks we relied on the word and promise of the Commissioners,—our reliance was, however, but indifferently founded, if the statements which are contained in the letter of Mr. CEELY, of Aylesbury (inserted at page 387 of this week's LANCET), be supported by a correct apprehension of the circumstances which he has explained. Mr. CEELY does not write anonymously. He is a most respectable and intelligent practitioner, and we place, therefore, the fullest reliance on the details which he has communicated. It would now appear that the charge of interference in arranging the medical contracts between the boards of guardians and medical practitioners, is brought home distinctly and unequivocally to the Commissioners and their agents, and thus the promise which was so unreservedly made to the Kent deputation, has been unfeelingly and unblushingly falsified. It is really impossible to write or to speak on this perverse and cruel exercise of authority, with any degree of moderation or patience. The Commissioners and their agents are resolved, it seems, on reducing the amount of the poor's-rates. "No matter what may be the consequence to the poor,—no matter what sufferings may be inflicted,—no matter what lives may be lost,—THE POOR'S RATES MUST AND SHALL BE REDUCED." Thus would speak the Poor-Law Commissioners. But a declaration of a very different character will be heard from the mass of the people of this country. The conduct of the Commissioners and their agents relative to the contracts, is bringing the Ministers of the Crown into disrepute and odium everywhere throughout the rural districts, and, Heaven knows, a reforming

ministry stand in need of no such depressing auxiliaries in those quarters.

There are, in England and Wales, upwards of *fifteen thousand* medical practitioners, whose occupations necessarily lead them into all ranks of society, and whose learning, usefulness, and integrity of character, render them the objects of universal esteem and respect. Leaving out of consideration, therefore, the protection of the poor, which ought to be the first subject of consideration, can any executive government be justified in suffering their officers to treat with disrespect, contumely, and insult, such a body as is constituted by the members of the medical profession? But we are firmly convinced that neither the Prime Minister nor the Secretary of State for the Home Department has sanctioned any one of the disparaging acts of the Poor-Law Commissioners relative to the medical contracts. When Lord JOHN RUSSELL was addressed on the subject in the House of Commons, he spoke in a tone of the most fervent earnestness, in deprecating any arrangement with medical practitioners, which could have the effect of derogating from the interests of those gentlemen, or of withholding from the poor any essential medical aid in the hour of sickness. The conduct, therefore, of the Poor-Law Commissioners and their assistants must be brought under the consideration of the executive Government, and of Parliament, and we will soon see whether the evil, great as it is, cannot be removed by an efficient and permanent remedy. The course of conduct which the Assistant-Commissioners are pursuing, is calculated to drive the people into a state of fury, of madness. If it be the object of those hired functionaries to *destroy* the poor sufferers, let them have the honesty, the boldness, the courage, to make the acknowledgment; but let them not, under the specious pretext of providing the poor with competent practitioners from a distance, send amongst the wretched and destitute sufferers, a set of VAMPIRES, who

willingly consent to obtain a disgraceful livelihood, by a profuse sacrifice of human life. What offences have the poor of this country committed that they should be deprived of the services of respectable resident practitioners, and be turned over to a set of low-minded mercenary adventurers? Are the meritorious labouring men of England to share a worse fate, with respect to medical aid, than the criminals in our jails? Let us state one fact in order to exhibit the scandalous measure of injustice with which our poor are treated, and the opposite course which can be pursued in the case even of criminals, when *patronage* is to be bestowed. When the "estimates" were before the House of Commons in the last session of Parliament, votes of money were demanded by Ministers, for the supply of medical attendance on the prisoners who were confined in the Penitentiary of Millbank. The number of criminals was under 600,—all, observe, *at hand*,—confined within the walls of a single establishment,—and every prisoner necessarily rendered subservient to the orders of the medical attendant. The Penitentiary is *not an hospital*. There were not five hundred and odd *sick* persons placed there, but six hundred healthy persons, simply exposed to the *casualties* of disease. And what sum was voted by the House as the salary of the resident surgeon? Why, *three hundred pounds*, for one year! And what for the visiting surgeon? *Three hundred pounds* also! These sums, be it observed, were *exclusive* of the charge for *medicines*. Now observe. Medical aid is provided for *criminals*, in a state of *health*, at a charge, per head, of *upwards of one pound per annum*, while the poor labourers in the Unions are provided with the occasional presence of a medical adventurer, at a charge varying from *two shillings* to three shillings and sixpence per annum, and no more,—if he be sick, if he be bed-ridden,—for a *whole year*, and, further, if his miserable mud-hovel be ten miles from the merciless contractor.

Good God! We begin for the honour of our country, when we find atrocities of this description commonly and unhesitatingly perpetrated. It is impossible, utterly impossible, that Ministers can be guilty either of the cruelty or the folly of giving their sanction to such a brutal system. On this point, however, it has become necessary that the most accurate information should be at once obtained.

THE circumstances connected with the filling up of the vacancy caused by the resignation of Mr. KIRBY in the Dublin School, will be stated in the next LANCET in the communication of a correspondent. We have not space on the present occasion, to follow the intriguers through the windings of their crooked and despicable policy, our object being merely to place before the world a specimen of the corruption which forms the staple of a medical corporation. The details, of proceedings of this kind, are worse than imagination can in general conceive them to be. Let the reader assume any ideal standard of turpitude, and he will find it, on examination, to fall far short of the reality of the present proceedings, into which not one useful or equitable object enters. As to the qualifications of the candidates, or the principle of conferring the office on the most deserving competitor, the parties do not even pretend to think, much less to speak. That would be "radicalism" and "revolution." When the *concourse* was proposed some time ago in this Institution, every objection was made to its introduction, on the grounds of its complexity, and the difficulty of carrying it into execution. "Such a plan of disposing of professorships," said the junto, "was perfectly impossible." But what mode of effecting such an object as equal in tumult and intricacy, the plan pursued in the present instance, where we have the elements of discord, and the processes, along with the such contests on the

Members of the College, and the perpetuation of the grossest injustice to the candidates?

THE professor of the "Institutes of Medicine" in the School of Physic in Ireland has been practically illustrating of late the moral of the "little harper in the great theatre." Like the puny musician who mistook the acclamations of his village admirers for the voice of fame, and fancied that the tones of his diminutive lyre would be equally successful in securing the applause of the world upon a larger stage, he has been exhibiting himself, under the impression, no doubt, that the public would repeat the parasitic approbation of the coterie of medical conservatives in the Irish metropolis, and he seems to have had no friend to admonish him of the imprudence of the experiment—no Moliere's old woman to refrain from laughter during the perusal of his vagaries. The course he has adopted is, perhaps, the best calculated to undeceive his self-love, and bring his followers to their senses. It is possible that with his address he might retain their allegiance a little longer—might continue their "consulting physician" and "medico-political advocate" some few months more—were it not for his furnishing them so abundantly with the means of detection.

Let us see how the account stands between these trusty adherents and their disinterested leader. The compact was this,—for it would be idle not to presume a reciprocity of advantages between these honourable individuals—that their liguety should be defended, and their monopoly secured, against the ravages of Reform. Upon one side were expected the brilliant efforts of an accomplished pleader, and the imposing authority of a man of science; on the other the patronage of pupils and of patients, and an annual subscription for "the Journal." But in what have these expectations eventuated? One of the Journals, selected as the mirror for reflecting abroad the beauties of medical science in Ireland, has died a natural death; the other has been preserved from a similar fate by a timely subscription during the recent summer. As refutations of the described condition of medical affairs in Ireland, we have had oracular contradictions;

and in science, the gleanings of continental authors put forward as productions of Irish growth. In physiology we have had fine specimens of philosophy run mad,—and in therapeutics, pleasant juleps and agreeable mixtures. In medical literature, the labours of a Grub-Street compiler,—and in *materia medica*, the commentaries of a confectioner!

By these Herculean exploits were the patronage, the tuition, and the practice, of the medical profession in Dublin, to be secured for ever. Considering the condition of Ireland, and the precedents in other departments, it is not wonderful that the mistake of imitating those examples was made, although, at that very moment, the political monopolies which they sought to rival in medicine were universally execrated by the Irish people, and virtually abandoned by cabinets of all shades and colours, from the cabinet of WELLINGTON to that of MELBOURNE! Men with far less sagacity ought to have seen that the system of exclusion which was not maintainable in the church, in the corporations, or at the bar, could not be sustained in the medical profession. It was not prudence but sheer stupidity to stand between the ruin and its fall; but from the quarter to which the party have all along addressed themselves, they seemed to think that if they could meet the statements and arguments of *THE LANCET*, their case was safe. Yet even had this journal latterly been silent, the impetus it had already given to reform could not have been retarded much longer. Public opinion had become too strong an enemy for the junto to cope with. Were the profession in Ireland likely to be satisfied with less than was to be conceded to the profession in England and Scotland? Did they imagine, for instance, that the fact that not a single individual belonging to the faith professed by the bulk of the Irish nation, fills (as we believe) the office of surgeon or physician to any Irish County Infirmary, would not be considered as a gross anomaly and a scandalous grievance? Was it to be supposed that the people of Ireland would be content with an University, the by-laws of which declare that no Catholic shall ever hold in it the office of Professor? As well, indeed, might Dr. GRAVES and his party expect that the sturdy followers of Calvin in Scotland would allow the episcopalians in that

country to hold exclusive possession of all their universities and schools! And yet such is the proposition of the medical monopolists of Dublin!

But sooner or later will the inhabitants of Ireland either force open the existing institutions, or possess institutions of their own. They are intent upon this course. Their enemies force them to adopt it. We are perfectly aware of the kind of use that will be temporarily made of this announcement; nevertheless, the event cannot be retarded, however great may be the abuse cast upon *THE LANCET* by the monopolists. The question is not now, "Shall there be reform?" but "How far shall it be carried?" The spokesman, Dr. GRAVES, suspects this, or he would not have deviated from the old usage of treating public opinion with affected indifference, and admitted the necessity of reform, in his late "introductory" lecture at the *Meath Hospital*. The extent of reform will be discussed in the next harangue at that place.

In our present Number will be found the first part of an extremely interesting paper by Mr. EDMONDS, of Regent-square, on the influence which age n the population, and locality as regards divisions of the country, exercise over the mortality of various portions of the English population. The new and valuable materials—of unexampled variety and extent—on which Mr. EDMONDS has exercised his abilities and his great industry,—are but little, if at all, known to the public; and the devotion of so much time and attention to them as his papers evince, renders the community, for whose advantage they are designed, greatly his debtors. The chief of those materials consists of a Parliamentary return of the ages of nearly 4 millions (3,938,496) of deceased persons, and of more than 10 millions (10,530,671) of persons living, also distributed according to the terms of their age. These numbers have been divided into 100 portions, the sexes of the individuals enumerated being distinguished in each county in which the individuals are stated to reside; and also in each of six large towns. The "law of their mortality," or a careful dis-
number of these indi-
died at each distinct

number of persons who each lived to the same age, is the information which has been laboriously sought by Mr. EDMONDS, and ingeniously obtained by him from these materials.

In giving a place in our columns to the communication of Mr. EDMONDS, we are influenced by the impression, long ago entertained, that the subject is one of peculiar importance to the members of the medical profession. It can hardly fail to excite, indeed, a high degree of interest, local and general, amongst the people of this country; but to the medical community, especially, it affords an abundance of new and rich matter for reflection. The results themselves appear to us to be of high intrinsic value; but the exhibition of all the steps of the simple process by which they have been derived, may, perhaps, be considered of great permanent use as indications to the inexperienced in these matters, of the course which should be pursued in the investigation of the same, or of other similar materials. In medical statistics attention has hitherto been confined chiefly to the relative mortality resulting from different diseases, and to the number of deaths and recoveries which have occurred among a given number of persons attacked by disease. The duration of the attacks, and the ages of the patients, are indeed now deservedly becoming objects of great importance. But observations of this latter nature can supply no measure of the health of a population, so long as we continue ignorant of the number and ages of the persons living from whom the diseases are taken. In order to obtain an accurate measure of health, it is essential that the number and the ages both of the living and the dying should be observed. And that the number who are sick at each age should be distinguished.

It may serve, perhaps, to increase the attention of our professional brethren to the documents which we publish, when they are informed that very great secrecy is preserved on the facts which they develop, by the remainder of the very few persons besides Mr. EDMONDS, who possess any real knowledge on the subject.

space for the insertion of the proceedings which took place at the University

of London. The ministerial plan for founding a general university in the metropolis, is distinguished in many respects for its liberality; but the scheme will never receive our unqualified approval, unless the charter shall provide—after the institution is set in motion—for electing the future examiners by *concours*; nor, unless every candidate for the honours of the University shall be *admitted to examination*, simply on his furnishing proof of his having ever sustained a character of unimpeachable moral rectitude. The scheme in its present form will only add new strength and vigour to the odious, the infamous, certificate system. The letter, signed “A STUDENT,” in the present Number of *THE LANCET* (page 388) relating to this subject, merits general attention.

THE facts relating to the late disinterment of a body at Moulton, and the consequences resulting from the discovery of the proceeding, are not unknown to us. We only hope, for the credit of the profession, that any one of its members who may be at present involved in the charge connected with the disgraceful transaction, possesses the means of freeing himself with honour from the implication. The affair is undergoing legal investigation, and we shall therefore abstain from saying anything farther on the subject at present.

THE LATE DR. HAMILTON.

(From an Edinburgh Correspondent.)

DR. HAMILTON, the author of the valuable work on the treatment of diseases by purgatives, died on the 27th of October last, having arrived at the eighty-eighth year of his age, and enjoyed, during that long period of life, an uninterrupted course of good health.

There were many features in the life and character of this able physician which are worthy of notice. It may justly be said of him, that he constructed one of the best works on practical medicine which appeared during his day; and he was, at the same time, one of the best practitioners of the Scottish metropolis.

JAMES HAMILTON was the son of the Professor of Natural Philosophy of the University of Edinburgh. Having had an excellent preliminary education, he commenced

the study of medicine,—the school of Edinburgh having at that time acquired its highest reputation, its list of professors being adorned with the names of MONRO, CULLEN, BLACK, and GREGORY.

Finding an unconquerable difficulty in even witnessing operations of surgery, Dr. HAMILTON commenced practice as a physician; and although he always had the reputation of possessing good sense and a sound judgment, he was very little employed in private practice; and the greater portion of his time was devoted to the duties of the Royal Infirmary of the city. It was not until he had passed the fiftieth year of his age that he enjoyed any professional reputation. He had never devoted himself zealously to any pursuit connected with the science of his profession; and he was even defective in its rudiments, having, like his contemporary, the second GREGORY, no knowledge of practical anatomy; and possessing, consequently, no accurate knowledge of pathology.

At about this period of his life he came forward with his work on "Purgatives;" and never was any literary production more cordially received by the profession. The views which he inculcated therein were at once adopted by a great proportion of British practitioners. It passed through one edition after another, at once establishing the fame of the author as that of a first-rate practical physician.

At the same time that HAMILTON was directing the attention of the medical world to the administration of remedial measures in the treatment of fevers, and ascribing many diseases of the nervous system to the alimentary canal, ABERNETHY was employed in pointing out a variety of local ailments, all of which were symptomatic of a derangement of some portion of the digestive apparatus, and to these also ABERNETHY directed all his therapeutic means. Each observer was employed in exploring the same country, but they travelled in different roads. Both observers agreed on all practical points; they both agreed in the fact that almost every disease is modified by, if not actually originating in, a deranged state of the digestive canal; and whether it be the stomach itself, the liver, or the large intestines, it is those organs to which we must direct our chief remedies in all the diseases of the human body. In confirmation of this important truth, we have only to look at the habits of mankind in civilized life. The irregularity of their meals, and the multitudinous variety of their food, contrived purely to gratify sensual desires, must constantly disturb the functions of the stomach, while the moral excitement to which mankind is exposed, must, in like manner, constantly derange the operations of the liver. It was to this portion of the alimentary canal that ABERNETHY directed

particular attention in all his pathological investigations, whilst HAMILTON appears to have looked chiefly to the large intestine. To the congestion and accumulation of fecal matter in the colon, he attributed the chief affections of the nervous system, particularly chorea, but he considered that a vast number of symptoms of other diseases, originates in the condition of the alimentary canal. Both practitioners established their views by a reference to an immense body of facts, and their joint labours now form the groundwork of the practice of the ablest medical men in this country.

Much has been told, and truly told, of the absurdities into which these champions of the stomach occasionally fell, from the extravagant bias which their minds took on the subject, its diseases and remedies. To such an extent did Dr. HAMILTON carry some of his views, and so eager was he to inculcate the importance of examining the evacuated matters on all occasions, that in visiting his patients in the Royal Infirmary, he was in the habit of looking at the cloaca in every case. An old and waggish nurse who was employed in the Institution at one period, had no difficulty in providing an "evacuation" for the doctor's critical inspection, numerous as were the demands on her faculties of distinctiveness and arrangement. It was at once indeed a saving of trouble and a source of amusement to her to confuse the stools of the different patients, and then to present them to his notice indiscriminately. These deceptions, however, converted laughable errors into a useful conviction, on the minds of the numerous students who attended the Doctor's visits, that little was to be learned from the mere external characters of the evacuations from the alimentary canal.

As a private individual, Dr. HAMILTON was generally considered as a very primitive character. He was a perfectly upright and just man, but his generosity of disposition was not very conspicuous towards those who chanced to present claims on his benevolence. Though unmarried, he had the reputation of possessing a progeny. He was rather affected in his dress, continuing to wear a cocked-hat forty years after that form of heaver had been given up by every body except a few clergymen. He would not wear gloves even in the coldest days of which our northern climate can boast, and he always slept with the window of his room open. In personal appearance he was a little pleasant-looking body, and he generally contrived by his manner to make friends. His house being adjacent to that of Dr. HAMILTON junior, our well-known accoucheur, many amusing anecdotes are told of ladies making mistakes in the choice of their medical attendants. It was often proposed that the distinctions of "senior" and "junior" should be placed on the doors, some sym-

the houses, character of the favourite calling of each, in order that the victims of "Cupid" might not undergo an unmerited purgatory, by accidentally calling at the wrong house.

INTERCEPTED LETTER.

"DEAR SIR HENRY,—I always feel it to be an honour to receive a letter from you, and am ever proud to fulfil your commands. Your letter, most parts of which I read at a College meeting, was most gratifying. I am every day more convinced that you are not even yourself as well aware of your public as you are of your private professional value. We all look up to you, justly, as the chief pillar of our venerable institution; and we know that when you fall so must Pall Mall East. I rejoice in the amendment of your health and spirits, which at the last College meeting you attended we all observed had faded a good deal. Wiston Hall is a delightful spot, and I hope you will remain there until the close of November, in order that both your mind and body may be recruited. My solicitude to see you once more amongst us, prompts me to take the liberty of cautioning you not to make too free with your constitution, and expose yourself too much to the endearments of the fascinating circle in which you move, and have been so fondly caressed. I cannot help recalling to your memory the sage advice which you gave some years ago to the gallant Duke of WELLINGTON, and as you are much more advanced in years, the same precept may now be to you even more applicable. I am confident that by tender nursing and great command over your passions, your mind and body may yet last a few years. The aged are not less apt to become the victims of female society than youth, and if you at your time of life were to take to yourself a young wife, we should soon lose your valuable services. It is my high consideration of those services that prompts me to write to you on this delicate subject.

"I don't know that I have much news to tell you. All of us will join you heartily in keeping things at the College *in statu quo*, and we are every one confident that your ingenious and comprehensive mind will contrive a tub for the whole, and that you will easily manage to amuse these pettyfogging licentiates with another reform phantom. You have no one to fear, as all of us will be glad to keep you in the president's chair. There is in fact no other man in the profession high enough in rank and science to fill the same dignity and credit. The *think* are paralysed. MATON, certainly aspired, but he is a world. Had he been a we should not have

suppressed the facts respecting the indecorous part of his life. A married Fellow, with legitimate offspring, might have been something; but the least public suspicion of immoral habits, unfits any one to be an occupant of the President's chair. Such a person could never have overthrown a man with your high moral feelings. WARREN, whom you reasonably considered as an opponent, will soon leave this wicked world, for he is very very ill; so instead of fearing him, you may pray for him.

"I have done all I could to obtain information about the schools. The different lecture-rooms have been open some time, and I wish my statements respecting several of them could be more gratifying. But I must not deceive you. The medical pupils of the London University have increased prodigiously. Last year there were 300, but this year the number is not less than 500. The other schools have suffered a proportionate diminution, some of them having been hit most severely. St. Bartholomew's, notwithstanding all STANLEY's efforts, are 83 *minus*.

At the Borough hospitals they are making a convulsive struggle, but all the palm oil which King HARRISON can supply, does not seem to make the rusty wheels of Guy's go quicker. At St. Thomas's, however, the classes are a shade better. The reason is, I understand, that they are more liberal in their conduct to strangers. At Guy's their demeanour to visitors is quite ungentelemanly, and contrary to every rule observed at the other and more liberal recognised hospitals. They are machinating a quarterly journal of Reports. Such a thing is already advertised at St. Thomas's. But they are a dozen years too late. Had they been wide awake in 1823, they might have prevented the inconvenience of criticism with reporting. But they say that the unfortunate *Gazette* is read by so few that it does not answer the purpose of the hospital surgeons. These *pure* journals, however, must fail, as of course they will only contain successful cases, and will give none of the bungling practice. Nobody but a blockhead would publish an unsuccessful case.

"The Westminster School is as low as low can be. I conversed with a gentleman who went to hear one of the new-fashioned *clinicals*, and who, after waiting for three quarters of an hour, took his departure, because no other soul but the lecturer attended. GUTHRIE is sliding down rather fast, though he was never far up in the estimation of the competent judges. You will find a melancholy scene described in THE LANCET. All true! The College have kept the Charing Cross concern out of competition with their own hospitals, by refusing to recognise the practice. Our St. George's friends have met with the fate which you foresaw. The 7000*l.* sunk in brick and mortar, will never again be converted into currency. The two

contending parties have about shared equally in the pupils, each having from twenty-three to twenty-five. BRODIE, poor fellow, would not hearken to good advice and give up the opposition. LANE, who is as sharp as a needle, has certainly got the best shop, having spent upwards of 1500*l.* in putting the original school in order. The Middlesex must be considered as a failure. This I regret only on your nephew's account, for Sir Charles is a bitter enemy of things as they are, though, loud as he talks out of the College, we never hear of any of his efforts in doors to help the reformers. The University hospital has kidnapped every pupil in that quarter. By-the-by a new medicine, called *creosote*, is all the rage here. Have you ever heard of it?

"I saw TURPIN last night. He appeared low, and said the trade was *dull*, that he was *looking out* for patients, and that the old families who used to permit all their domestics to indulge in the *draught* system at the master's expense, now oblige them to go to dispensaries, or have their own doctors, which makes a serious difference in the Christmas bills of all the top-apothecaries. He says that no one now ever wants a pure physician, and that none of his patients will stand a *regular attendance* any longer. We are all fully sensible of the complete change which has taken place in the guinea trade, and every day see the necessity more and more of becoming, in reality, general practitioners.

"I have sent you per coach WARDROP's book on Blood-letting, which was published yesterday. I think it will please you. It is full of practical information, and contains what are to me many views which are quite original; but I should like to hear your opinion of the work. Favour me also by saying what number of copies I should order for our library, as it will be much called for, for it is a work not for a cursory perusal, but for attentive study and calm deliberation. There is one point in which you may obtain some useful information from it. I allude to the *quantity* of blood to be taken. I remember a lady, who was present at one of your visits, telling me of the happy effects produced by your nice discrimination of the requisite quantity to be removed in the case of the old Dowager Duchess of R*****. She said that after repeated most accurate examinations of the pulse, and of the alvine and urinary discharges, *a la Prout*, you prescribed the loss of *four ounces* of blood by cupping, and then departed; but on returning to your noble patient in two hours, and having first ascertained that the cupper had not arrived, you then, with your customary tact, expressed an unusual interest in the case, saying 'that your anxiety was more intense than it had ever been for any patient before,' and that 'after having contemplated, reviewed, and turned over again and again in your mind every particular of

her condition, you had come to the important determination that the *quantity* of blood to be removed should be only *three ounces and a half*.' I shall never forget the favourable impression which your conduct on that occasion made on all concerned; and for years after, the noble family of R***** could never hear your name mentioned without a tear of gratitude rolling down their cheeks.

"I am glad you are riding a quiet pony. What a frightful escape little BRODIE had in the Isle of Wight the other day! I trust you will have the kindness to let me know about the time that you will come to town, and say if I can do you any little kindness at Kensington. Do you think there will be a chance of getting up some meetings at the College this season? There are many difficulties which you alone can surmount, if surmountable. I remain, dear Sir Henry, ever your very humble and obliged servant,

"W. Mc. M.

"Half-moon Street, Oct. 1835."

LONDON MEDICAL SOCIETY.

Monday, Nov. 30, 1835.

DR. WHITING, President.

TREATMENT AND EFFECTS OF FRACTURES.

MR. BRYANT placed on the table a specimen of fracture of the femur, of which he gave the following history: A female, aged sixty-seven years, much addicted to drinking, occasioning considerable feebleness of constitution, was knocked down by a boy, when the left trochanter forcibly struck against a curb-stone. She was unable to rise, or bear the least weight on the limb. She was conveyed home and put to bed, and simply kept quiet. On the 27th of October, three days after the accident, she was brought to the infirmary, when the injured limb was found to be two inches shorter than the other. The foot was everted, and on rotating the limb, distinct crepitus could be heard and felt at the upper part of the thigh-bone. The woman was placed on a fractured bed, and the limb on a double-inclined plane, with splints and bandages to maintain the broken parts in apposition; and thus placed she appeared easy. On the following day she became extremely restless, pulled off the bandages and apparatus, and obstinately refused to have them re-adjusted. He (Mr. B.) then placed the limb on its outer side, with the knee bent on a pillow, insisting on perfect rest being kept. She remained more comfortable, but became even more feeble, although a supply of wine, which she had been a long time refused, was allowed her. The patient did not get

pulse rapid and feeble, and the tongue dry and brown. The symptoms continued increasing up to Saturday, 28th November, when she died. On examination, a fracture was found through the trochanter; the neck of the femur was driven into the cancellated structure, and the trochanter minor was broken off. The fracture was external to the capsular ligament, but no attempt at union had occurred. Cases, however, of fracture of this description were described by Sir Astley Cooper, where union did follow. His (Mr. Bryant's) object in bringing this case before the Society was to engage its attention on the treatment of such injuries, which he thought was a very desirable object, especially at the present time, as an excellent paper had been lately published in *THE LANCET*, by a Mr. Radley, who had advanced, very ably and strongly, the treatment of fractures without splints. The plan recommended by Mr. Radley appeared to have been so successful with Mr. R., that it could not be otherwise than worthy the attention of every medical society. Two other specimens of fracture, on the table, were taken, the one from an old man aged sixty years, and the other from a woman aged sixty-three, the injuries arising, no doubt, from the extreme fragility of the bones at their advanced ages; and he (Mr. B.) was very sceptical whether the practice of confining the patients on the back, with the limb extended, was a good one. In fact he was led to consider that great advantages would result from the surgical treatment recommended by Mr. Radley. He (Mr. Bryant) did not consider that any benefit would have ensued in the present case if mechanical contrivances had been adopted; and in such cases he regarded the position on the side, with the knee bent, resting on a pillow, the most likely to answer the object of the surgeon. The Society's time, he believed, would not be ill-spent in giving this important subject an attentive consideration. In the case of the female first mentioned to-night, he believed that the accident had but little to do with her death; for but very slight inconvenience arose from the fracture. He, perhaps, might account for the fatal event correctly, by asserting it to be the woman's having become habituated to the use of ardent spirits, which having been in the first instance withdrawn, low fever ensued, which, in its turn, by degrees, occasioned the feebleness under which she sank.

Mr. JONES was persuaded that patients having received severe injuries, died, in innumerable instances, from a peculiar kind of slow fever that succeeded, without disclosing any structural change. Irritation, he regarded as a frequent cause of fracture, for instance. He was disposed to think, that the death of Mr. Bryant's patient was not

referable to the injury, but to the shock which the whole nervous system had sustained. He had seen many persons die from falls which had produced no fractures, in the course of a very few days.

Mr. DENDY pronounced Mr. Radley's plan to be no plan at all, for it permitted the patients to do as they pleased, when, if there were any disposition to displacement of the disunited parts, the treatment without splints would not succeed. In Mr. Bryant's case little could be done, but he (Mr. D.) would have added a pelvic strap, to keep the pelvis fixed.

Mr. CLIFTON considered the principal source of irritation in very old people, to depend on the confinement and restraint to which they were subjected after the receipt of an injury.

Mr. PILCHER attributed the development of the irritation, rather to the confinement than to the abstraction of the stimulants, the former leading to an interruption of the functions of the body, and finally to a disorganization of the viscera.

Dr. JOHNSON maintained that the irritation or mischief resulted from the shock which the constitution had received.

An animated discourse ensued, terminating, however, in each member regarding his own theory as most feasible, in accounting for the phenomena occasioning death in such cases, and the Society soon afterwards adjourned.

OUR REPORTER remarks on the note of Mr. Hooper in the last *LANCET*, "that he did not anywhere state in his report, that Mr. H. had said that, 'the exostosis on the tibia of the patient well illustrated the proposition laid down by Mr. Abernethy;' but, rather, what Mr. H. himself states in his note (page 349), viz., that cancer will invade every structure of the body. Although the word exostosis was perfectly separate from the sentence, still it had reference to it; for, as stated in the report, not only soft parts were destroyed by cancer, but bony parts also."

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 28, 1835.

Mr. RICHARD QUAIN in the Chair.

DEATH FROM TAKING MORISON'S PILLS.

Dr. JOHNSON, in answer to a call from Dr. Granville, detailed the post-mortem appearances of Mrs. Sarah Porter, aged 39 years, who died from effects caused by taking Morison's pills. The particulars of the case were given in our report from the London Medical Society, Nov. 33, the day on which she died. The abdomen was rather tumid and distended; peritoneum healthy;

stomach inflamed, presenting slight abrasions of the mucous coat; no changes in the duodenum; jejunum and ileum twisted in different parts one with the other, and the morbid parts had assumed the colour of dark mahogany, with distinct demarcations of healthy surfaces; the vessels were injected, and from their capillary extremities blood was extravasated; there were no traces of ulceration, the mucous surface being simply abraded. The parietes of the heart were rather thicker than usual, probably the commencement of an hypertrophied condition. The bloodvessels of the brain were congested throughout, but there were no other morbid changes affecting the substance of that organ. In answer to a question whether the pills had ceased to produce any action some time prior to death, Dr. Johnson said that the medical gentleman in attendance, and the friends of the deceased, had informed him, that ten days prior to her death, she was recommended to give to one of her children, who was troubled with palpitation of the heart, some of "Morison's Pills;" she complied, but the child got worse. Presently the mother had pain in the head, and she also took them, in doses such as we have before described, producing, shortly after, distressing vomiting and violent purging; and her adviser remarked, that the more actively they operated, the greater number of pills it was necessary to take! An increase in the violence of the symptoms necessarily followed. The friends finding her becoming rapidly worse, sent for Mr. B—, a medical practitioner, who found her comatose, in which state she remained up to the period of her death, four days after commencing to take the pills. The last day or two prior to the fatal event, the bowels had ceased to act, and at the post-mortem examination they were simply distended with air. He (Dr. J.) came to the conclusion that death was occasioned by the pills, from the fact that some portions of the tube were highly diseased, whilst other portions were perfectly healthy; and where the lodgement of the irritating substances had taken place, there the changes were evident, and the contractions appeared as if tied with a piece of silk, while there no morbid adhesions had supervened; these contractions, when found in the healthy portions of the canal, were a positive evidence of their having been produced by the direct application of an irritating substance. But he did not wish it to be understood that he believed that other powerful pills, taken in the same enormous quantities, would not have occasioned the same result. (The virtues of this quack medicine, however, are said to reside in large doses.) The affection of the head was attributed to the large doses of Ext. Conii.*

* We believe the manufacturer, in order to baffle the analyst, changes his formula (with the exception

which the pills, by analysis, were found to contain.

Mr. VERRAL said he had been requested to attend an old patient, who, he was convinced, had also met with his death from the same cause; and in whom the pills and other aperients, towards the close, ceased to produce any action. After death an immense mass of the pills and of oil was found wedged in the intestinal canal, in so putrid a state, and emitting so powerful an effluvia, that the like he never before encountered.

MEDICAL MAGNETISM.

Dr. JOHNSON, in a brief address, re-introduced this subject, but it occupied attention only for a short time, the conversation consisting of a few questions that were put to Dr. Schmidt. The discussion of the previous night, Dr. Johnson said, proved to the Society that medical men were not the only class of philosophers who differed. As much variance of opinion prevailed to-night as on the last evening of discussion.

Dr. RITCHIE denied that the magnet, by itself, could produce any therapeutic effects.

Dr. SCHMIDT maintained that it could, if the poles were placed according to his arrangement.

Dr. RITCHIE thought it quite a joke that Dr. Schmidt should know how to manufacture magnets more powerfully, and place them more remedially, than other persons.

Dr. EVRS replied, that a gentleman had offered to Messrs. Watkins and Hill, of Charing Cross, 100 guineas if they would produce magnets having the like power.* They tried, but at last were compelled to acknowledge their incompetency; and he would now propose that Dr. Ritchie and Dr. Schmidt should each take a certain number of pieces of iron, and try who could produce the most powerful magnets.

Dr. SCHMIDT offered any medical gentleman who doubted his competency to perform what he had described, or who believed that the magnet could not produce physiological effects on the human body, to bring to his (Dr. S.'s) residence, any poor and sick patients on whom magnetism might be tried, the visitor judging for himself of the results, for he had no secrets to conceal. He had abstained from quoting cases cured with the magnet within the last six years. He would, however, briefly state that he knew a lady, aged 22 years, afflicted with amaurosis for several years, and who, during the last eighteen months, was completely blind,

of the ingredients that give to his pills their powerful drastic aperient quality), as it best pleases his fancy, when preparing the means of deception, for some analyses furnish the like product.—*Hep.*

* We take this opportunity

Dr. Schmidt withholds relative to his mode of magnets?—Ed. L.

who was seen by several eminent physicians, without benefit, but in whom the magnet produced a speedy and perfect cure. It could avail nothing to detail cases within these walls, unless authenticated by the residence of the patients themselves. Many remedies there certainly were in the pharmacopœia, but the profession, nevertheless, was not overstocked with remedies.

Mr. HALE THOMPSON said he was authorized to offer to Dr. Schmidt the use of the Ophthalmic Institution, where he might select as many cases of amaurosis as he thought advisable, and in order that the magnet might have a fair trial, the sole management of the selected cases should be entrusted to his care, and he (Mr. T.) would give to the Society an impartial statement of the results.

The offer was accepted, but not so willingly, apparently, as to prevent Mr. KING from believing that a reluctance existed on his part of Dr. Schmidt so to test the efficacy of the magnet. Mr. KING considered that more effect would be derived from electricity, though whether the magnetic fluid suffered from the electric he was not aware.

Dr. SCHMIDT said he had found injurious results to arise from the application of electricity in the treatment of diseases, and moreover, he had not so great a control over the electric as the magnetic influence.

Dr. JOHNSON advised Dr. Schmidt to accept the offer to make experiments at the public institutions, but to be careful in the selection of patients, especially those affected with amaurosis, for it was impossible, he considered, that any remedy could accomplish a cure when the cause arose from organic changes.—On the whole, the Society seemed to form a more favourable opinion of magnetism this evening, the interest in the subject being heightened when it was announced that Dr. Faraday had purchased one of Dr. Schmidt's magnets (which Dr. S. considered as a proof that his magnets were very superior) and examined his experiments, remarking that his views were new, on some points, and no doubt would lead to important results, he (Dr. F.) stating that he should more fully investigate the subject. The adjournment of the Society then took place.

MEDICAL CONTRACTS IN THE NEW UNIONS.

LETTER FROM MR. CEELEY OF AYLESBURY,

To the Editor of THE LANCET.

I have never been among the number who have derived the least benefit, and any hope, from the Poor-Law Commissioners

to the Kent deputation:—"That the guardians of the poor of the respective parishes should not be prevented entering into as many contracts with medical men as they pleased,* because, in the first place, in the rules and regulations originally issued for boards of guardians by the commissioners, a clause exists, relating to medical relief, permissive of such authority,—a clause which, in an official communication on the subject, dated June 20th last (now before me), their secretary states, "he is instructed to declare, empowers guardians to exercise an *entire discretion* with regard to the medical appointments." In the second place, experience has taught me to entertain no very exalted opinion of the discretion of such bodies in general on such a subject. In the third place, I am unwilling to respect the declarations, and unable to appreciate the authority, of a central triumvirate which, though incessantly disclaiming all interference in the medical arrangements, and for ever alluding to the grant of these discretionary powers, at the same time permits most of its itinerant assistants to be actively and relentlessly engaged in prejudicing, insulting, and degrading the medical profession, often *prompting* guardians to the execution, and *always* supporting them in the inflection, of the most flagrant injustice on numbers of its worthiest members.

For these reasons, also, I could not participate in the surprise expressed by you, in a recent Number of THE LANCET, at the proceedings relative to medical contracts, still manifested by the guardians of several unions, much less can I concur in the correctness of your strictures of the 21st inst. on this subject.

I could relate many instances in different counties, previous to the Kent deputation, where guardians, uninfluenced by assistant commissioners, have exercised this discretionary power with humanity to the poor and justice to the medical profession. I could also mention a multitude of instances, both before and since that event, where, in spite of the above recited discretionary clause, the secretary's authorized explanation, and the reiterated official assurances in the House of Commons, assistant commissioners have most illiberally and unjustly interfered in these matters, either dissuading them from the pursuit of an enlightened and judicious course, pandering to their parsimony, or ministering to their meanness. Boards of guardians, in general, need not such *assistants*; and it is equally true, that had those bodies been left to their own feelings, knowledge, and discernment, infinitely less evil, and much less injustice, would have been perpetrated in the medical arrangements.

* Vide LANCET, No. 927, p. 747.

In the Wycombe Union, formed some months since, the guardians refused to admit of medical districts, though urged to it by Mr. Sub-Commissioner Gilbert. He, however, succeeded in persuading the Board, after having unanimously agreed to the adoption of a low scale of graduated payment, proposed by a medical man of acknowledged talent, experience, and liberality, to abandon their design, and force the medical men, by modern threats, to accept a shamefully inadequate stipend.

This functionary, doubtless, in laudable rivalry with his associates, declared publicly and privately, "that the medical men of Buckinghamshire had given him so much trouble that, on all occasions, he would urge the guardians to procure medical officers from London"—"that although they had caused him most trouble, yet he could always subdue them by introducing very clever young men from Somerset House, where there was always a long list of them in the possession of the commissioners."

The Aylesbury Union comprises forty parishes, and contains a population of more than 22,000, with districts most preposterously and perniciously arranged in reference to the medical duties, and is it not less than twenty miles in extent in one direction. During the formation of this union, that sagacious gentleman Mr. Gilbert gravely inquired "whether one medical officer would not suffice for the entire Union."

When the Union was formed, in September last, he took an active part in dividing it into four arbitrary districts for the relieving and medical officers, and suggested terms for the latter to which none of the resident practitioners could accede. The Union was disposed of to three individuals; two from London, one having two districts, who are engaged to discharge the medico-parochial duties lately performed by sixteen! Whether the medical men in Devonshire have proved more compliant than those of Buckinghamshire, or whether this gentleman *there* continues his pragmatical proceedings, our brethren in the South, I dare say, can inform you.

In Hertfordshire, after a contract had been ratified, the assistant commissioner, Mr. Adey, refused to sanction it till 7s. 6d. was substituted for 10s. 6d. for midwifery, in and out of town. In Bedfordshire, guardians have been officially informed that the *commissioners* would not allow more than 7s. 6d. for this important item. This gentleman has publicly declared, "that, notwithstanding medical men now complain of inadequate parochial remuneration, they will receive much less next year."

In the Thame Union, where the medical appointments have been made within this last month, and where the *highest* tenders were accepted, the Assistant Commissioner, Mr. Gimson, and the Central Board, inter-

fered. The former offered a London medical man at a lower rate, at the same time declaring that the election just made would not be confirmed. The latter proposed a sum scarcely equal to two-thirds of that claimed by the successful candidates.

The guardians, however, after much discussion, would not accede to this, but ultimately were induced to propose a considerable reduction of the original terms. Contracts, on these abated terms, were then ratified by the guardians, for *twelve months*. Within these few days, however, the Central Board—the Poor-Law Commissioners—have signified to them in writing, "that, under the circumstances, they will allow the medical appointments to continue only *until the end of the parochial year*: at the same time they consider the remuneration proposed too high, and such as they will not feel justified in sanctioning in future."

If further evidence could be required to show the spirit actuating the Central Board towards the medical profession, and to declare the hopes we may entertain from that quarter, surely their last Report to Lord John Russell will furnish abundance. That report can be proved to be no less replete with unwarrantable aspersions and unfounded imputations, than distinguished for the arrogant folly and the ignorant credulity of its subordinate concoctors. It may, in its characteristics, stand unrivalled; but I am happy to say it will not remain unanswered. I do hope, as you suggest, that it will at once engage the serious attention of the profession in general; and that, since his Lordship has the bane, he may also have the antidote.

By extensive union, cordial co-operation, and an appeal to the Legislature, supported by authentic facts, existing in abundance, I cannot doubt that the honour and respectability of our profession will be best vindicated and most successfully maintained.

I am, Sir, your obedient servant,

ROBERT CECILY.

Aylesbury, Nov. 30, 1835.

METROPOLITAN DEGREES IN MEDICINE.

To the Editor of THE LANCET.

SIR,—I perceive by the daily papers, that it is the intention of the Government to "incorporate by charter certain persons eminent in literature and science, as the 'University of London,' with power, after examination, to confer degrees in arts, law, and medicine." It is also stated, that candidates for degrees must produce *proofs of having gone through a course of study*, either at the "

* Vide LANCET, No.

at the institution now denominated "The London University."

Now, Sir, this does appear to me to be neither more nor less than a continuance of the old system, and to imply that the examination for degrees, at the new "University of London," will be as useless as that process has hitherto been in other quarters. If it be not a perpetration of the old scheme under a new name, why is it necessary that a regular course of study should be "gone through" at any institution whatever? The circumstance that a candidate has passed a certain number of years in professedly educating himself anywhere, is no proof of the ability or attainments of the professedly educated individual; and it is a fact which cannot be disputed, that many persons have attained degrees, in our two great universities, without presenting any solid claim to the possession of those marks of distinction. So that it would seem already, that neither certificates of having studied, nor the fact of having passed an examination under the influence of the old system, is any guarantee of qualification to hold a diploma.

But suppose we admit that the examination will prove so good, that none but competent men can pass the proposed examination. What then is the use of certificates of "courses of study?" Why should only those who can afford to obtain their knowledge at a university, be qualified to become candidates? The adoption of such a system necessarily excludes all but the comparatively rich. The want of means must prevent many able young men from pursuing their studies in an English university, but who, in the retirement of a private study, would attain a degree of knowledge which is far beyond that possessed by the majority of those who go through "courses of study," and obtain degrees. It does not matter *how* knowledge is obtained, — whether in the solitude of Welsh mountains, within the walls of a university, or amidst the din of a metropolis, — whether in Wales, France, or England. If the knowledge be but obtained, its possessor is equally worthy.

But, perhaps a fear is entertained by certain parties, that such an arrangement would increase the labour of an examination, because much which ought to be proved at an examination, is now taken for granted, or would be so, under the "course-of-study" system. But, even were more labour required, such labour would not be lost, for the worthiness of the possessor of degrees would thus be ensured. We might then look upon a degree as a thing of value, — as the evidence of a fair and adequate test of attainments, — satisfied that whoever possessed one, would first have proved before the public, and renowned that he had de-

throughout exerted yourself to obtain a pure mode of government in our metropolitan collegiate institutions. I have, therefore, no doubt that you will insert these remarks in *THE LANCET*, and give the liberal side of the question all the support in your power. I am, Sir, yours truly,

A STUDENT.

London, Nov. 28, 1835.

MEDICAL REFORM IN IRELAND.

To the Editor of *THE LANCET*.

SIR, — In the last Number of your truly independent journal you have been pleased to notice and comment on a lecture lately delivered by me in the Peter-street School of Anatomy, Medicine, and Surgery, in which I introduced the important subject of medical reform. Judging from certain passages in the commentary I am induced to think that your reporter must have either mistaken my meaning, or otherwise (unintentionally no doubt) fallen into error in reference to some points connected with the discussion of this very interesting topic. In order to prevent misconception or misunderstanding in the minds of the readers of *THE LANCET*, may I beg you will give insertion to the following explanatory observations in your next Number? In the commentary the following passage is to be found: —

"So far, therefore, as the act of divesting the theme of its imaginary horrors, and of calling general attention, by personal appeal, to its examination, is a meritorious one, we cordially concur in the favourable estimate which we hear was formed by his auditors of the manner in which Mr. Ellis discharged the duty he had undertaken. But if our report of the lecture be correct, we cannot state that we think his enumeration of medical abuses was so comprehensive as it should have been in a discourse professionally devoted to their discussion. Some of these omissions are, indeed, so remarkable that we mean to notice them. In our experience every sound reformer has always looked upon the system of compulsory apprenticeships as one of the baneful usages of the surgical profession in Ireland. They have also ever thought the scale of fees to sickness hospital practice most oppressively and iniquitously unjust. Yet, upon these two important items in the catalogue of medical abuse, no opinion was given in the oration of Mr. Ellis. In these omissions, which we presume were accidental, he was neither just to himself, nor to the question which he designed to advocate, and he ought to have foreseen that the absence of condemnation of such glaring and noxious features in the picture of medical economy in these countries, might, with seeming justice, expose him to the unworthy suspicion that he was performing the play of Hamlet, 'with the part of Hamlet left out by special desire.'"

I consider the first sentence of this passage complimentary to a degree quite beyond my humble deserts; for, in my opinion little praise is due to a person for the mere discharge of what he conceives to be a duty which he owes to the public, the profession, and the situation which he may chance to occupy in society. If I were so fortunate as to obtain the approbation of my hearers

distinguished yourself in the medical reform, and have

on the occasion alluded to, my success is much more attributable to the "good cause" in which I was embarked, than to the ability of its talentless, though zealous, advocate. In the second sentence you candidly assert that "if *your* report of the lecture be correct," that you do not think that my "enumeration of medical abuses was so extensive as it should have been, in a discourse professedly devoted to their discussion." Here, in the first instance, you have been led into a mistake; for, although the advertisement to which you make allusion in the first part of your commentary did announce that the "important subject of medical reform" would be *introduced*, it did not state that the lecture would be *exclusively* "devoted" to the discussion of medical abuses; and, indeed, even if it were, *your* reporter ought to know that "the catalogue" is much too long to be elaborately discussed within the short period usually allotted to a lecture. The fact is simply this; the lecture in question occupied an hour and three-quarters in its delivery; the first half-hour was spent in general observations on the subject of medical education, and the remainder of the time was devoted to the exposure of some of the most glaring of the countless and multifarious abuses with which the medical corporations, and the hospital and dispensary establishments of these countries, abound. You will, therefore, I trust, give me credit for veracity when I assure you, that if I have failed to satisfy your reporter in the length of the discussion and in the character of the numerous topics it involved, the omissions complained of, *if real*, could be more fairly attributed to want of time than any disposition on my part of suppressing truth "by special desire," as delicately insinuated by the commentator on "the report." He states that some of these omissions are indeed so remarkable that he means to notice them, and then goes on to say, that in his "experience every sound reformer has always looked upon the system of *compulsory** apprenticeship as one of the most baneful usages of the surgical profession in Ireland." Now, Sir, I am quite at a loss to understand what the writer of this passage means; there is no such thing, nor has there been since 1828, as "a system of *compulsory* apprenticeships in the surgical profession in Ireland." Am I, therefore, to be censured because I did not betake myself to the tomb of a defunct monopoly, and exhume therefrom, as a topic for discussion, the ashes of an abuse which has had no material existence for the last seven years, when I found myriads of living and substantial ones obtruding themselves on my attention, and loudly demanding exposure? Would time

permit, or common sense tolerate, such a line of procedure?

On the subject of hospital fees I believe I did not make any direct or specific observations; however, by a reference to the report, "if it be correct," it may be inferred that I am favourable to their *total* abolition, *provided* the medical officers be *otherwise* remunerated for their attendance, and the time and trouble bestowed in giving clinical instruction to the pupils. When speaking of the French system of medical education I expressed an opinion favourable to it, and explained at the same time that there were no fees demanded from students for the privilege of witnessing hospital practice in Paris. I may here perhaps be permitted to add as an item in my defence against the insinuated charge of wilful omissions, that the pupil-money received at the Jervis-street hospital, to which I belong, is applied to the support of the institution, whilst the surgeons are left unrequited, not only for their professional attendance on the patients, but likewise for the time and trouble consumed in imparting clinical instruction to the pupils.

The last charge advanced is contained in the following passage. "In speaking for example, of hospital appointments derived by 'purchase' and 'descent,' our report of his lecture describes him to have said that the persons who are concerned in this infamous traffic and practice are warranted in their proceedings. Making every allowance for the intention of condemning the crime and saving the transgressor, which we consider to have been the object of Mr. Ellis in this nice discrimination, it is unquestionably true that no man has a right to enter into a compact which will be of detriment to the public welfare." Here again the reporter must have mistaken my meaning, if he supposed that I meant either to justify or defend in an *unqualified* manner, either the actors or the means by which the appointments alluded to are generally effected. However, when I express myself thus, I by no means admit the correctness of the assumed premises that all such appointments must necessarily "be productive of detriment to the public welfare." For instance, suppose a case in which an hospital surgeon, or physician, has, either from excess of occupation, indisposition, indifference, or any other cause, performed *no* part of the duties of his station, with the single exception of receiving annually *his* dividend of the pupil fund; yet he will not resign, and, unfortunately, he has enough of friends on the *managing* committee to save him from *compulsion*. Now, would it not be more conducive to the interests and the objects of the institution, and "the public welfare," if a person could be *induced* to resign, or be *compelled*, under the sign, and in this way,

* This was an error of the press. The word accidentally obtained its place in the page, after the mark of erasure was affixed against it in the proof. — E. L.

petent successor who would feel both a pleasure and a pride in faithfully discharging the important offices which his sense of duty would impel him to fulfil? This is by no means an extravagantly conceived, or imaginary exemplification, either of contempt of obligations seriously imposed, or of human leprocity, as exemplified in our medical corps. I could, in support of my argument, name, if necessary, an individual who was practically illustrated by his conduct for the last twenty years the truth of the position I here lay down; and I could likewise mention three or four instances of *salutary exchanges* which have taken place in hospital appointments, although they were effected chiefly by *private arrangement*. Give me leave to add that, in my opinion, the man who obstinately perseveres in *monopolizing* an important medical situation, and will, in the dog-and-the-manger fashion, neither do the duty, nor resign, but takes advantage of his spurious interest and vitiated influence with a corrupt committee, is much more culpable than a person who would vacate even for a pecuniary consideration. As long as the present system is permitted to continue in operation, and human nature remains what it is, *moralize* as we may, *nepotism*, *patronage*, and *money*, will exert a preponderating influence in determining medical appointments, both in Great Britain and Ireland, and the "infamous traffic and practice" will go uninterruptedly on, until restrained by the powerful arm of legislative enactment. It appears to me that the adoption of the principle of the concours in reference to hospital appointments in these countries would be the most efficacious method of putting a stop to the "flagrant abuse" complained of; and that it is only by rendering the commission of "the crime" impracticable, that "the weapon" can be effectively wrested from "the aggressor." This is the opinion I expressed, and the doctrine which I endeavoured to promulgate, when delivering my unimportant sentiments on the important subject of *MEDICAL REFORM*.

I have the honour to remain, with great respect, your obedient humble servant,

ANDREW ELLIS.

47, William-street, Dublin,
Nov. 28th, 1835.

DELIRIUM WITH TREMOUR.

To the Editor.—SIR,—Your correspondent respecting *Delirium Tremens*, in your last number,—and who need not have appeared anonymously in the matter,—is certainly correct in supposing that I have inadvertently over-estimated the importance of Dr. Elliotson's lecture. His lecture was published on the 10th inst., and that my article on the subject appeared in your hands at the time; this has since been afterwards added

in the proof. Upon referring to my article, I observe, that the names I have suggested among the synonyms are, "*Idiopathic Delirium*;" "*Delirium Tremefaciens*;" and I have accordingly placed the word "*author*" after them. As to the pathological doctrine and division I have claimed, I remain of the same opinion as before. Upon looking into my friend Dr. Elliotson's able lecture, I found that part of it which is devoted to delirium tremens methodically arranged into "*Symptoms*," "*Causes*," "*Diagnosis*," and "*Treatment*;" but I could not find the distinctions in question under either of the heads "*Symptoms*" and "*Diagnosis*," where I expected to find them; and it was not until I had arrived nearly at the conclusion of the "*Treatment*;" that I found the subject adverted to, and there only in an incidental manner. I may take occasion to state, that the first case which directed my attention to the distinction in question occurred in a dispensary patient in 1821; and that, about ten years ago, I attended, within a few months of each other, three cases of the disease, with Mr. Houston, of Lisson Grove, a gentleman well known to Dr. Elliotson and myself for his extensive literary and scientific acquisitions, as well as for his experience; and one of these cases presented the inflammatory character, and occurred under the circumstances which I have detailed at length. I do not dispute that the distinction was made about the same time by Dr. Elliotson and myself; but that I have been indebted to his lecture I unequivocally deny. Whoever will first read Dr. E.'s lecture, and immediately afterwards my articles on "*Delirium*," and "*Delirium with tremor*," will find internal evidence of my originality. If I may judge from my feelings and habits, I should infer that, in glancing—for I can do no more in many instances, even where I make references—over this lecture, I perceived nothing which particularly struck me, otherwise I would have taken further notice of it; and that the topic in question should have escaped me is not surprising, when the head under which it was noticed, both briefly and incidentally, is taken into account.

I am, Sir, your obedient servant,

JAMES COPLAND.

Bulstrode-street, Nov. 30, 1835.

CORRESPONDENTS.

WE have received another communication from Mr. ROGERS, in reply to the letter of Mr. G. Bury, relative to the proceedings at the late inquest at Farnham. We think we shall best consult the ends of justice by excluding from our columns any further remarks on the subjects in dispute until we have obtained an official copy of the depositions taken at the inquest. It is not necessary to say one word in justification of the conduct of Mr. ROGERS. He has manfully stepped forward to protect the character of an innocent man; and in doing so, will obtain the approbation of every just intelligent member of society.

WE have not space for the letter signed C., but we give insertion, for the satisfaction of the writer and the information of his friends, to the following passage, which is strictly applicable to the case, from the excellent work of Jervis on the office and duty of Coroners. Nothing can be more evident than the fact that no inquest should have been held on the occasion in question:—

"The dying suddenly is not to be understood as relating to a fever, an apoplexy, or other visitation of God, and Coroners ought not in such cases, to obtrude themselves

into private families for the purpose of instituting inquiry, but should wait until they are sent for by the peace officers of the place, to whom it is the duty of those in whose houses violent or unnatural deaths occur, to make immediate communication, whilst the body is fresh, and, if possible, whilst it remains in the same situation as when the person died. But, under whatever circumstances, this authority must be exercised within the limits of a sound discretion; and unless there be a reasonable ground of suspicion that the party came to his death by violent and unnatural means, there is no occasion, except in the case of a person dying in jail, for the interference of the Coroner. In fact, Coroners have, on several occasions, been censured by the Court of King's Bench for holding repeated and unnecessary inquests, for the sake of enhancing their fees, where there was no reasonable probability that the deaths occurred from violence or unnatural causes."

A correspondent is anxious to throw out a suggestion, "That any new Board of Metropolitan University Examiners should have the power of conferring degrees in surgery, as at Glasgow and on the Continent, the candidates having bestowed on them, according to their acquirements, degrees of C.B., C.M., and C.D."

A Constant Reader.—If the party practise as an apothecary, he is liable to prosecution.

A Shareholder will see that the scheme of compulsory residence which his propositions involve, cannot obtain from us any support as a part of a code of regulations for conferring degrees in surgery.

We have not room this week for our reports from the Phenologist, the Medico-Chirurgical, and the Western Medical Societies, and many communications from correspondents, though we have this week added eight pages to the next Number of the Journal, etc. unavoidable omissions.

An account of the proceedings of the Medical Association of Tonbridge, which has been kindly forwarded to us by Mr. W. May, shall appear in the next Number of THE LANCET.

Philo-Justitia, and the letter of our correspondent from Brighton, next week.

Mr. SCHLOSS has published a good lithographic sketch of the celebrated Professor TIEDEMANN. The likeness, taken while the Professor was lately in London, by a Mr. S. Laurence, is very faithful. It reminds us of the portraits of Abernethy, but the face has a more sedate and intellectual expression. A very cunning cast of countenance was given by most of the painters to the English surgeon.

THE BRITISH MEDICAL ALMANACK for 1836 has just been published by Messrs. Sherwood. We have not room this week to say more on the subject of this annual, than that it is a work of infinite labour, and contains a vast fund of matter expressly interesting and useful to the members of the medical profession.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Lat. 51° 37' 44" North. Long. 31° 45' West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Nov. 16	42.25	34.50	29.78	29.73	—	N.W.	The weather during the week, generally dull and misty, with slight rain on the evening of the 22nd. — Almost brilliant Aurora borealis was visible for several hours on the night of the 18th.
17	46.25	40.50	29.68	29.63	—	W.	
18	48.75	35.25	.56	.46	—	W.	
19	46.25	32.50	.77	.72	—	W.	
20	49.50	42.	.75	.68	—	S.W.	
21	50.25	46.75	.66	.61	—	S.W.	
22	50.	47.25	.58	.49	0.21875	S.W.	
Nov. 23	48.25	39.50	29.58	29.05	—	S.	The early part of the week fine and warm for the season; afterwards rain daily, with intervals of clear and fine weather.
24	50.50	44.75	.58	.55	—	S.E.	
25	47.25	45.50	.54	.45	0.05	S.E.	
26	51.	48.50	.44	.14	0.24375	E.	
27	49.50	41.50	.14	.03	0.3375	S.E.	
28	45.50	34.50	.30	.07	0.0375	W.	
29	45.50	35.75	.29	.04	0.725	S.E.	

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 12, 1835.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURES II. & III.

CONGESTION OF THE BRAIN.

GENTLEMEN,—In our last lecture I insisted at some length on the various difficulties which present themselves in the study of diseases of the nervous system, and endeavoured to explain the nature of those obstacles, at the same time pointing out some of the principal means by which they may be overcome. I shall now enter at once into the history of diseases of the central nervous system, by which we mean the brain and spinal marrow. Let us commence with lesions of the circulation, and, first, with hyperemia, the most simple form. After congestion, we shall take up the history of inflammation, then pass to anemia, and, finally, terminate this portion of our subject with hemorrhages of the brain and spinal marrow. Such is the method we propose to adopt. As for inflammation of the meninges, it occupies our attention when we describe the diseases of serous membranes in general, we shall not, therefore, refer to it during the present course.

Anatomical Forms of Cerebral Hyperemia.

Hyperemia of the substance of the brain, or, in other words, cerebral congestion, is a very common disease of the nervous system, and it presents the different forms under which it is known. It itself is numerous and varied, and may be general, occupying the whole of the cerebral substance; or it may be limited to a certain cir-

cumscribed portion of the brain. It may, again, attack simultaneously both hemispheres, or it may be confined to only one, and this latter circumstance is not of very rare occurrence. When thus limited, the hyperemia very often gives rise to symptoms closely resembling those of cerebral hemorrhage, from which it is almost impossible to distinguish it. In some cases the congestion is bounded to a single fraction of the hemisphere, and, finally, cases have been observed where the injection was confined to one of the cerebral lobules. Thus you see, gentlemen, the phenomenon which now occupies our attention may follow exactly the anatomical divisions of the organ that is the seat of the malady. This is a curious circumstance, and not confined to the brain alone. How frequently do we observe the same thing in the lungs, where the inflammation sometimes occupies both sides of the chest, sometimes attacks but a single lung, at other times affects one lobe, or, finally, as in the lobular pneumonia of children, may be confined to the ramifications of a single bronchus! These are not the only divisions of cerebral hyperemia; it may attack more particularly either the gray or the white substance, the congestion existing at some point of the surface of the brain, or being situated more or less deeply towards the centre of the organ. Hyperemia of the nervous centres may also be found in other parts of the brain: thus, it is not rare to observe a greater or less congestion of the pons varolii, or of the cerebellum; and in this latter organ, as in the cerebrum, the congestion may occupy the middle, or either of the lateral lobes. Finally, the spinal marrow alone may be affected, either generally, or at any one point, from the protuberance to its termination in the cauda equina.

Here let us first examine briefly the anatomical characters of cerebral hyperemia; they are, in most cases, sufficiently well marked. The coloration of the cerebral substance in cases of hyperemia is of two kinds, presenting,—1st, either a uniform redness—or, 2nd, a reddish colour from a number of small red points that occupy its substance. These two forms again differ, as they may occupy the white

or the gray cerebral matter. The spotted redness (*rougeur pointillée*) is most remarkable in the medullary portion of the brain, and when the latter is divided into thin slices, the surface exhibits an immense number of small bleeding points, as if it were scattered over with a quantity of fine red sand. These points are nothing but the orifices of so many divided vessels abnormally injected, and the peculiar appearance has given rise to the term "sandy injection," adopted by M. LALLEMAND and some other writers. This form of injection may be general or partial, and is much more characteristic of hyperemia than the second form, in which the redness is uniform. The gray substance is more frequently the seat of this second form of coloration; however, in some cases it may exist in the white or medullary portion. In the gray matter it presents a great variety of shades, from a deep red, similar to that of mahogany, to a light or delicate rosy tint, and it has been observed to occupy either the substance forming the convolutions, or the gray matter which is disseminated through the different points of the cerebro-spinal mass.

In the greater number of cases of cerebral congestion, the anatomical changes are not confined to the brain alone; its membranes show at the same time more or less marks of hyperemia; the meninges are usually more injected than natural, and the veins of the pia mater in particular are large, and distended with a quantity of dark-looking blood; the sinuses of the dura mater are also engorged, and the whole organ bears marks of the irritation which has occupied it. In some cases we find troubled, sometimes clear, serum in the ventricles, or in the cellular tissue beneath the arachnoid; sometimes, on the contrary, the surfaces of the brain are free from humidity, and the serous membrane in particular seems to be in an abnormal state of dryness. We must attribute the presence of the serosity now alluded to, to an interruption of the circulation through the brain, in a word, to a mechanical cause, and when the congestion has been carried to a very high degree of intensity, we may find not only serum, but blood, effused from the vessels. It is necessary, however, to remember, that the blood is not effused into the nervous pulp, but into the cellular tissue, by which the different parts of the brain and its various fibres are surrounded and supported.

We have now laid before you a rapid sketch of the several anatomical forms under which cerebral hyperemia may present itself, but it is of importance to observe that, in order to determine after death whether the phenomena we witness really belong to true hyperemia or not, you must take into account the two following circumstances. In the first place, you must take into consideration whether the patient has

died of an acute or a chronic disease, for in individuals who are rapidly cut off by the former, the different parts of the cerebro-spinal axis are more injected than in those who die at the termination of a chronic malady; thus, in two patients, one of whom has died of acute pneumonia, the other from phthisis, the brain may exhibit very different degrees of injection. In the second place, we should be acquainted with the nature of the individual's death, as, for example, whether he died from asphyxia, &c. In this case we know the injection of the cerebral substance is always well marked, and cannot be regarded so completely as a pathological condition, as if the same degree of coloration were observed in a person who died of a tubercular affection. Finally, we should pay attention to the circumstance that some parts of the brain in a normal state are more deeply coloured than others; thus the gray substance appears much less vascular than the white; the cerebellum than the cerebrum; and, on the other hand, the age of the individual is not without some influence on the degree of injection in different parts of the brain; in the infant the white substance contains more vessels than in the adult; and in the adult more than in the aged person; and hence the brain of old persons, which presents the same degree of injection as that of a child, ought not to be regarded as being in a normal condition.

Influence of Temperature &c. on the Brain.

Let us now turn to the causes which promote the development of hyperemia of the cerebral hemispheres; and, first, as to the exterior world. In what manner does the atmospheric temperature influence the production of this disease? for, that it has an influence, and a very considerable one, we cannot permit ourselves for a moment to doubt. Experiments made upon animals, and the observation of certain cases in man, prove indubitably that an elevated temperature is one of the most powerful causes of cerebral congestion. Let us then examine, in the first place, the effects of heat. If we take a range of between twenty and fifty degrees (centigrade), and above fifty degrees death rapidly ensues,—if I say we assume this range as representing an elevated temperature, we shall find that in from fifty to forty degrees the economy may either resist the heat, or the individual dies rapidly, with all the symptoms of cerebral hyperemia. In from forty to thirty degrees the same phenomena are observed, but the congestion is usually less intense. In some cases, where death has ensued from exposure to a heat at this degree, nothing has been found but a simple congestion of the brain; in others, blood was effused into the substance of the cerebral mass. You will find many examples of this kind in the following

Medicale, vol. 70, page 250. In proportion as the temperature descends, the accidents of which we speak become more and more rare. We may observe them at from thirty-five to thirty degrees, but at from thirty to twenty the tendency to cerebral congestion disappears, and within this latter limit its frequency ceases to be in direct proportion to the elevation of the temperature. Thus, gentlemen, an elevated temperature certainly has an influence in the production of cerebral hyperemia. I need only cite in proof the fact, which has frequently been witnessed in the course of very hot summers,—viz. the sudden death of reapers and other individuals employed in collecting in the harvest.

Again, a very low temperature has also a powerful influence in determining congestion of the brain; indeed, we may say a greater one than heat, if we except artificial temperature, and regard only the effects of climate. Thus, in Holland, it has been shown that cerebral congestions are more frequent in winter than at any other season; this has been determined from a statistic of twenty years;* and at Turin, observations made with the same object for twenty-five years lead to a similar result.† Finally, who does not remember the unfortunate history of the retreat of our armies from Russia during a season of unexampled severity? M. LARREY and the other surgeons inform us, that the greater part of the persons who died during that retreat were affected at first with vertigo, stupidity, &c., and then fell into a state of somnolence, followed by coma and death.‡ Persons who pass suddenly from one extreme temperature to another, are also exposed to cerebral congestions.

There are cases in which we see this hyperemia declare itself suddenly, without any known cause, in a number of individuals at the same time, and reign in a manner altogether epidemic. M. LEVRET has published some interesting cases of this kind, which you will find in the *Journal des Progrès*, 2nd series, vol. 2. Three individuals were suddenly attacked at Charenton with the symptoms of cerebral congestion; two died, and the substance of the brain appeared excessively injected, without any other alteration: at the same time many other individuals in the neighbourhood presented some slight symptoms of cerebral embarrassment. M. LEVRET could discover nothing to explain the circumstance, except a very strong south-west wind, which had prevailed during several days.

With regard to electricity, I have very little to say. Observations are wanting to enable us to form a decided opinion; however, we may mention the case cited by a foreign

physician, in which electro-puncture was practised; at the moment the needle was placed in communication with the electric fluid, the patient experienced a sensible pain in the head. We may apply the same remark to the influence of light in the production of hyperemia, as we have just done to that of electricity. We do not possess sufficient data to form a judgment; all we can say is, that only one-sixth of cerebral congestions commence in the night.

Effects of Stimulants and Narcotics.

The effects produced by alimentary substances on the development of hyperemia, have been considered by some writers as demonstrated; we can conceive how a rich and exciting diet may, by generating a greater quantity of blood in the system, favour a determination towards the head; but we think, that at the same time a predisposition must exist on the part of the individuals. On the other hand, alcoholic drinks have, beyond all doubt, a powerful influence in the production of the congestions under consideration, and we are induced to think that they may act not only sympathetically from the stomach, but also exercise a direct influence on the brain itself: this is the more probable, because after death the odour of alcohol has been found disseminated through the substance of that organ. Narcotics also may have a direct influence in determining cerebral hyperemia; no matter how introduced into the economy, or under what form, as opium, belladonna, tobacco, or prussic acid, we always find after death an identical lesion, consisting in a greater or less hyperemia of the nervous centres. But these congestions have something special in their character, something which prevents us from regarding the anatomical lesion as the whole disease. Observe cases of poisoning produced by narcotics, and you will convince yourselves that the brain must be the seat of modifications, which the scalpel indeed does not reveal after death, but which are proved by the diversity of the nature of the accidents that occur during life. A question which has long occupied physiologists with regard to the action of the substances now alluded to is the following:—"Do the special symptoms produced by each of these substances, depend on the influence each exercises on a special part of the brain?" If we rely on the experiments of several physiologists who are worthy of confidence, we must resolve this question in the affirmative, and believe that opium most readily produces congestion in the hemispheres of the brain, alcohol in the cerebellum, nuxvomica in the spinal marrow, and belladonna in the tubercula quadrigemina. This latter fact especially would seem to result from the experiments of M. FLOURENS: but we must remark, that all these deductions have been drawn from

animals, and that the observations hitherto made on the human subject, have neither confirmed in a sufficient manner, nor, on the other hand, have disproved, the results at which experimenters have arrived.

Congestion from Causes within the Brain.

Internal causes have a far greater and more extensive influence than agents which operate from the external world; we can discover various conditions of the brain itself that favour in the most evident manner the production of cerebral congestion: thus a forced exercise of the intellect, long-continued and severe study, powerful emotions, such as fear and joy, the passions, &c., may in turn give rise to the several accidents that characterize hyperemia of the nervous centres. It is unnecessary to cite examples in support of this assertion: you will find them in every author; and your experience cannot fail to have furnished more than one proof. *Certain diseases* of the brain, again, have the effect of determining in the organ a degree of congestion which has erroneously been regarded as the cause of the malady itself; as in epilepsy, which disease certainly does not depend upon a simple hyperemia of the brain, although the congestion which accompanies or succeeds each access, may become the cause of certain accidents that we observe in epileptic patients. It is on this principle that we would explain the comatose state which often persists for a greater or less period after the access; the troubles of intelligence, delirium, &c.; certain disorders of movement, as paralysis, contraction of the muscles; and, finally, various other symptoms of cerebral derangement. Accidental products in the brain, as tubercles &c.; the cysts which succeed on old apoplectic effusions, hydatids, and several other products of the same kind, may all act as so many centres of irritation, and give rise from time to time to an hyperemia, varying in intensity and extent according to the cause which produces it. When congestions take place round the foreign bodies, as we may so call them, two orders of symptoms arise; the first are often permanent, and depend on the presence of the accidental product. The second are intermittent, like their cause, and are produced by an occasional congestion round the point of irritation. It is thus that we would account for the intermittent convulsions of children affected with tubercles of the brain, giving rise from time to time to accesses of hyperemia, and this is a remarkable example of intermittent phenomena produced by a permanent organic lesion. Finally, the different degrees of *meningitis*, especially when the disease is chronic, may often give rise to corresponding congestion in the neighbouring portion of the cerebral hemispheres.

From Derangements in other Organs and Systems.

The *causes external* to the brain are next in order. The influence exercised by the different organs, whether healthy or in a state of disease, on the production or relapse of cerebral congestions, merits our attention. And first for the digestive tube.

We may affirm, without danger of error, that certain acts of the *stomach* may occasion the development of cerebral congestion, particularly in individuals who are predisposed: thus, a too active function of digestion has more than once been the cause of relapse. May we not refer the sleepiness affecting certain individuals after a full meal, to a slight degree of the same congestion? A *pathological condition* of the stomach does frequently, and beyond all doubt, exercise a manifest influence in the production of cerebral hyperemia. Thus, in childhood, acute inflammation of the stomach and bowels may be accompanied by accidents that announce the existence of congestion in the brain; however, though we are willing to allow the cerebral effects of excitation in the digestive tube, all we shall say, with respect to typhus fever, is, that here possibly the inflammation of the mucous membrane *may* be the cause of cerebral congestion, as it frequently accompanies that disease.

A *chronic affection* of the *intestinal canal* may likewise produce congestion of the brain; but much more rarely than acute gastro-enteritis; however, we cannot doubt its influence in some particular cases. Thus I have had occasion to treat a lady, in whom the ingestion of alimentary substances in too great quantity invariably gave rise to cerebral symptoms; the face became coloured, she was affected with severe headache, ringing in the ears, weakness and numbness of the arm, and even loss of memory: these symptoms sufficiently indicate an excess of blood in the brain, and what is remarkable, they never appeared except in consequence of some error of regimen. In another case, that of a patient labouring under chronic gastritis, every time the affection of the stomach became exasperated, the patient was seized with paralysis of the arm.

Irritation of the small intestines may also be arranged amongst the undoubted causes of cerebral hyperemia. Who is unacquainted with the effects of prolonged constipation in determining the blood towards the brain?

The *circulatory apparatus* may, also, by its various conditions, produce different degrees of cerebral congestion. It is easy to conceive how the various degrees of force with which the blood is carried to the brain influence the development of hyperemia in that organ. We have frequently seen patients subject to the various affections of the heart, in whom the action

tion of the circulating medium is accompanied with giddiness, ringing in the ears, and other symptoms of congestion in the brain. Again, any obstacle to the free return of blood from the head may give rise to a similar result. Sometimes the impediment exists within the cavity of the cranium; the researches of Dr. TONNELLE prove in a striking manner the coincidence of hyperemia, and even cerebral hemorrhage, with an obliteration more or less ancient of one of the sinuses of the dura mater. (*Journal Hebdomadaire*, April 1830.) M. GINRAC, of Bordeaux, has related a case in which the congestion was caused by an obliteration of the longitudinal sinus. A tumour pressing on the jugular vein may also become a cause; and the congestion observed in malefactors who have been hanged, evidently depends on the same circumstance, viz., a mechanical obstacle to the free return of blood from the head. A change in the circulation of the brain is often produced by very slight causes: thus in some individuals, a mere change of position from the vertical to the horizontal posture, and *vice versa*, is enough to occasion vertigo, and some persons can never get up or lie down in bed without experiencing a similar sensation.

The disease termed *apoplexy of new-born children* may be, in most cases, attributed to an obstruction of the venous circulation from the brain; and instances are on record where death has been produced by the pressure of the chord round the child's neck, causing a fatal congestion of blood. Finally under this head, we may arrange the effects of certain violent efforts, such as the act of vomiting, defecation, &c.

The different *organic diseases of the heart*, which oppose the free return of blood from the head, or by turns retard and accelerate the circulation in a remarkable manner, must also be ranged amongst the causes that give rise to cerebral hyperemia. Nor are we to neglect the influence evidently produced by simple acceleration of the circulation during the course of ordinary or intermittent fevers. We cannot certainly explain in any other manner the headache, giddiness, pains in the limbs, &c., which accompany every access of fever at all well marked.

The development of cerebral congestion is also favoured by the existence of *inflammation in some other organ*. You know that congestion forms one of the elements of inflammation, and this element may be repeated in the brain under three different circumstances, which we shall now enumerate. 1st, Before the inflammation takes place in the organ; as for example, in measles, small-pox, and scarlatina, when we only observe the existence of delirium, or even coma, during the febrile access, and the appearance of the cutaneous eruption. 2nd, At the same

time as the inflammation; witness erysipelas of the scalp and face, which is often fatal, with cerebral symptoms, leaving no other trace of lesion in the brain, than an hyperemia more or less well marked. 3rd, The symptoms of congestion may set in after the inflammation has completely disappeared; of this we may cite examples in the congestions that follow the disappearance of a cutaneous malady, the sudden retrocession of erysipelas of the face, &c.

There are, again, cases in which we in vain seek the cause of cerebral congestion in the access of intense fever, or in the inflammation of another portion of the body: here it depends on a certain congestional diathesis, if we may so use the expression,—on a *morbid condition of the system*, in which the different organs become in turns congested. We have seen cases where the nasal fossae, the uterus, the lungs, the intestinal canal, and the brain, have shown symptoms of congestion, one after the other, without our being able to discover any thing in the patient's constitution or mode of life to explain this singular phenomenon. Having thus studied the effects produced by various conditions of the solids, we may ask ourselves whether the *quality* of the blood exercises any influence on the production of symptoms of hyperemia of the brain. We cannot doubt but that persons whose blood contains a great deal of fibrine and colouring matter, in a word, individuals endowed with what is called a sanguineous temperament, are predisposed to cerebral congestions; but on the other hand, the absence of this temperament by no means ensures a patient against the dangers of hyperemia, a disease which, as you have seen, may be occasioned by so many other causes.

Affections of the *respiratory apparatus* can rarely enter amongst the causes of congestion of the brain; we can only admit them as such when they produce an obstacle to the circulation, as in asphyxia or croup, and then they are to be ranged under some of the categories already mentioned.

With regard to the *secretory apparatus*, I may observe, that when in a normal state, the different secretions do not seem to exercise any remarkable influence in favouring the development of the disease which now occupies our attention. However, in certain morbid conditions, as for example, on the suppression of a discharge to which the economy has been for a long time accustomed, they may undoubtedly give rise to a determination of blood towards the head. Some writers have greatly exaggerated the effects arising from the stoppage of suppuration, whether once artificially excited, or originating in an accidental lesion. Although I would not deny that such effects may sometimes take place, I am inclined to think that much greater value has been attributed to this circumstance than it really deserves.

The *genital apparatus* is the last whose influence in cerebral congestion we have now to examine. The reproductive organs, gentlemen, give rise to frequent derangements of the circulation in the brain, as well as in several other parts of the economy; this is particularly seen in young females as they approach the age of puberty. How many accidents dependent on cerebral hyperemia do we witness in young females at the period of their first menstruation! And at the decline of life, when the normal stoppage of the menstrual flux is about to withdraw the constitution from an influence to which it has been habituated for a long series of years, how often do we see the same phenomena repeated! Finally, in suppression of the catamenia, it is not an unusual thing for the patient, at each period, to exhibit the various symptoms that indicate a more or less severe congestion of the brain.

These are circumstances, gentlemen, that you should never neglect in practice; and above all things, watch with anxiety and care the signs of congestion towards different organs, particularly towards the chest, in some young girls, at each period of menstruation; be on your guard here, I say, or you may render yourselves culpable of a fatal neglect; for in too many cases, the periodical determination to the thoracic viscera awakens a latent disease, which, when once advanced, leaves the patient without hope, and medicine without a resource. The different degrees of intensity with which an individual may abandon himself to the generative act, also enter amongst the causes of cerebral hyperemia. Thus an abuse of venereal pleasures may become a curse, and, on the other hand, a similar effect may arise from complete abstinence.

With regard to the influence of age, I may observe, that individuals at every period of life, from infancy to decrepitude, are subject to the disease which has just occupied our attention; but we do not think it proved, as many writers have advanced, that cerebral congestion is most common in old age. We have collected numerous examples in children of the tenderest infancy, and think the only conclusion warranted by facts is, that the maximum of intensity may be placed after the age of forty.

We have now, gentlemen, touched upon some of the principal causes which give rise to congestion of the centre of the nervous system; and in reviewing them, with the design of adopting some general classification, we find that they may be comprised under three heads. Thus many cases of congestion of the brain are evidently produced under the influence of certain mechanical forces, and this is a circumstance which can be very readily understood. Other causes act by producing a modification of force in the circulation of the brain itself; the blood is carried to that organ with greater rapidity

and in greater quantities than is natural, and congestion is a frequent consequence of this state. Finally, in other cases of cerebral congestion, we have a diminished activity of the vessels of the brain; the quantity of blood which circulates through that organ is reduced in quantity, and this circumstance often gives rise to functional disorders exactly similar to those occasioned by the presence of a superabundant quantity of blood. Thus, then, we have three species of causes engaged in the production of cerebral congestion; some are purely mechanical, others are active, and others are much less active or are even passive; and the three conditions resulting from the operation of the above-mentioned influences may, with advantage, be distinguished into mechanical, active, and passive hyperemia.

The Symptoms of Cerebral Congestion.

Having thus taken a brief review of the causes of cerebral congestion, let us now, gentlemen, pass to a consideration of the symptoms accompanying the disease. These are extremely different in different cases, and vary according to a multitude of circumstances which it is not always in the power of the physician to seize; we may, however, lay it down as well established by observation and experience, that the symptoms of cerebral congestion vary according to three principal circumstances: the first is the intensity of the lesion, which produces a variety in the symptoms of all diseases in general; the second is the duration of the congestive state; thirdly, and finally, the symptoms vary according to the diversity of the points of the nervous system which may be affected. These are the three main circumstances, gentlemen, according to which the symptoms of cerebral hyperemia are at one time well marked, at another obscure, and present the great diversity of appearances which render it so difficult in many cases to form a certain or correct diagnosis in diseases of the nervous system. With regard to the last circumstance, namely, the diverse points of that system in which congestion may exist, we are compelled, for the sake of order and clearness, to study, separately, congestion as it may occur in the cerebral hemispheres (or brain), in the cerebellum, and in the spinal marrow. The first of these may present itself under a variety of forms, each of which we shall describe apart, and endeavour to point out the most striking characters by which it is distinguished from the others.

First Variety of Cerebral Congestion.

In the first form of congestion to which we now direct your attention the great functions of the brain remain intact, the intelligence is clear, the reasoning undisturbed, the memory and other faculties are altered: this is the most dangerous form indeed.

we observe may all be referred to lesions of the sensibility, which is but slightly deranged. The principal modifications of sensibility characterizing this simple form of hyperemia are, pain in the head, which is sometimes carried to a very severe extent; vertigo; ringing or singing in the ears, momentary aberration or loss of sight, giddiness, &c. The locomotive powers are at the same time variously affected: in some cases you find the movements executed with dullness and evident disinclination; the patient is heavy and inclined to sleep; while in others he is tormented with a constant desire of exercise, he is constantly on his legs, and cannot rest for a few moments without experiencing a troublesome feeling of anxiety and restlessness; in other cases, again, you will remark nothing but some fourmillemens in the limbs, or sometimes about the face. In certain cases the local symptoms seem to affect especially the circulatory apparatus. At the same time that the patients present many of the symptoms of cerebral congestion, they are attacked with frequent and violent palpitations of the heart, throbbing of the arteries, &c.; but observe, gentlemen, that these palpitations may occur under two very different circumstances, which it is of some importance to distinguish; in one the trouble of the heart and circulatory apparatus is evidently dependent upon the derangement which has taken place in the nervous system, because it does not manifest itself until some time after the symptoms of congestion in the brain; in other cases, on the contrary, the palpitations are connected with some condition of the heart or vascular system, giving rise to increased energy of action in that organ, and subsequently to congestion of the cerebral vessels. The influence of this latter cause is manifest in a great number of cases which we have witnessed. We have frequently seen individuals in whom any slight augmentation of the palpitations to which they were ordinarily subject, was constantly attended with giddiness, vertigo, singing in the ears, or even a well-marked sensation of numbness in the extremities of the fingers. Hence we are compelled to admit that in a certain number of cases the palpitations of the heart, to which we have just alluded, may either follow the derangement in the nervous centre, or be the cause of congestion, by the increased force with which the blood is sent to the brain. It is unnecessary for me to point out the importance of this distinction in a practical point of view.

When congestion of the cerebral hemispheres is carried to any remarkable degree of intensity, the symptoms become more general, the economy at large seems to be affected, the measure of the disturbance is increased, the temporal arteries now beat with considerable force; in some cases

so violently that their pulsations may be recognised by the eye as well as the touch; the cheeks are suffused with a brilliant red colour; the vessels of the ocular conjunctiva become injected; even the forehead sometimes partakes of the coloration of the face, and the whole veins of the head show marks of congestion; the small and large branches are equally distended with blood. In this state of the circulation hemorrhage may take place from the vessels of the nares, and dissipate all the unpleasant symptoms; or congestions may form in various other parts and organs of the body, giving rise to a number of secondary accidents; for, like most other diseases, cerebral congestion may exist singly, or be complicated with a variety of other lesions.

The species of cerebral hyperemia which now occupies our attention may present itself under two varieties, according as it is accompanied by signs of febrile reaction or not,—according as it exists with what is called inflammatory fever, or is not attended with any symptoms of general derangement of the circulation. In the first case, when congestion of the brain is attended with fever, its duration is generally very limited: in the second, its duration is indeterminate. Thus, in some cases, the disease does not seem to exist beyond a few hours, after which the headache, giddiness, and other symptoms, completely disappear. In other cases, the signs of cerebral hyperemia may continue with little or no intermission for several months, or even for whole years together; thus, I have seen patients who showed the first symptoms of congestion in the head, at the age of twenty, and still continued subject to more or less severe attacks, up to the age of forty, fifty, or fifty-five, or even during the whole life. The duration, then, of this disease is very uncertain, and may, in certain cases, be prolonged to a great length of time. Sometimes the congestion is, as it were, permanent, the patient is constantly affected with giddiness, pain in the head, noise in the ears, &c.; but more frequently it becomes suspended for an uncertain period of time, and then returns under the influence of causes which we can occasionally appreciate, but which in many cases escape discovery altogether.

Congestion of the brain is a disease of very frequent occurrence, and when once a patient has been affected with it, the chances that he has it again are very numerous; the period of relapse is, as we have just noticed, at one time uncertain; at another, the congestion recurs at fixed periods, at the change of life, as it is called, at certain changes of season, &c. I remember the case of a patient who, during the course of several years, was attacked towards the end of every winter with symptoms of severe congestion of the brain. The accidents per-

sisted from twelve to fifteen days, and then went off, to return again at the same period on the following year. In some cases the periods of relapse are so regular that the disease bears all the characters of an intermittent fever, so far at least as periodicity is concerned; and on examining authors you will find examples in which the access simulated that of a quotidian or a tertian ague. MEAD has left us the history of a man who fell down in a fit of apoplexy every year about the month of March; sensation and motion were completely lost for a few minutes, after which the individual returned to himself, but for ten or twelve minutes more he was unable to speak, and was affected with a trembling motion of the right arm; these symptoms were quickly dissipated, and the patient recovered the use of all his functions. When the return of the congestive state takes place at short intervals, it constitutes what many authors have called "intermittent apoplexy," a form of disease of which I myself have witnessed some very striking examples, and which often gives way rapidly under the administration of quinine in elevated doses.

This first and simple form of cerebral congestion may be succeeded by various others, or if it be prolonged for any considerable period of time, it may give rise to hemorrhage into the substance of the brain, or ramollissement, but in the majority of cases it may be dissipated by the assiduous employment of means which we shall have occasion to notice presently: its characteristic marks are, the intelligence intact, sensibility but slightly modified.

Second Variety of Cerebral Congestion.

Let us now take up the *second* form of congestion of the cerebral hemispheres. In this variety of the disease, the individual, either after having suffered for a greater or less period from giddiness, confusion of sight, and other symptoms of congestion, or without having previously experienced any of these accidents, suddenly falls down, deprived of all consciousness. This form of the malady is hence called a "coup de sang," and is characterized, as we have just said, by an instantaneous loss of consciousness, with or without previous symptoms. The patient suddenly falls to the ground, deprived at once of intelligence, of motion, and of sensation, as if hemorrhage to a considerable extent had taken place in one of the cerebral hemispheres; however, it is distinguished from this latter affection by the circumstance that it is very rarely accompanied by hemiplegia; the symptoms connected with locomotion, in cases of cerebral hyperemia, are much more frequently those of general paralysis than hemiplegia. Sometimes, however, although the individual lies without motion and consciousness, the limbs are not, properly speaking, struck

with paralysis. When raised up they do not fall down in that dead helpless manner which distinguishes palsy, but may even remain elevated.

In the second form of cerebral congestion death may suddenly take place; the coup de sang carries off the individual as rapidly as an access of apoplexy; in other cases the attack may last for some hours; the patient may remain in a comatose state from a few minutes to twenty-four or thirty hours; nothing is more variable. Finally, in other cases, the accidents go off by degrees; the intelligence, motion, and sensation, are gradually re-established, and, after a lapse of time which varies as much as the duration of the attack itself, the patient is restored to the full enjoyment of his health. It is astonishing to see how rapidly the recovery may take place from a state in which the patient has lain, perhaps for a considerable time, without consciousness, power of motion, &c.,—in a word, with all the symptoms of an apoplectic stroke; yet such a case frequently occurs in practice; and we find the individual, whom we left labouring under the most alarming symptoms, restored to perfect health, without any lesion of movement or sensation being left behind. I cases of this kind, we are certainly forced to admit the existence of simple hyperemia of the cerebral substance; we cannot for moment imagine that actual hemorrhage has taken place, for the sudden and perfect recovery of the functions is quite incompatible with the latter supposition. General paralysis, then, as contra-distinguished from hemiplegia, or loss of motion in one side of the body, is the characteristic symptom of the form of cerebral congestion which we have just now described under the familiar denomination of "coup de sang."

I said that the patient sometimes recovers unexpectedly from the state of coma into which the undue determination of blood to the brain has plunged him; this is not always the case; on the contrary, the accidents often persist in a greater or less degree, and consist in lesions of the intelligence, of motion, or of sensation, the three great functions of the life of relation. Thus after the patient has recovered from the first alarming effects of the coup de sang the intelligence often remains dull and obtuse; the patient has an air of stupidity, looks frightened; he is unwilling to be disturbed, or to walk about; in some cases even, we observe delirium; these symptoms may persist for four, five, or six days, and then the patient recovers the full exercise of his intellectual faculties. The sensibility may likewise remain affected; the patient conserves for some time a sensation of numbness in different parts of the body, the extremities particularly; he is sometimes with prickings in the limbs, and a severe headache is the only complaint while

remains, and this may persist with some intensity for a considerable length of time. Finally, gentlemen, certain patients present merely a derangement in the organs of locomotion; thus some are affected with weakness of the limbs, incapability of executing with force the ordinary movements, and this is remarked especially in the abdominal extrinsecities; others are unable to speak clearly for some time after the coup de sang; the impression seems directed entirely to the muscles of the tongue, and articulation is consequently imperfect and embarrassed; this latter symptom is frequently observed as a consequence of simple congestion of the brain; however, when the accidents which we have just enumerated persist for any length of time, we have reason to conclude that something more exists in the centre of the nervous system than mere congestion; the obstinacy of the secondary symptoms would indicate the presence of a permanent cause—viz. cerebral hemorrhage.

Third Variety of Cerebral Congestion.

Let us now turn to the third form or variety under which hyperemia of the brain may present itself. In this form we observe precisely the same accidents of intelligence, motion, and sensation, as in the former one, but we have something more than the general resolution of the limbs, which we give as the characteristic mark of the second variety; we here remark a phenomenon that connects cerebral congestion with hemorrhage—viz. hemiplegia, and this circumstance frequently gives rise to great difficulty in the diagnosis. I have seen patients struck with the coup de sang who suddenly became hemiplegic, and presented a combination of all the symptoms that are produced by cerebral hemorrhage, but these were dissipated in a short time by the ordinary means; here we cannot admit the existence of hemorrhage into the substance of the brain; it is impossible to conceive that a clot of blood should be removed in a few hours; the accidents can only be attributed to congestion, and we are compelled to allow that a symptom which is almost exclusively attached to effusion of blood into one of the hemispheres, may also present itself in conjunction with a simple determination to the head. This sort of paralysis is often seen after attacks of epilepsy, where the congestion which accompanies or succeeds the disease, frequently gives rise to certain disorders of movement; and, independently of the rapidity with which these accidents disappear, we have further reason for referring them simply to congestion, from the fact that the state of the circulation in the brain, after the access, not infrequently leaves no effects on the patient's countenance. In some cases, the patient presents redness on the conjunctiva, which disappear in three

or four days. Hence, whenever the accidents which succeed an attack of the kind we now describe, do not persist beyond the space of a few days, we may rigidly conclude the absence of any hemorrhage into the substance of the brain.

The hemiplegia accompanying this third form of cerebral congestion may disappear nearly as rapidly as it was produced, or it may continue for an indefinite time after the complete restoration of the intellect and other functions, and in this latter case we must attribute it to something beyond congestion; the persistence of the loss of motion infers the operation of some permanent cause, which is an effusion of blood from the vessels of the brain, that has accompanied or been caused by their state of congestion. The observations which we have just made, tend to establish that hemiplegia is most commonly connected with cerebral hemorrhage, while general paralysis or resolution of the members is more frequently observed with simple hyperemia of the brain; we must not, however, generalize too rapidly, especially in diseases of the brain. The cases published by M. LEURER, show that hemiplegia may exist with nothing but an abnormal injection of the vessels of the brain. I could find, perhaps, fifty similar cases in the science, which demonstrate the same fact, and hence we are compelled to draw a conclusion, which indeed will frequently present itself to us during the investigation of diseases of the nervous system—viz., that functional derangements are not always accompanied by changes of structure appreciable to our senses, and that in the case before us, some impression remains in the nervous system, causing a derangement of locomotion long after the coup de sang has passed away.

I should not forget to mention that in infants and children this form of cerebral hyperemia is chiefly shown by convulsions, and not by the production of general or partial paralysis.

Fourth Variety of Cerebral Congestion.

Now for the fourth variety of congestion. In this form, the intellect remains intact; the only phenomena we observe are modifications of sensibility or motility; and let me here remark to you a fact which is well worthy of attention, namely, that in a great number of diseases of the brain the intellect remains unimpaired amidst lesions which apparently should have produced its complete destruction. Here then we have no loss of consciousness as in the former varieties. The first symptom which shows itself is paralysis, often confined to some muscles of the face, but in other cases extending to the whole of one side of the body. This paralysis often disappears in a rapid manner, a few hours after its production;

and here certainly we cannot attribute it to the effects of cerebral hemorrhage. Some very curious cases have been published, which illustrate the progress and termination of this form of congestion; perhaps one of the most remarkable is that we owe to M. Gintrac, of Bordeaux,* of which the following is a brief account: "A child, four years of age, had been attacked from birth by an affection which consisted in a momentary suspension of voluntary motion, that came on at intervals; the access was not preceded by any premonitory symptoms. If the child were standing up when seized, his limbs bent under him, the trunk gave way, and he fell down at once on the ground; when in bed, the access was announced merely by a complete relaxation of the muscles. During the attack or fit the senses appeared somewhat dulled, and the sensibility was diminished; the eyes remained open and immovable; the sense of hearing remained; the intellectual faculties were perfect, but the child was unable to utter a single syllable. This child died of some other disease, and on examination, no alteration was found in the brain except the transformation of the superior longitudinal sinus into a hard chord, filled with a solid clot of blood." In this form, then, we have the intellect untouched, we have some modification of the locomotive power, and we have, finally, a suspension of some of the senses, while the others remain free from injury.

Fifth Variety of Cerebral Congestion.

In the fifth variety of cerebral congestion the lesion is chiefly directed to the intellectual faculties. Hyperemia of the brain, in this case, does not produce coma; it does not exercise any very remarkable influence on the movements of the body; the principal phenomenon is the sudden appearance of furious delirium, accompanied by an extraordinary development of muscular force.

This form of the disease is highly dangerous, and frequently compromises the life of the individual. In some cases the delirium is accompanied with so violent a perturbation of the brain that the patient dies in the access, vociferating loudly, agitated in the most severe manner, or making such powerful and long-continued efforts that life becomes extinct in the struggle. I have more than once been struck with the remarkable phenomenon of which I now speak. I have watched the case closely during life, examined the brain after death with the greatest care, and found nothing which could explain the excessive derangement of the intellectual functions, except marks of great congestion in the cerebral hemispheres.

In many cases this form of hyperemia, commencing in extreme delirium, and terminating in coma, or, more frequently, in an access of the most violent muscular efforts, has produced death as suddenly as if the patient had been struck by lightning. The autopsy reveals nothing but a vivid injection of the substance of the brain.

Different Symptoms from Similar Lesions.

These are the principal forms under which cerebral congestion may present itself to us; each you see has its characteristic mark. The phenomena accompanying each form are distinct, and on passing them in review we cannot help asking ourselves these questions,—“How comes it that the same identical lesion gives rise to such a variety of symptoms? Can we discover any principle to reconcile the apparent contradictions we meet with? Can we explain the diversity of functional lesion by a difference in the seat or duration of the organic lesion?” I think that a solution of the questions we have now put is chiefly to be found in the different parts of the brain which are affected; and that observations establish this general rule, that the discrepancy of symptoms which present themselves in the various forms of cerebral hyperemia depends not only on the duration of the malady, but still more upon the seat it may occupy in the central organ of the nervous system; but if you wish to know what particular parts of the brain are implicated when such or such symptoms appear, I must confess my ignorance: the state of the science does not yet permit me to arrive at the solution of this most interesting problem, although we have many excellent reasons for thinking that by it alone we can clear up the difficulties which now pursue us in our study of diseases of the nervous system.

Many attempts have already been made to localize the functions of the brain, but, I regret to say, most of them appear to be premature. Thus we have several observations which tend to establish that sensation and motion chiefly reside in the gray or cortical substance, and that when this portion of the brain is injured, the two properties just mentioned principally suffer. This may possibly be the case, but we have no proof of it, and until something better is offered than conjecture, we cannot think ourselves justified in coming to any conclusions; there are, however, some circumstances which lend it a colouring of probability. When the gray substance of the brain is injured, we certainly have no aberration of the intellect than when a lesion exists in other parts, and from the frequent occurrence of delirium in connection with meningitis, we might infer that the superficies of the brain is destined to the elaboration of ideas.

* Recueil d'Observations, Bordeaux, 1830.

faculties. We may, in fact, readily understand how the symptoms should vary according as the congestion may occupy the anterior portion of the brain, or the depth of its substance, or the various parts comprehended in the base of the organ. We can easily conceive a difference of external phenomena according as compression may be exercised on the corpus callosum, the thalamus, the pons, or the cerebellum; indeed, this ought to be the case, but, unfortunately, experience does not enable us to say how or when. Let us not however be discouraged, but hope for better times; let us examine with greater care, let us observe more, and, above all, collect a greater number of observations; for nothing can be more irrational than the error into which some writers fall of drawing general conclusions from two or three isolated facts, and attempting to explain phenomena before any solid groundwork has been established upon which they can build an hypothesis worthy of confidence or attention.

Affections of the Cerebellum.

The remarks we have hitherto made, refer entirely to one portion of the brain; but there is another part of that organ to which peculiar functions have been attributed, and many authors have thought that pathological observations ought to show whether these functions have justly been attributed to it or not. The part I now allude to is the cerebellum: some physiologists place the power which governs the organs of generation in the cerebellum; others connect it more particularly with locomotion, &c.; but if you examine the observations which are recorded in the different works upon diseases of the nervous system, you must perceive that many of these hypotheses are at least premature, and that we cannot refer to it a great variety of the symptoms which their authors would thus explain.

In some periods of cerebral congestion, we observe a certain number of symptoms which it is very difficult to connect with any particular lesion, or explain by any one of the hypotheses as yet formed; in these cases the individual looks exactly as if he were drunk; he is stupid, his appearance is extraordinary; when he attempts to walk, the organs of locomotion, though still capable of acting, are evidently deranged; his step is vacillating, and progression is performed by him in an imperfect manner and with difficulty. Here is a case in which we might suppose that the lesion was principally situated in the cerebellum, but we cannot affirm this with any certainty. We cannot bring forward any rigorous proof of it; indeed the observations which have as yet been made, are not sufficient for establishing that in this disordered state of the nervous system, the cerebellum is the part of the brain chiefly or solely implicated, and consequently undergoes

various modifications in the different forms of cerebral congestion, without our being able to attach any of its changes more particularly to one form than to another; sometimes it is exalted in a very extraordinary degree; the patient is unwilling to be disturbed, or the least touch produces an acute cry, as if the integuments were the seat of intense inflammation. Here, again, many writers will tell you that the cerebellum is the part of the brain chiefly attacked, but I must confess to you that I do not find this opinion confirmed, either by my own observations, or by an examination of the cases we possess. However, explain it as you will, the fact exists, and is not the less worthy of your attention.

There are also a certain number of facts connected with this part of the subject, of which we shall seize the present opportunity to speak, as they seem to throw some light on a doctrine, which, though not yet established, as I said before, upon proofs, yet has some probabilities in its favour. I have seen patients who at each return of the menstrual period (and in these cases the catamenia are always painful), were affected with more or less severe pain in the back of the head; this phenomenon was constant, and I possess three or four facts of the kind. Again, in one case, each time the individual had connection with a woman, he was seized with violent pain in the occipital region; this symptom constantly followed each act of copulation, and was accompanied by several other signs of cerebral congestion. In relating these cases, gentlemen, I merely give you facts as I have observed them; remember I do not connect them with any hypothesis or explanation. I have also had an opportunity of witnessing a case of priapism in a young man, accompanied by constant and very acute pain in the back of the head; this state lasted for three months, at the expiration of which time, I was sent for to see the patient, who had been suddenly attacked with alarming symptoms. On my arrival, I found him labouring under all the symptoms of acute meningitis. This patient died, and though I had an opportunity of examining the body, the fact is not less certain; besides, the inflammation of the brain was so well characterized, as to leave doubt of its existence. Here, then, are a certain number of cases in which we may presume that congestion of the cerebellum coexisted with a series of symptoms peculiarly connected with the generative apparatus, but I would not here build up any thing on so small a number of observations.

Congestion of the Spinal Marrow.

We now come to congestion of that part of the nervous system which is contained in the vertebral canal. Hyperemia of the spinal marrow is much less frequently met with than congestion of the central portion,

or brain. It may occupy various parts of the medullary column, and for arrangement may be distinguished into congestion of the cervical, of the dorsal, and, finally, of the lumbar portion. The symptoms which are connected with a congestive state of the spinal marrow consist entirely in lesions of movement and sensibility, together with a few that may be referred to derangements of organic life; the brain remains intact, and the intelligence consequently does not present any of those phenomena which so often accompany a similar pathological condition of the cerebrum.

Congestion of the spinal marrow may take place in a rapid manner, or may be formed gradually and slowly; let us first consider the rapid form. Here you may observe three varieties that we should distinguish from one another. In the first we have a special lesion of motility. The patient is suddenly seized with paralysis, which may affect the four extremities at the same time, or be confined to two of them, the superior or the inferior limbs. In some cases, however, which are excessively rare, the loss of motion may exist only in the members on the same side of the body; the patient is attacked with a true hemiplegia, but there you will generally find that the lesion has implicated the brain also, and that the spinal marrow is not the only part of the system which presents traces of congestion. The respiration may be compromised in cases of this kind, from paralysis of the muscles of the chest, of the diaphragm, &c., and the patient may die completely asphyxiated. The symptoms we have just enumerated, are in certain cases also attended with convulsive motions that are partial or general. In the second form of congestion of the spinal marrow the principal lesion is not manifested in the organs of locomotion, but in the sensibility. Sometimes we find a complete loss of sensation in various parts of the body; at others the modification of sensibility is shown by prickings, or a creeping sensation in divers points, by pains in the surface of the skin, or occupying the depth of a member. Finally, in some cases, these pains occupy the tracts of the nervous chords, and then simulate in a very close manner diseases called "neuralgia." In the third form we have a simultaneous loss of sensation and motion in the parts which receive their nerves from the portion of the spinal marrow that is affected.

Concluding Remarks on Cerebral Congestion.

These are the three principal forms under which hyperemia of the spinal marrow may present itself. The disease may terminate by death, and that rapidly, when the nerves which supply the respiratory muscles are gravely implicated; more frequently, however, the congestion is dissipated, and a cure

ensues. It produces, as you see, a series of symptoms which are almost exclusively connected with sensibility and motility. Its duration is very various; in many cases the symptoms continue for a length of time; in others we have seen patients who presented lesions of sensibility and motion for a considerable period, recover suddenly, and in a most unexpected manner.

You have now seen how congestion of the brain differs in different individuals according to the seat of the lesion, and its duration, and according to the patient's mode of life, occupation, and other causes, which it is the duty of the physician to investigate and estimate. You have also seen how it often terminates in death. When the disease, however, ends favourably, we may sometimes observe at the moment of its termination certain critical phenomena that are also found to accompany the close or decline of other diseases. Thus some patients are relieved from the headache, vertigo, and other symptoms of congestion in the brain, by a copious hemorrhage from the nostrils. This is a phenomenon very frequently observed, and must be familiar to you all. In other cases the unusual appearance of the menstrual flux dissipates the cerebral symptoms; I had a patient under my own care, who exhibited a curious phenomenon of this kind. She was frequently subject to attacks of congestion towards the brain, and each time the symptoms gave way on the appearance of a copious flux of serosity from the nose; the quantity of fluid thus discharged was really surprising, and was sufficient to wet three or four handkerchiefs in the course of the day.

Indications of Treatment.

Having thus laid before you, gentlemen, the several forms of cerebral hyperemia, and described the symptoms by which they are accompanied, let us turn to the therapeutic question, and point out the principal indications of treatment. There are three: the first, and perhaps I might say the principal, is to combat the cause which has produced or keeps the determination of blood to the brain; this is a point of the utmost importance, and without attention to it your other means will frequently fail; seek, then, I say, the cause of the disease if you would cure the patient. Examine the conditions under which he is placed, his mode of life, of nourishment, his occupations; weigh the influences of air, of season, of the inclement he may have taken; in a word direct your first attention to a removal of those causes which promote cerebral hyperemia. We have already treated of this at length, and we therefore refer you to what was then said on the subject.

After a due consideration of the cause, and the means of removing it, the next indication which naturally presents itself

to empty the vessels of the brain or spinal marrow. This is done by copious and repeated bleeding, according to the emergency of the case; the abstraction of blood may be performed with the lancet, or through the medium of leeches. Whenever the symptoms are threatening, the quantity of blood removed, to have any immediate effect, must be large, and I think venesection performed at the arm is preferable to any other mode. I have frequently seen the beneficial effects of his practice in cases where the headache, ringing in the ears, numbness of the limbs, &c., suddenly disappeared after the abstraction of a copious quantity of blood. If the patient have been subject to epistaxis, or any other habitual discharge; if the menstrual period be not far off, in case of a female: if the congestion have appeared in consequence of the repercussion of some cutaneous eruptions, &c., perhaps it may be sufficient to apply a number of leeches behind the ear, to the anus, on the inner surface of the thighs, or even around the navel; these, repeated according to the nature and gravity of the disease, frequently dissipate all the symptoms. However, you should not forget that in many other cases, after sanguineous emissions have been multiplied, the signs of congestion persist, or, fielding apparently, and for a short time only, to the loss of blood, they return again with renewed intensity.

The third indication is to draw off the afflux of blood, as far as possible, from the brain and spinal marrow; this is done by what are termed revulsives. The older authors contain numerous examples of the benefit derived from this method of treatment, and I have more than once had recourse to it myself with the most decided benefit. The class of medicines called revulsives are particularly indicated when the symptoms of congestion have succeeded the disappearance of a cutaneous eruption, or any chronic affection of the mucous membranes: in cases of this kind you must not neglect the previous existence of an irritation to which the economy has become accustomed. You must take into account the antecedent malady, and must endeavour to call it back by the repeated application of blisters and other similar remedies. Revulsion from the head may be attained by two principal modes of acting: 1st, by acting on the cutaneous surface, by blisters, the seton, actual cautery, and irritating ointments; 2ndly, by acting on the intestinal canal. Purgatives are one of the best means we possess for combating the accidents attendant upon cerebral congestion; I have had frequent opportunities of witnessing their utility, and I consider them even more efficacious than bloodletting in the most violent variety of cases. You may employ purgatives in two forms, either as cathartics, or as the object of pro-

ducing a powerful and instantaneous effect on the surface of the intestinal canal; or in a milder form, but long continued, so as to bring away two or three stools daily for a length of time. The former method we have frequently employed in cases where sanguineous emissions had not been attended with any success; a few drops of croton oil, or some other strong purgative, have been sufficient to dissipate accidents of congestion of a very severe nature, which had that persisted in spite of blood-letting from the arm.

CASES OF

MALIGNANT DISEASE OF THE TESTIS,

IN A CHILD AND AN ADULT.

To the Editor of THE LANCET.

SIR,—The enclosed account of two cases of malignant disease of the testis, was read at the *Hunterian Society*, on Wednesday last. I trust you will find it deserving of a place in your valuable Journal. I am, Sir, your most obedient servant,

GEORGE LANGSTAFF.

2, New Basinghall-street, Dec. 4, 1835.

MEDULLARY SARCOMA IN THE RIGHT TESTIS OF A CHILD TWELVE MONTHS OLD.

The child had from its birth been perfectly healthy, and its body was well developed. When about ten months old, an enlargement was perceived in the right side of the scrotum, which increased rapidly, and had, in the course of two months, acquired the magnitude and figure of a hen's egg.

The tumour had not excited any pain, nor was there any enlargement in the inguinal glands, nor any sign of constitutional disease. Its nature was ambiguous; it was elastic to the touch, but not of that peculiar transparency which characterizes hydrocele in a child. With a view of ascertaining its nature, the surgeon in the country who had the management of the case, thought it prudent to make a small opening, from which a little blood, mixed with a soft brain-like substance, escaped.

A few days after this operation, the child was brought to London, and placed under my care. I examined the tumour attentively, and from its elastic feel and configuration, I was at first inclined to think that there was fluid in the tunica vaginalis; but from its want of transparency, and having been informed of what escaped on paracentesis being performed, I suspected the disease to be of a medullary character.

I must confess, I never observed this disease in the testicle of so young a subject.

Mr. Lawrence was consulted. The point to be decided upon was, whether the disease should at once be removed, or whether a free opening should be made into the tumour, in order to ascertain its structure, before proceeding to the operation of castration. The latter method was pursued, an incision was made, and the tumour was found to be of a medullary structure, and, consequently, of a nature requiring immediate removal. Mr. Lawrence assisted me in the operation. There was considerable hemorrhage from the integumental arteries, which rendered it necessary to tie several of them.

The little patient did not experience the least subsequent ill effect from the severe operation, the ligatures came away, and the wound healed favourably; and in the course of fourteen days the child was sufficiently well to be removed into the country.

On the dissection of the tumour, the following appearances presented themselves:—The tunica vaginalis and albuginea were greatly thickened. The disease had its origin in the gland itself. Upon opening the tunica vaginalis, a tumour of about the size of a cherry was observed projecting from the anterior surface of the testis, and covered by the albuginea, which at this part was much attenuated by the progressive absorption caused by the growth of the tumour, which would shortly have burst into the tunica vaginalis. On cutting into the morbid growth, it was found to be composed of lobules of medullary matter, exactly similar to fetal brain, which is termed fungus hæmatodes. Not a particle of the natural structure of the testicle could be found, the medullary matter adhered but loosely to the tunica albuginea, which presented the appearance of a dense cyst. The spermatic chord was perfectly natural in structure.

(*Observations.*—As I am, from the result of long experience, led to believe that medullary sarcoma, carcinoma, and scrofula, are congenital diseases, I cannot help fearing that the disease in this case will attack some other viscus in the course of time; an occurrence which I have frequently witnessed. Yet there have been cases recorded where the disease was only local, which I sincerely hope will prove to be the fact in this instance.)

Since writing the history of this case, I have been informed by the professional gentleman who attended the patient after its return into the country, of the death of the child; he has also favoured me with an account of the symptoms after the operation, and the morbid appearances which presented on a post-mortem examination. These I shall briefly relate.

The child appeared to enjoy a good state of health for about four months from the time of the operation being performed. After this period a small tumour, of about

the size of a horse-bean, was detected beneath the scalp, near the posterior-superior angle of the left parietal bone. This tumour daily increased, and acquired the magnitude and figure of an apple. It felt soft and pulpy; but when pressed upon, pain was not evinced, and there were no signs of cerebral affection. The health of the child began to decline; the digestive organs became disordered, denoting some visceral affection; the abdomen was tumid, and an enlargement was, by the touch, felt deeply seated in the abdominal cavity. The patient only lived six months from the time the operation was performed.

Autopsy.—On opening the abdomen, a tumour was seen projecting into the cavity, from beneath the posterior surface of the peritoneum. On reflecting this membrane, the tumour was found to be formed by several of the absorbent glands, in the lumbar region, having been converted into medullary tubera. The abdominal viscera were natural in structure, and there were no signs of disease in the mesenteric glands, or in the glandula aggregata in the ileum.

The lungs on the right side were healthy, but those on the left were affected with medullary sarcoma. The brain was examined. On reflecting the pericranium, it was found highly vascular in the situation of the left parietal bone, and that bone was highly inflamed.

There was a tumour, corresponding in size with the one just described, on the internal surface of the parietal bone, which had detached the dura mater to the extent of the arch of the tumour. The arachnoid membrane lining the dura mater, and that reflected over the pia mater, were slightly thickened where the tumour protruded. The brain was natural in structure, and there was not any accumulation of fluid in the ventricles.

The heart was healthy.

The tumour situated beneath the scalp was presented to me by the gentleman who examined the body. The following are the appearances which were noticed on dissecting the morbid parts. The pericranium, which seemed to form the capsule of the tumour, was highly inflamed, as was the dura mater which contained the corresponding morbid enlargement. On making sections of the tumour, it was found to be composed of medullary matter, exactly resembling the testicle I had removed.

The external surface of the parietal bone, where the tumour was situated, as well as the internal, had been slightly acted on by the absorbents, but there was no communication between the tumours, except by the arteries and veins belonging to the parietal cranium and dura mater.

On opening a portion of the longitudinal sinus, I found the callus diminished by the protrusion of a part of the tumour on its

external space, which, in all probability, would, had the child lived a short time longer, have obliterated the canal in that part. I am induced to make this pathological deduction from having a preparation in my museum, where nearly the whole of the longitudinal sinus is obliterated by medullary matter. The preparation was taken from a patient who had been afflicted with tænia hæmatodes in various viscera.

HISTORY OF A MORBID TESTICLE.

In February 1831, Mr. S—, 30 years of age, a married man, requested my opinion respecting an enlargement of the right testicle. He informed me that it had been progressively increasing for nearly twelve months, and had affected his health, though he had had the advice of some of the most distinguished surgeons in London. Various means had been adopted to prevent the progress of the disease, which it is not necessary to describe, as they had no effect in checking the morbid action. Some of the surgeons advised him, as the only chance of saving his life, to submit to castration, which the patient at that time did not wish.

When he consulted me the testicle was of an immense size, and felt very dense and ponderous. There was considerable enlargement of the spermatic cord; the integuments of the scrotum were of a reddish colour, and the veins were greatly distended and tortuous, and meandered over its surface similar to what I have generally noticed in examining fungoid tumours. The inguinal glands were not affected.

Leeches were ordered to be applied frequently; iodine was employed internally and externally, and his digestive organs were well attended to. This plan of treatment, with little variation, was adopted for several months, without producing any good effect. The spermatic cord became greatly distended, and there were all the appearances denoting hydrocele. Paracentesis was performed; the fluid exactly resembled that of a hydrocele in the tunica vaginalis. This operation lessened the distention, as well as the pain which he had experienced; but the fluid soon accumulated again, and the operation was obliged to be repeated a great number of times. A seton was introduced into the scrotum, which occasioned a profuse discharge; this was continued for some time, but as it did not appear to alter the morbid growth of the testicle, it was discontinued. As the health of the patient began to decline, and he had a sallow complexion, it now became a question whether it would be right to propose the removal of the testicle. At this time Mr. Earle saw the patient, and his opinion was, from the appearance of the patient, and the character the tumour presented, that it was a malignant disease, and that it would be proper to cut him into a better state of

health before the operation was to be performed.

His health did not improve, and the pain became so distressing that he felt desirous to submit to the removal. Sir Astley Cooper was consulted, and his opinion was, that castration should be performed as soon as possible, with a hope of saving the life of the patient.

I performed the operation on the 23rd of April, 1833. The ligatures separated in about a fortnight, and the wound healed favourably.

The patient at this time, November 23rd, 1835, appears to be in good health, and says that he is, in every respect, as vigorous as ever.

Appearances of the Testis and Spermatic Chord.—A pipe was placed into the spermatic artery, and the parts were injected with size and vermilion. On dissecting the spermatic chord, there were seen several large serous cysts, not hydatids. On cutting open these cysts their internal surface was found to be minutely injected, which accounts for the rapid secretion of fluid which so frequently took place. The spermatic artery was very large, and the vas deferens was pervious from its origin at the epididymis. The tunica vaginalis and albuginea were greatly thickened by chronic inflammation, &c., and they were firmly adherent. A section was made of the morbid testis; there were no signs of the natural structure, and there was scarcely any appearance of vascularity. The morbid productions were composed of scrofulous tumours, which occupied the principal portion of the internal part of what had been the natural structure of the testicle. The external surface had all the characteristic signs of carcinoma; and exactly resembled some preparations of scirrhous testicles which I have in my museum.

Observations.—As the morbid structure of carcinoma, medullary sarcoma, &c. &c., and their devastating effects on the constitution, have been so ably described by distinguished pathologists, it would appear almost needless to publish any more on this subject, except with a view to detailing the minute anatomy which tends to elucidate the cause of those morbid changes, and the tissues which they affect, and this I hope will shortly be satisfactorily given by my friend Mr. Kiernan.

My motive for wishing to publish these two cases is, to show, in the first case, the early development of the disease,—its occurrence in a child, which appeared to be, otherwise, in perfect health,—and to point out the singular circumstance of its affecting so many other parts of the body, so soon after the operation,—a fact which proves what I have frequently asserted, viz. that malignant diseases and scrofula are congenital.

The second case is only interesting in one part of its pathology, and that relates to the combination of scrofula with carcinoma. This is a rare occurrence, and one which I should term accidental. I have inspected the bodies of a number of patients who have died from the effects of medullary sarcoma, and only in one instance did I find any sign of scrofulous tubercles, and they were in the lungs, and of the miliary kind.

I have seen such unfavourable results after operating for cancerous or fungoid affections, that I have determined never to propose an operation, or again to perform one, in either disease, unless at the particular desire of the patient, and with his consent to abide by the consequences, without reproach against the surgeon.

ON THE LAW OF MORTALITY

IN

EACH COUNTY OF ENGLAND.

By T. R. EDMONDS, Esq., B.A., of Trinity College, Cambridge.

(Concluded from page 371.)

In exhibiting the law of mortality of the aggregate population of England, I have gone to the full extent allowed by the materials, and compared the mortality in each of thirteen gradations of age. A comparison to the same extent might have been instituted for each county, but the results would have been less valuable, being founded upon observations of very inferior magnitude. According to the doctrine of chances, the smaller the number of facts, the less correct is the indication of the general law which these facts obey. When the intervals of age are very small, and when the differences between the mortality at consecutive intervals are also small, the true law of mortality is never correctly indicated, unless the facts observed are of immense magnitude. During infancy, the mortality at one annual interval differs 32 per cent. from the mortality of the succeeding annual interval; and on account of this great difference, a small number of observed facts are sufficient to determine the true law at this period. But between the ages of fifteen and fifty-five years, the mortality at any annual interval differs only one-thirtieth part from the mortality of the next annual interval; and we cannot expect to find any materials of sufficient amplitude to indicate correctly these minute differences. By extending the intervals of age observed, we increase the weight by diminishing the number of the results. We also thus increase the differences between the mortality at two consecutive intervals, which is a point of

considerable importance. For example, in two consecutive results, when the intervals are small, differ by the amount of 10 per cent., and other two consecutive results, when the intervals are larger, differ by the amount of 30 per cent., a much greater number of facts will be requisite for determining the approximate value of the smaller than that of the larger difference. For reasons of this nature, in comparing together the mortality of different counties, I have extended the intervals, and reduced the thirteen to five gradations of age. I consider that the numbers thus obtained are of nearly equal weight with the numbers obtained for the aggregate population in smaller intervals of age. No useful information has been lost by this proceeding, for I have taken care to draw the lines of division in such a manner as to include the parts most nearly allied to each other. To prevent the possibility of any mistake on this head, I have obtained for nearly all the counties of England, the resulting mortality for each of the thirteen gradations of age. As I have not met with one instance of a decided variation from the scale of relative mortality already exhibited for the aggregate population, there appears to be no reason for desisting the publication of the results for smaller intervals of age than those which I have adopted.

In classifying the different counties of England, I have arranged them principally according to the rate of mortality of females between the ages of fifteen and sixty years. But I have not separated counties in juxtaposition, when the difference in the rates of mortality was inconsiderable. The mortality of males at the same interval of age would not serve as a good index to the healthfulness of a locality, unless we could abstract the detrimental effect of their occupations, leading to fatal accidents, or to loss of health. In many counties, also, the uncertain amount of the military and maritime population, diminishes considerably the value of the apparent mortality of the male sex. Another valuable classification might be made, grounded on the mortality under the age of fifteen years, but much preliminary labour would be requisite, in order to abstract the influence of large towns. For example, the mortality in Devon, under the age of five years, is nearly 25 per cent. greater than in Cornwall, and yet it is doubtful whether the climate of Devon is less favourable to infant life than that of Cornwall. The greater part of the excess may be accounted for by the accident of Cornwall not containing a large town like Plymouth, the mortality of infants in large towns being nearly twice as great as in the adjacent country. A classification more valuable and more complex than that which I now present may be made hereafter, when much local knowledge has been concentrated on the subject.

TABLE showing for each County of England the Annual Deaths which occur for every Hundred Living in each of Five Gradations of Age, the Counties being Classified according to the Mortality of Females between the Ages of Fifteen and Sixty Years.

Wales and the Forty-		Males (without correction).						Females.						
two Counties.		0-5	5-15	15-30	30-60	Above 60	All ages.	0-5	5-15	15-30	30-60	Above 60	All Ages.	Living in 1851.
1	{ Cornwall	3.59	.50	.71	1.41	7.63	1.82	3.12	.52	.67	1.10	7.18	1.67	133
	{ Devon	4.55	.53	.82	1.43	7.56	2.04	3.96	.54	.71	1.23	7.12	1.85	231
2	{ Wales	3.81	.53	.90	1.38	7.50	1.90	3.38	.52	.75	1.25	7.08	1.79	367
	{ Monmouth	4.23	.49	.76	1.25	7.12	1.79	3.51	.49	.77	1.32	6.82	1.80	35
3	{ Dorset	3.93	.47	.81	1.25	7.02	1.86	3.32	.51	.85	1.35	7.12	1.81	76
	{ Somerset	4.14	.56	.80	1.41	7.37	1.97	3.80	.57	.83	1.34	7.09	1.87	185
	{ Wiltshire	3.66	.49	.71	1.31	7.21	1.83	3.25	.53	.87	1.46	7.10	1.84	114
	{ Gloucester	4.24	.55	.83	1.48	6.80	1.91	3.55	.49	.83	1.35	6.50	1.76	175
	{ Hereford	3.88	.46	.77	1.28	7.66	1.90	3.13	.51	.95	1.36	7.27	1.88	52
	{ Northumbland ..	3.97	.59	.88	1.38	6.73	1.90	3.35	.54	.74	1.32	6.55	1.72	104
	{ Cumberland ..	4.74	.61	.87	1.42	7.68	2.05	4.16	.61	.81	1.35	7.32	1.98	81
4	{ Westmoreland ..	3.87	.67	.87	1.30	7.54	1.97	3.49	.58	.93	1.47	7.85	2.03	26
	{ North York	3.79	.53	.87	1.24	7.30	1.91	3.17	.55	.96	1.34	7.04	1.88	93
	{ Rutland	4.37	.44	.68	1.31	7.59	1.8	3.84	.55	.93	1.38	7.32	2.01	9
	{ Norfolk	5.29	.51	.81	1.24	7.21	2.08	4.16	.55	.88	1.31	7.02	1.97	177
	{ Suffolk	4.73	.45	.81	1.19	6.86	1.78	3.24	.49	.95	1.37	6.83	1.80	138
	{ Hertford	4.18	.54	.86	1.15	8.22	2.00	4.03	.54	.92	1.42	7.62	1.91	66
5	{ Durham	5.34	.81	1.13	1.51	7.97	2.38	4.19	.72	.91	1.54	7.53	2.14	109
	{ East York	5.48	.63	.94	1.38	7.59	2.17	4.66	.60	.89	1.41	7.17	1.98	98
	{ West York	5.18	.62	.88	1.41	7.38	2.09	4.57	.56	.93	1.48	7.32	1.98	402
	{ Leicester	5.21	.52	.81	1.33	7.26	2.04	4.38	.51	.91	1.41	7.30	1.95	88
	{ Lincoln	5.13	.56	.78	1.14	7.39	2.07	4.39	.58	.90	1.45	7.25	1.98	141
6	{ Salop	4.56	.61	.98	1.52	7.45	2.08	3.91	.57	1.02	1.42	7.37	1.98	104
	{ Derby	4.38	.56	.95	1.29	7.38	1.91	3.72	.54	1.07	1.50	7.63	1.91	107
	{ Northampton ..	4.64	.55	.81	1.32	7.37	2.05	3.97	.63	1.10	1.52	7.19	2.08	83
	{ Huntingdon ..	4.72	.57	.84	1.55	7.65	2.09	4.21	.63	1.00	1.52	7.22	2.02	25
	{ Essex	4.11	.56	.92	1.54	7.88	2.05	3.95	.61	1.06	1.53	7.29	1.97	145
	{ Bedford	4.17	.58	.78	1.34	7.51	1.92	3.49	.65	1.14	1.58	7.40	1.95	43
	{ Bucks	4.72	.53	.81	1.34	7.65	2.05	3.98	.63	1.10	1.54	7.96	2.08	69
	{ Oxford	4.57	.59	.78	1.36	7.82	2.05	4.14	.53	.99	1.47	7.82	2.04	68
	{ Berks	4.72	.53	.90	1.51	7.59	2.12	4.16	.55	1.05	1.53	7.69	2.08	66
	{ Southampton ..	4.13	.55	.95	1.53	7.88	2.10	3.77	.53	.96	1.52	7.68	1.91	145
	{ Sussex	3.93	.51	.91	1.35	7.16	1.87	3.21	.50	1.08	1.45	7.00	1.79	116
7	{ Lancaster	6.56	.71	1.04	1.64	7.66	2.40	5.78	.65	1.02	1.73	7.59	2.24	540
	{ Chester	5.57	.71	1.07	1.63	8.20	2.32	4.78	.68	1.11	1.76	8.22	2.22	137
	{ Nottingham	6.38	.61	.96	1.41	7.18	2.27	5.37	.62	1.06	1.57	7.04	2.16	95
	{ Stafford	5.98	.58	1.06	1.60	7.80	2.34	5.43	.62	1.07	1.58	7.41	2.21	169
	{ Warwick	6.12	.63	.90	1.63	6.16	2.26	5.29	.64	.93	1.53	6.03	2.08	141
	{ Worcester	5.81	.65	.96	1.47	7.54	2.26	5.21	.62	1.04	1.51	7.21	2.15	94
	{ Cambridge	5.96	.71	.90	1.63	7.85	2.34	5.08	.71	1.03	1.62	7.85	2.23	62
8	{ Kent	5.60	.66	1.41	2.04	7.82	2.54	4.75	.61	1.02	1.63	7.69	2.11	216
8	{ Surrey	7.55	.71	1.05	2.12	9.81	2.81	6.40	.69	.92	1.77	8.78	2.41	209
	{ Middlesex	8.34	.81	1.00	2.46	11.02	3.03	6.77	.78	.83	1.96	10.36	2.53	611
England and Wales		5.30	.61	.94	1.59	7.77	2.21	4.56	.60	.93	1.52	7.53	2.05	6145

The numbers representing the mortality in thirty-nine counties, have been obtained by increasing the registered deaths one-ninth part. In the case of Wales, Monmouth, Middlesex, and Surrey, the increase has been one-eighth part. The relative weight of each observation is indicated by the additional column representing the amount of the female population of each county.

The general harmony of the results in the foregoing table, appears to be interrupted in two instances only. In the counties of Durham and Kent, the mortality of males between fifteen and thirty years of age is considerably higher than would be expected. In Durham, the excess may be due to accidents in mines; in Kent the excess may be due to deaths of boatmen, or to the omission of an excessive proportion of military and maritime population. The extremely low mortality above the age of sixty years in the county of Warwick is a deceptive appearance consequent on the omission of the ages of the population of Birmingham, which constitutes one-third part of the population of the entire county. The proportion of living above the age of sixty years is much less in large towns than in the country. If the ages of the inhabitants of Birmingham had been included in the general summary of the county, the proportion living above sixty would have been considerably less, and consequently the true mortality would have been considerably higher than the apparent. A deceptive appearance of a similar nature, though inferior in degree, exists in the counties of Gloucester and Northumberland, in consequence of the omission in the county summaries of the ages of the inhabitants of Bristol and Newcastle.

One of the most remarkable and unexpected results presented by the above table, is the fact that the mortality of females between the ages of fifteen and sixty years is greater than that of males at the same period in all cases excepting Cornwall, Devon, and Wales. The difference would be still greater, if allowance were made for deaths by accident, which are more numerous among males than among females. In Cornwall and Wales, the apparent exception may be due to accidents in mining. In Devon the apparent exception may be due to deaths in naval and military hospitals, and to a very high proportion of unenumerated sailors and soldiers. The counties of Middlesex and Surrey are excluded from comparison, because they are subject to laws of mortality peculiar to large towns. I have already stated my reasons for believing that very little error can have arisen from the understatement of the ages of females. The possible error, in comparing together the mortality of the two sexes, is to be diminished by the compensating effect of a similar

though inferior disposition in males to understate their ages. In the present table I have thought it preferable to give the apparent mortality of males between fifteen and sixty years of age, without a necessary correction for the unenumerated military and maritime population. It may, however, be acceptable to state the two classes of counties in which the defects are most considerable. Kent, Surrey, Middlesex, Durham, Cumberland, Northumberland, North York, East York, and Devon, require the largest correction. Lancashire, Wales, Gloucester, Cornwall, Norfolk, Essex, Dorset, and Southampton, require a smaller correction. The apparent results for males from fifteen to thirty, and from thirty to sixty, ought probably to be diminished by the quantity .09 in the first mentioned counties, and by .05 in those last mentioned, the reduction for all England being about .06 at each of these two periods.

In the case of Cornwall, Devon, and Wales, there appears to be some ground for the conjecture, that the relatively high mortality of the male to the female sex, arises from original peculiarity in the constitution of the inhabitants. The proportion of male to female births in these districts, differs very much from the proportion existing in the rest of the observed territory. In these districts also, the mean age at which females attain the minimum mortality, is the same as that for males; whilst in other districts, the minimum is generally attained one year earlier by females than by males. During the twenty years ending with 1830, for every 100 births of females, there were born of males, 110 in Wales, 108 in Devon, and 107 in Cornwall, whilst in the whole of England and Wales, the excess was only $4\frac{1}{2}$ per cent. In Middlesex and Surrey, the excess of male births was only $1\frac{1}{2}$ per cent.; but this affords no ground for inferring that the proportion of conceptions of males was less in London than in the country at large. The mortality in infancy is much greater in large towns than in the country; and it is very probable that the mortality of males before birth, exceeds the mortality of females before birth, according to the same law as exists for the first five years after birth. But in the case of Wales, Devon, and Cornwall, the mortality during the first years after birth, differs very little from the mortality in many countries where the excess

of males is only half as great. We may justly conclude, that the mortality before birth differed very little, and, consequently, that the excess of male conceptions is considerably greater in Wales, Cornwall, and Devon, than in the rest of the territory.

The relative mortality of the male to the female sex, between the ages of fifteen and sixty years of age, appears to be dependent on the mean age at which the period of "infancy" terminates. In nearly all the counties, this period for males terminates at the age of eight years, which is indicated by the fact, that the mortality between five and ten is 50 per cent. greater than the mortality between ten and fifteen years of age. In the majority of counties, this period for females terminates at seven years, as is indicated by the fact, that the mortality at the former exceeds that at the latter interval only 20 per cent. Cornwall, Devon, Wales, and London, are the exceptions to this general rule, the mean terminating age for females being at eight years or above. In these four districts, the relative mortality of males to females is just the reverse of what exists in the rest of the observed territory. The general law appears to be, that when the minimum is attained by both sexes at the same age, the mortality of males exceeds that of females; and that when the minimum is attained half a year sooner by females than by males, the mortality of the two sexes between the ages of fifteen and sixty years of age is equal.

In adopting the mortality between the ages of fifteen and sixty years, as an index to the healthfulness of a locality, I have been influenced by political as well as numerical considerations. The strength of any nation resides in the individuals comprehended in this interval of age. A low degree of mortality at this interval contributes greatly to the physical, but more especially to the moral, strength of a nation. A low degree of mortality in infancy does not necessarily add to the strength of a nation, because it frequently involves a high mortality at the period when life is most valuable. Comparing together two "stationary" populations having each the same number living between fifteen and sixty years, the stronger and more healthy is that containing the smaller number of living under the age of fifteen years. If, however, it is assumed that the population

above the age of sixty years, is as much a source of weakness as the population under the age of fifteen, then the physical force of any given amount of population, is independent of the law of mortality; at least the highest and the lowest laws of mortality which have been supposed to exist, yield the same proportion of living between the ages of fifteen and sixty years, out of a given number living at all ages. The highest law of mortality I suppose to be represented by the ancient tables for London and Stockholm; the lowest law by Dr. Heysham's observations at Carlisle, on the supposition that there were no deficiencies in the registered deaths.

It is a remarkable fact, that all the counties of England in which the mortality of females between the ages of fifteen and thirty is at a maximum, are situated on or near the same straight line; and that in the counties most distant from this line, the mortality is at a minimum, the maximum being to the minimum in the proportion of three to two nearly. This line is a central one running in a north-west direction from Brighton to Liverpool. In Northumberland and Cornwall, the two counties most distant from each other and from this line, the mortality is at the minimum. Sussex has been supposed to be one of the most healthy counties of England, and the mortality under the age of five years is as low in this as in any county. Nevertheless it obeys the law common to other counties on the central line, and suffers the maximum mortality between the ages of fifteen and thirty years. Possibly the apparent high salubrity of Cornwall, Devon, and Wales, may be the effect of their peculiar geological and geographical position. They are situated on primitive rocks containing no organic remains, and they are most exposed to the sea air.

In the preceding table the different counties have been classified, and the mortality has been stated for each county at five intervals of age. I now present a second table, which shows the mortality at six intervals of age, resulting from combining the counties comprehended in each of the eight classes. I also present the whole of the materials from which the mortality of those classes, or combinations of counties, has been deduced, in order that every reader may possess the means of verifying with ease the results exhibited. Any person possessing copies of the population returns of 1821 and 1831, may verify with equal facility the results exhibited for single counties. In the table for the separate counties, on account of the insufficient magnitude of the observations, the mortality between the ages of five and ten, was not distinguished from the mortality between ten and fifteen years of age, as it is in the following table.

TWO TABLES of the Living and Dying at six intervals of Age.
Living on the 28th May, 1821.

Living between	0-5	5-10	10-15	15-30	30-60	Above 60	Ages specified	Total*
Class 1.. {	M. 50,453	43,490	37,563	78,323	85,473	24,932	320,234	333,046
	F. 48,983	43,141	35,668	91,860	98,550	31,190	349,392	363,441
Class 2.. {	M. 56,708	52,741	45,528	93,325	100,655	30,233	379,190	387,555
	F. 54,319	50,237	42,747	100,649	107,958	36,563	392,473	401,506
Class 3.. {	M. 94,191	83,353	74,464	154,263	170,005	51,573	627,849	730,303
	F. 90,733	81,638	69,395	175,312	188,439	58,458	664,003	783,842
Class 4.. {	M. 69,604	62,598	53,685	112,414	122,598	39,358	460,257	488,312
	F. 67,955	61,192	49,802	122,861	131,873	42,033	475,716	509,539
Class 5.. {	M. 116,395	100,271	86,769	181,348	197,896	52,670	735,349	817,363
	F. 112,420	98,379	82,619	198,245	200,302	54,863	716,858	837,745
Class 6.. {	M. 136,139	123,438	106,979	216,943	241,683	71,215	896,397	951,126
	F. 132,964	121,189	100,127	236,628	219,478	71,355	911,741	972,087
Class 7.. {	M. 189,437	163,331	142,554	286,126	312,659	77,508	1,171,615	1,402,807
	F. 183,833	160,371	131,207	326,250	322,259	80,332	1,207,252	1,454,804
Class 8.. {	M. 78,652	61,636	56,071	142,624	187,226	30,952	560,161	723,444
	F. 83,482	66,316	51,771	185,072	203,785	38,762	632,182	819,745
Total .. {	M. 791,579	693,858	603,613	1,265,366	1,418,195	378,441	5,151,052	5,834,166
	F. 774,089	682,157	592,366	1,436,907	1,502,641	413,556	5,379,619	6,144,709

Dying at specified Ages during the 18 years 1813-30.

Dying between	0-5	5-10	10-15	15-30	30-60	Above 60	Ages specified	Total registered, 20 yrs, 1811-30
Class 1 {	M. 35,450	4,666	2,416	16,638	20,426	31,710	105,240	117,401
	F. 29,944	1,576	2,468	10,765	19,534	37,342	104,569	116,797
Class 2 {	M. 32,465	4,674	2,948	12,267	20,362	33,365	106,081	117,377
	F. 27,088	4,353	2,694	11,107	19,947	37,921	103,090	114,813
Class 3 {	M. 73,704	9,902	6,206	23,981	41,108	69,608	227,809	252,544
	F. 61,984	9,240	6,249	27,817	48,536	77,688	231,511	258,425
Class 4 {	M. 52,365	6,296	4,081	16,097	26,680	49,599	155,118	171,573
	F. 44,134	5,803	4,476	19,578	30,899	51,764	156,654	174,618
Class 5 {	M. 108,043	12,723	8,071	28,659	49,623	69,790	276,909	312,502
	F. 90,531	11,174	7,638	32,305	52,254	71,612	265,514	301,186
Class 6 {	M. 103,853	13,120	8,552	33,322	59,245	92,927	311,019	346,881
	F. 86,927	12,076	9,432	42,449	64,216	91,840	306,940	343,682
Class 7 {	M. 216,756	23,982	14,867	56,560	97,757	110,884	520,806	599,125
	F. 184,396	21,486	14,655	63,131	100,126	113,022	496,216	572,256
Class 8 {	M. 113,403	11,960	5,183	26,467	78,019	58,381	293,413	344,468
	F. 97,899	11,044	5,143	27,583	68,193	67,712	277,604	328,030
Total {	M. 736,039	87,263	52,324	207,991	396,514	516,264	1,996,395	2,261,821
	F. 622,903	79,732	52,155	234,675	403,705	518,931	1,942,101	2,209,844

* The total registered deaths of females in England and Wales during twenty years, of whom this number was 576, which were deaths contained in returns received after the county summaries were completed. Mr. Rickman has omitted to give the means of distributing these omitted deaths according to their respective counties.

TABLE, showing in each of Six Gradations of Age, the Mortality per cent. of each Sex in each of Eight Classes of English Counties.

Class.	Males (corrected).*							Females.						
	0-5	5-10	10-15	15-30	30-60	Above 60	All Ages	0-5	5-10	10-15	15-30	30-60	Above 60	All Ages
1	4.19	.63	.38	.75	1.36	7.58	1.90	3.65	.63	.41	.70	1.18	7.14	1.78
2	3.87	.60	.44	.83	1.31	7.46	1.83	3.39	.59	.43	.75	1.26	7.06	1.79
3	4.14	.63	.44	.76	1.32	7.15	1.86	3.58	.59	.47	.83	1.35	6.96	1.83
4	4.36	.58	.44	.80	1.23	7.30	1.92	3.76	.55	.52	.92	1.35	7.12	1.90
5	5.24	.72	.52	.86	1.38	7.47	2.09	4.52	.64	.52	.92	1.47	7.33	2.00
6	4.45	.62	.47	.87	1.40	7.62	1.99	3.81	.58	.55	1.05	1.50	7.51	1.96
7	6.11	.78	.56	1.03	1.64	7.64	2.34	5.33	.71	.56	1.03	1.65	7.48	2.50
8	8.19	1.05	.53	.95	2.27	10.72	2.88	6.68	.95	.53	.85	1.91	9.95	2.18
Total	5.30	.72	.49	.88	1.53	7.77	2.15	4.56	.66	.52	.93	1.52	7.53	2.05
Table of "Mean Mortality," when period of "Infancy" terminates at seven years.								4.47	.77	.65	.86	1.66	7.62	2.09

* The apparent mortality of the male sex between 15 and 30, between 30 and 60, and at all ages, has been diminished by .06 in the total, and in classes 1, 2, and 3; it has been diminished by .03 in classes 4, 5, 6, and 7; and by .10 in the eighth class.

In the above table the mortality at different ages is founded upon the deaths at specified ages occurring during the eighteen years 1813-30, whilst the absolute annual mortality is founded on the deaths occurring during the twenty years 1811-30. The difference between the mortality for the eighteen and for the twenty years is insignificant; in the former case, for the whole of England and Wales, it was for the female sex, 2.064 per cent. per annum; in the latter case it was 2.061. It would have served no useful purpose to have undertaken the labour of separating the deaths of the two years 1811 and 12, and the difficulty to the reader in verifying my results would have been unnecessarily increased. For similar reasons I have also omitted to complicate the question, by introducing a trifling correction consequent on the assumed mean population being too great, the enumeration having been made in the middle instead of at the beginning of the year 1821. It may be useful to give an example of the mode of obtaining the number representing the absolute annual quantity. In the first class, the registered deaths of females are stated to amount to 116,797, which increased one-ninth part for unregistered deaths, and divided by 20, yields 64,887, as the average annual deaths. This number divided by 363,441, representing the mean number living during the period of observation, gives the quotient 1.78, which is the number stated as representing the absolute annual mortality. The relative mortality at each age is obtained from dividing the deaths at specified ages by the living at the same specified ages. These numbers are then

made to represent the absolute mortality at each interval of age, by using, as a common multiplier, the number which will reduce the mortality of the aggregate to the number previously obtained, representing the absolute annual mortality at all ages.

In the eight classes of counties, the ascending gradations in the mortality between the ages of fifteen and thirty years, are not so well marked among males as among females. Nevertheless the difference between the maximum and minimum is nearly the same for each sex. In the first, or most healthy class, the annual mortality of females between the ages of fifteen and thirty is seven out of one thousand living; in the seventh, or most unhealthy class, it is 10.3 out of a thousand. In the same classes, at the same age, for males, the results are 7.5 and 10.3 out of one thousand living. On inspection of the above table it will be seen, that the mortality of females between the ages of fifteen and thirty most exceeds the mortality of males at the same age, when the mortality of females between five and ten differs least from the mortality of females between ten and fifteen years. From the same table it would appear that the mortality above the age of sixty years is nearly constant in all classes, especially among males. This result is not much to be relied upon, because the variations to be looked for are very small, and as such might be concealed by the population above the age of sixty years, not being exactly distributed in the same manner in the different counties. There exists, however, a distinct ground for the belief that the mortality above the age of sixty years is nearly con-

stant. In nearly all the counties of England the number living in 1821 between the ages of sixty and seventy was to the number living between the ages of seventy and eighty years, in the proportion of two to one nearly, which coincides with the result of the table of "Mean Mortality," on the assumption of the population being stationary. I have already stated my reasons for the belief that this was the case, and that the living between seventy and eighty were the survivors of the same number of births as the living between sixty and seventy years of age.

The population returns furnish the materials for determining the law of mortality in six towns only, which are of the largest size, and principally seaports. On account of the omission in the enumeration of the maritime and military population, we cannot determine the degree in which the mortality of males exceeds that of females between the ages of fifteen and sixty years. It is, however, indisputable that in all these towns the mortality of males considerably exceeds that of females at every age. In all England and Wales the mortality of males above the age of sixty years, exceeds that of females by three per cent. only; in the six large towns the excess is 14 per cent. The scale of relation connecting together the mortality at different ages in large towns differs from the scale for counties chiefly in exhibiting a high ratio of mortality in infancy and in old age; the mini-

mum mortality, or that existing between the ages of ten and fifteen years, being nearly the same in towns as in the country. The absolute mortality stated for these towns is founded on the assumption that the registered deaths are to be increased 20 per cent. in order to obtain the true number of deaths; in the whole of England and Wales, the estimated increase has been 13.92 per cent. In large towns the mortality between five and ten, is to the mortality between ten and fifteen as two to one nearly, which indicates that the mean age of attaining the minimum mortality is at nine years; for all England and Wales the minimum is attained at the age of 7½ years. This fact, which is established on the firmest ground, as it depends on the correctness of the relative and not of the absolute numbers returned, seems to contradict the commonly entertained opinion, that the epoch of puberty occurs at an earlier age in towns than in the country. It is, however, difficult to believe that such an opinion can have any sound foundation; for it can hardly be disputed that the general population of large towns suffer greater privations of food and air, than do the inhabitants of the country. Perhaps the erroneous opinion may have been founded on observations of the wealthier and smaller proportion of the inhabitants of towns who are accustomed to highly stimulating diet, and to a high temperature in their habitations.

TABLE, showing in each of Six Gradations of Age, the Mortality per cent. of each Sex in each of Six Large Towns.

	Males (without correction).							Females.						
	0-5	5-10	10-15	15-30	30-60	Above 60	All Ages	0-5	5-10	10-15	15-30	30-60	Above 60	All Ages
York . . .	7.42	1.02	.72	1.03	1.76	9.22	2.65	6.39	.81	.52	1.00	1.60	8.04	2.32
Norwich . .	9.81	.95	.47	.81	1.60	8.96	2.98	7.68	.73	.50	.78	1.50	7.80	2.51
Plymouth . .	8.90	1.05	.60	2.02	2.46	9.00	3.60	7.56	1.05	.53	.91	1.62	7.79	2.52
Hull	8.40	1.28	.59	1.37	2.03	9.57	3.13	6.79	.98	.57	.99	1.84	8.48	2.55
Portsmouth .	7.66	1.02	.60	1.89	2.49	10.48	3.35	6.25	.84	.49	1.15	1.99	8.69	2.49
Liverpool . .	10.31	1.13	.67	1.73	2.71	10.64	3.65	9.89	1.10	.54	1.10	2.11	9.58	2.97
Total Towns	9.14	1.08	.62	1.52	2.32	9.80	3.36	8.00	.96	.53	1.01	1.85	8.56	2.66

The mode of distribution according to the age of the population living in 1821 is a question of considerable importance in the present inquiry. I have therefore constructed a table representing the number of females living in each of five gradations of age, in each of the eight classes of counties, and in each of the six towns, out of one thousand living at all ages. This table indicates that the mode of distribution of the living is nearly the same in all classes except the eighth, which represents London.

The great disproportion in this last class between the numbers living between five and fifteen, and between fifteen and thirty years of age, shows that one-third of the females living in London between fifteen and thirty are immigrants from the surrounding country. It would be difficult to give a correct and useful view of the manner in which the male population is distributed, because we are ignorant of the number and ages of the military and maritime population attached to England, whether at

home or abroad. Mr. Rickman, in the population returns of 1821, has given a very incorrect view of the distribution of the male population. He omits entirely all the maritime and military population, and consequently exhibits an excessive proportion of males under fifteen and above sixty years of age.

In comparing together two districts wherein the population is stationary, the higher proportion of survivors above the age of sixty years, will indicate the existence of a lower degree of mortality. When the population of the two districts suffers the same rate of increase or decrease, the higher proportion of survivors will equally well indicate the lower degree of mortality. Upon a principle of this nature I have instituted a comparison in the different classes of counties, and in towns, between the number living above sixty, and the number living between thirty and sixty years of age. I have added a column in the following table to represent the proportion of survivors above sixty for every one hundred living between thirty and sixty. There is a general agreement between the mortality indi-

cated by this and by other principles. For example, the annual mortality of females in the first class above the age of sixty is 7.14, and in class eight it is 9.95 per cent. In the first class the living above sixty amount to 31.6 for every one hundred living between thirty and sixty; whilst in class eight the survivors amount to only nineteen out of a hundred. The few existing discrepancies are such as might be expected to arise from occasional differences in the rate of increase of the populations compared. I have also given the results of my table of "Mean Mortality," founded upon the assumption that the population had been increasing 16 per cent. at each decennial interval under the age of fifty years, and had been stationary above that age. It has also been assumed that the age at which the minimum mortality has been attained is seven years, which corresponds with the fact for females in all England. The resulting distribution according to this theoretical table agrees precisely with the ascertained distribution according to age of the female population of England in 1821.

TABLE, showing for each of Eight Classes of Counties, and for each of six large Towns, the number of Females living in each of five intervals of Age out of 1000 living at all Ages; also showing the proportion living above 60 years of Age, for every hundred living between 30 and 60 years.

Counties.	Females in England and Wales.						Towns.	Females in Towns, &c.					
	0-5	5-15	15-30	30-60	Above 60	Prop. above 60		0-5	5-15	15-30	30-60	Above 60	Prop. above 60
Class 1	110	226	263	282	89	31.6	York	118	224	277	298	83	28.0
2	138	237	257	275	93	33.9	Norwich	124	199	277	303	97	31.9
3	137	227	264	284	88	31.0	Plymouth	138	210	261	321	70	21.7
4	143	233	259	277	88	31.9	Hull	139	214	268	308	71	23.2
5	151	242	265	268	74	27.1	Portsmouth	148	222	266	295	59	19.9
6	146	243	259	271	78	28.6	Liverpool	135	232	278	303	52	17.2
7	152	244	270	267	67	24.9	Total Towns	135	221	272	305	67	21.8
8	132	192	293	322	61	19.0	Scotland	129	223	282	286	80	28.0
England & Wales	144	233	267	279	77	27.5	Ireland	153	257	298	252	46	15.7
Mean Mortality	144	230	262	288	76	26.5	Belgium	130	204	256	315	95	30.3

The greatly diminished mortality of infants in England is probably the consequence of the rapid increase of the population during the last sixty years. There are only two principal causes which operate in producing an increase of population; and either of these would appear adequate to account for a diminished mortality in infancy, and an increased mortality between fifteen and sixty years of age. The first cause is an increased supply of food to each

living individual; of which the immediate and temporary effect is, a reduction in the mortality at every age. The second cause which determines an increase of population is, the exercise, at an earlier period, of the reproductive power, which is the only way that an increase of population can be obtained when the proportion of food to each individual remains constant. I believe that the fact will not be disputed, that the development of animate and inanimate life is

accelerated by a plentiful supply of food; and I believe that it will no more be disputed, that as the rapidity of development increases, the soundness and degree of consolidation of the mature individual diminishes. Whether a diminution of the mean age of contracting marriages causes a more rapid development of the new population, is more a matter of conjecture, as the facts bearing on the subject are yet very deficient. It appears, however, highly probable that the children of parents who have exercised the power of reproduction at an early age, will be sooner able to propagate than the children of those who have exercised this power at a more advanced age. The germs of animals may reasonably be supposed to obey laws similar to those regulating other constituent parts of adult individuals. I believe it to be admitted by physiologists, that the proportion of new matter secreted, and of old matter absorbed, diminishes as the age of the adult individual increases. That is to say, the elements of the members of young individuals are in a state of greater activity, or impressed with more motion, than those of older individuals. It may hence be inferred that the germs detached at an early age, containing elements in a higher state of activity, will have a tendency to more rapid development than the germs detached from the same individual at a more advanced age.

The English population returns, however, supply no evidence as to the epoch of puberty; they only show that the minimum mortality is now attained one or two years earlier than it is supposed to have been attained in any other European country. This is, however, a sufficient ground for presuming that the new population undergoes a more rapid development than that undergone by the population of other countries; which presumption is corroborated by a corresponding increase in the mortality between fifteen and sixty years of age. In every county of England, the mortality between the ages of fifteen and thirty years bears a higher proportion to the mortality between thirty and sixty years of age than it ought to do according to the Swedish observations, or according to the new theory of mortality. This apparent contradiction becomes a confirmation of the new theory, if it be admitted that the English population is now in a state of transition, and that the limiting age of "infancy" fifty years ago was at nine years instead of at seven and a half

years, which it is at present. It may also be admitted that the contraction of the period of infancy indicates a more rapid development, and a consequent diminution of consolidation in the new population. The deviation from the theory in England now is just what might be expected to occur, on the supposition of the rising adult population possessing a lower degree of vitality than their immediate predecessors.

The population of Belgium is apparently also in a state of transition from a low to a high mortality between the ages of fifteen and sixty years. The limiting age of infancy is now at eight and a quarter years, having previously been probably at nine years, as in other European countries. The Belgian observations exhibit the same "plague spot" as the English observations, in the high relative mortality between the ages of twenty and thirty years. The only difference between the population of the two countries appears to be, that the state of transition has endured twenty years longer in England than in Belgium. It is not improbable that the law of mortality in Belgium, at the present day, coincides with the law of mortality which existed in England twenty years ago. Under the age of ten years the mortality in England is considerably less than in Belgium; at all ages above fifteen years it is as much greater.

It might be denied that the proportion of food to each individual of the English population has been increased during the last sixty years, because the wages of labour, measured in wheat, has not been increased during that period. This objection is of no weight, because the mode of subsistence of the labouring population has experienced a great change, potatoes having constituted one of the principal articles of diet. Assuming that four pounds of potatoes are equivalent in nourishing power to one pound of wheat, and that six pounds of potatoes are generally sold for the same price as one pound of wheat, each labourer will have his command of food increased fifty per cent. In London, and probably in all very large towns, one pound of wheat is seldom exchangeable for more than three pounds of potatoes; consequently the labourer can obtain no increase of nourishment by expending his wages on potatoes instead of on wheat, and cannot satisfy his hunger with coarse food when the supply of plain food fails him. In small towns, but more especially in villages, a great increase of food is generally obtained by the substitution of potatoes for wheat. This difference in the relative value of wheat and potatoes, by causing a different degree of privation, may be the reason why the minimum mortality is attained one year later in large towns than in the country.

46, Regent-square, Dec. 1835.

THE LANCET.

London, Saturday, December 12, 1835.

It has been ordained by the Crown that Parliament shall assemble for the dispatch of business on Thursday the 4th day of February. In less, therefore, than two months from the present time, the Poor-Law Medical-Contract system, as it has been mentioned and enforced by the Government Commissioners, may become the subject of discussion in the Houses of the Legislature. Throughout the profession it is agreed, without, apparently, a dissentient voice, that nothing can be more odious, impolitic, and unwholesome, than the existing arrangements. Every where it is seen, felt, and acknowledged, that the contracts with which resident medical practitioners are forced to comply, as alternatives which are preferable to the introduction amongst them of a host of vicarious, mercenary, and unfeeling adventurers, are calculated not only to inflict upon the suffering poor a vast aggravation of their miseries, but to excite in the minds of the immense body of hale English labourers, such feelings as no wise government would deem it rational to cherish.

The system, consequently, calls for instantaneous abolition. But the Commissioners and Parliament may very justly ask, "What is the plan which is to be sanctioned as a substitute?" and the Commissioners may allege that it is not altogether fair to inflict upon them so much censure, and raise up against them such a host of enemies, unless we prove that a better system can be adopted than the one which they have sanctioned. To this point, therefore, we are anxious to invite the immediate attention of medical practitioners. Where the Unions exist, the present plan is in operation. Its pernicious effects are there observable. These should be carefully collated, and the means of subverting them by the adoption of some other plan, should be seriously considered. If

it be thought that the discretionary power which is now exercised by the Poor-Law Commissioners should be abrogated, and that the supreme executive authority, in arranging all matters connected with medical contracts, should be invested in the Board of Guardians—if, also, it be deemed an object of humane and necessary precaution, that a minimum rate of charge for the exercise of medical skill, and the supply of medicines to the sick poor, should be adopted, below which the mercenary and brow-beating jobbers should not be enabled to depress the interests of their victims, it will be necessary that a Bill should be introduced into Parliament for altering so much of the Poor-Law Amendment Act, as relates to the medical treatment of the necessitous poor.

What, then, ought to be the scale of charges?—What ought to be the minimum of charge?—Under what conditions should the Board of Guardians exercise their executive medical functions?—These questions are at this moment of great importance, and on the share of attention which may be bestowed on them may depend, in a great measure, the lives of some thousands of the people of this country. Within a few weeks it will be necessary that a plan which is sanctioned by medical practitioners themselves, for placing the medical contract system in the Unions on a just and secure basis, should be placed before the legislature. We are anxious, therefore, that not a moment should be lost in considering the question, with a view to accomplishing a practical permanent improvement; and whatever may be the views of our professional brethren on this subject, we hope that they will be induced to communicate them to us, whether for publication in the pages of this journal, or in the form of suggestions, to be employed with effect within the walls of Parliament. Quite evident is it that the cause of the suffering poor, and of the profession, will make but a sorry exhibition in the House of Commons, unless some almost unobjectionable plan can be substituted for

the system which is now carried into operation by the Poor-Law Commissioners.

What, therefore, is the scheme which medical practitioners would recommend?

IN determining to found a national University in this metropolis, the Ministers of the Crown have taken a bold step, but it is, nevertheless, one which is in perfect keeping with the liberal measures which they produced and supported in the last session of Parliament. We cannot, however, avoid expressing our regret that it is intended to grant degrees in medicine in the new institution, and this feeling, which so strongly influences our minds, is shared, we find, by the great majority of our professional brethren. *We have already in England alone, six bodies which are empowered to grant diplomas, licences, or degrees, in medicine and surgery.* It is unwise, therefore, to add to the number of those mischief-making or mystifying institutions in medicine, until, at any rate, the profession have had an opportunity of inspecting the report which is yet to be made by the Medical Committee of the House of Commons, of which Mr. WARBURTON is the able chairman.

We have not space to devote to this subject in the present number of our journal, but we may observe, *en passant*, that at a meeting of the Council of the *London College of Medicine*, it has been resolved to present a petition to the Crown, praying that no alteration may be made with reference to medical statutes or titles, until the Committee of the House of Commons has finished its labours; and, further, that in founding a new University, no monopoly may be created in favour of any particular institution or institutions.

We cannot avoid remarking that the foundation of a new University in the metropolis of the empire is a proceeding pregnant with so many important considerations, that copies of the document which is to be framed for its government, ought to be generally and

widely diffused, before the charter receive the sign-manual of the King. Had a draft of the charter of the College of Surgeons, in the year 1800, been laid before the public at that time, is it possible that so detestable an instrument could ever have received the sanction of the Ministers of the Crown? There can be no reason why the drafts of charters ought not to receive as much publicity as bills which are introduced into the House of Commons. It is to be hoped therefore, on every account, that the draft of the proposed charter will be laid before the public, so soon as the terms of its arrangement are agreed upon by his Majesty's Ministers and the Members of the Privy Council.

On the 19th ultimo the following notice was issued from the Dublin College of Surgeons:—

“Dublin, 19th Nov. 1835.

“The Royal College of Surgeons in Ireland will hold a special meeting on Monday next, at two o'clock, to receive Mr. Kirby's resignation of the Professorship of the Theory and Practice of Physic. By order,

“C. O'Keefe, Dr.”

Thus terminates, in disgrace and disappointment, a job that was conceived in the worst spirit of corruption, and carried into effect by means which cannot be safely described. May all such execrable invasions of the rights of the medical profession end in a similar manner, and may such be the just requital of all those who barter the gem of peace and integrity for the fleeting baubles of selfish and disreputable ambition. Mr. KIRBY cannot, we presume, be much surprised at finding his fate the subject of these aspirations, nor expect that the event of his improper connection with the College of Surgeons would excite in his behalf the slightest commiseration amongst his professional brethren. He walked in the “house of sin” with his eyes open. His commerce with its legends and traditions was an act of free-will and deliberate consideration. He had abundant knowledge of

the moral maxims of the place, and ought to have foreseen the consequences to his reputation of holding communion with them. He had not even the temptations to which prudence would consider it worth while to sacrifice the better feelings of human nature, and the certain results of the exercise of such abilities and information as he possessed. A professorship of the practice of physic in the College of Surgeons was at no time of much pecuniary value, and at the moment he accepted it the prospects of its becoming worth still less, were more obvious. The science of medicine had been so revolutionized in character, and so enlarged in extent, that no man in Dublin, of Mr. KIRBY's standing, nor any one who was educated in the principles of the by-gone school of physic, could expect to discharge the duties of such a professorship with success; while, to ensure the failure of such a speculation, there were arising in Dublin many young men of talent, who were instructed in, and were about to establish, the doctrines of the new school. It was not, therefore, worth Mr. KIRBY's while to accept, under any circumstances, a paltry promotion, the profits of which he might have seen would be daily diminishing by a competition which he was not indifferently prepared to oppose. It is, however, but justice to him to believe that he was the least criminal, though the most injured party, in this disgraceful transaction. He certainly was not the crafty unprincipled draftsman of a design which elaborately calculated the advantages, while it insured the ruin, of a rival, under the pretence of conferring an honour and rendering him a service. He was but the weak, improvident, consenting, instrument in a plot against the privileges and property of a whole body of private individuals, which none but the most selfish could conceive, or the most insensible to character could have executed. Both parties have, however, had their reward. Mr. KIRBY is compelled to retire from a national institution, which could only procure for him ten or a dozen guineas this season; while the

establishment which his appointment was intended to destroy, is, we understand, more prosperous this year than at any period of its former history. The humiliation of lecturing before a class of this compass, to a man who, in other days, was accustomed "his little senate to command," was the real cause of Mr. KIRBY's retirement, and not a "fit of the gout," as he would have his contemporaries and the public to believe. It was, in fact, the class of the College School which took the gout; and if we are not very wrong in our conjecture, the disease will, in a short time, become general in other departments of the same establishment. Mr. KIRBY has thus been made, by an imprudent and unjustifiable compact with a corrupt body, to quit, at the most active time of life, the busy scene, and to seek in the retirement of private life, the reparation of his once brilliant reputation. This case may be a warning to those who would follow in his footsteps. From his career, the dupe or the knave who fancies he tricks, or is tricked by, a faction, may learn this lesson, that vices operate like age; they bring on disease before its time, and in the prime of manhood disclose a character, broken and exhausted.

But the reader will naturally inquire "What was the conduct of the College, and of the individuals in particular, by whom Mr. KIRBY's sacrifice was accomplished?" Did they evince any compunction for the injustice which they committed on Mr. KIRBY, and through him on the profession? Did they even observe the dictates of decency in covering the shame and discomfiture of their victim, by passing a worthless vote of thanks, or, by any other consoling expression, approve of the conduct of a retiring officer who had suffered in their service? No; Mr. KIRBY's labours as a teacher, his favours as a patron, and his advocacy as a politician in the College School, were not considered, on the occasion of his resignation, as worth even a resolution declaratory of the approbation of that vir-

tuons and grateful Institution. The announcement of his retirement was, we understand, received by his colleagues with all that heartless indifference with which the practised seducer would hear of the miseries of his victim. The common tribute of respect which might be conferred on a porter or a clerk of the establishment—a vote of thanks—was withheld from Mr. KIRBY! Far different were the motives by which they appear to have been actuated; other objects, of more moment than thanks to Mr. KIRBY, were occupying their thoughts. "Let the dead bury the dead," seems to have been the rule acted on by them with the most literal fidelity of interpretation and malignity. The provision of a successor out of his extinction—the conjuring up a new phoenix out of the ashes of the departed, to shed a temporary lustre on the school in Stephen's-green, was a much more important matter than a vote of thanks and idle regrets; and to this point they immediately applied themselves on the occasion. The account which we last week promised to give, from a correspondent, of the proceedings, we must again postpone for a week.

In recommending, last week, the paper of Mr. EDMONDS to the attention of the profession, as a document containing information respecting many important facts relative to which great *secrecy* was observed by those few persons who are qualified to form correct conclusions on the subject, the author thinks that some misapprehension may occur, which he requests us to prevent by stating, "that the universal *silence* which "has been observed respecting materials "which have been twelve months before "the public, admits of a more satisfactory "explanation. Nearly every writer whose "opinions upon the subject are of any value, has fallen into the error of concluding, that because the annual mortality of "the English nation, at all ages, has been "diminished from one in thirty-eight to "one in forty-eight, *therefore* the mortality

"at every age of life has been diminished. "The present new material shows, that the "mortality of persons above the ages of "fifteen years has suffered no diminution; "the mortality of infants alone having been "diminished. It may not, therefore, be "reasonable to expect, that writers of mortality will assist to disseminate newly-presented facts, which are contradictory "of their previously-expressed opinions." "The concluding portion of Mr. EDMONDS's article will be found at page 407 of this week's LANCET.

METROPOLITAN UNIVERSITY DEGREES.

To the Editor of THE LANCET.

SIR,—Being at present a student at *King's College*, and intending at some future period to present myself before the examiners of the university about to be founded, as a candidate for a degree in medicine, I consider myself to be partially interested in the question which has been discussed on in the article at page 389 of *THE LANCET*, to which my letter is intended as a reply, viz., Should residence for a given period in an university, and conformity to a prescribed course of study, be required to render a person eligible to graduate in the University of London?

But before proceeding farther I must premise, that although I am aware that you yourself advocate the principles which your correspondent has laid down, yet I am not deterred from writing, through any fear that my communication will be rejected solely because it is opposed to your opinions. No, Sir, I have long been a reader of *THE LANCET*, and never do I remember having seen an instance of illiberality on your part. I therefore forward this to you, relying on your known candour for its insertion, as much as if I knew that you cordially agreed with the opinions expressed in it. Neither indeed (considering it as a matter of policy) would it be wise to confine the columns of a scientific journal to the use of one party; for its reading being confined to men of a liberal education, who are accustomed to judge for themselves on every subject, and unbiassed in their sentiments, they never form a decided opinion on any point without weighing well all the arguments, *pro* and *contra*. With such readers, therefore, no object can be attained by refusing free discussion on any matter.

The object of your correspondent apparently is, to admit persons to an examination for degrees, without subjecting them to a previous course of study, and merely on

The strength of a certificate of good moral character. With the proposition that a certificate should be required, I most cordially agree, but some important alteration ought to be made in the manner of obtaining it, for the deplorable facility with which certificates are now given is well known. Indeed, I have no doubt that they are frequently forged. What I now proceed to prove is, that although the scheme of allowing young men who are designed for a profession to obtain their education where and how they choose, might be better for a very few individuals, it would be almost ruin to the great majority. At present, when students, from a fear of being refused their certificates, are compelled to attend lectures occasionally, how many are there, let me ask, who never show themselves in a lecture-room more than three or four times a week? Perhaps your correspondent will say that they are more profitably employed in pursuing their studies at their own homes; but this I am afraid will scarcely ever be found to be the case. No, I am ashamed to say that even under the present laws, a great number throw away that time on vice of every description, which ought to be spent in study. But still, owing to the lecture-system, they are compelled occasionally to recur to their studies. Now, if these persons were allowed to study in what manner they liked, the consequences clearly would be dreadful. They would most likely be sent by their relatives to London or some large town, where, instead of studying, they would squander away their money and time in the pursuit of dissipation, always putting off the period of study until, having entirely ruined themselves in fortune and health, they have disgusted their friends, and, in many cases, are compelled (*heu quanta de-gradatio!*) to apply themselves to trade, and perhaps linger out the remainder of their miserable and degraded existence in the employ of some chemist and druggist. Such is a feeble picture of the evils which I am satisfied would in numerous instances result from the misjudged act of leaving young men to chalk out for themselves their mode of study. Students, especially of medicine, are always, partly from inexperience, and partly from bad companions, prone to vice, and this measure would, I am afraid, give them more opportunity for it. Such are my objections, treating this in a moral point of view.

Again, I am confident that to a certain extent the oral has a great advantage over the written method of communicating instruction to youth. There are many points connected with the different studies which it would be impossible to treat of fully in books, although there is no doubt but that if a person were to hear a number of lectures, without reading at the same time on the subject, they would benefit him

very little; and there are also many matters of general information connected with the subject of the lecture, which he hears at the lecture, and of his knowledge of which it would be next to impossible for the examiners to form an idea in an examination of any reasonable duration. Also the weekly examination of the different classes by the several professors, is an advantage of no small importance.

Also let me suggest, that it is unfair to cast imputations on a body of men whose names are not even known, and who are not yet called into I may say political existence, which your correspondent does in hinting that the old method of study has been adopted by them as likely to be more conducive to their own ease.

Again, he says that none but the comparatively rich will be able to graduate in this University. Certainly not, and therefore it is so much the more to be approved of. All graduates are, at present, as a matter of course, supposed to be gentlemen, and to be either of good families, or to have received a polished education, fitting them for the society in which, as graduates, they are entitled to move. Now, if young men were to be allowed to graduate directly on coming to London, relying solely on their own exertions for getting through the examination, and without being put to any expense, being sons of farmers, tradesmen, &c., their graduation would detract much from the respectability of graduates as a body, and though, in a few instances, no one could object to persons raising themselves from the lower classes by their talent, still, as a general thing, it cannot be too much deprecated.

Being fearful of exhausting too much space, I must now draw this subject to a close. I have not, I hope, said any thing which can be construed as personally offensive to any one. As to the strength of my arguments, as compared with those of my opponent, that must be decided by the public.

I see that in your last number a correspondent would suggest, that the new body be allowed to confer degrees in surgery. Permit me to suggest that if this be carried into effect, a regulation should be made compelling candidates for the degree "chirurgie baccalaureus" to afford proofs of understanding drawing, as I am of opinion that this knowledge assists the anatomical student greatly. Also, that if a graduate in surgery, or, in fact, if any graduate, wishes to obtain the license of the Apothecaries' Hall, he should be exempt from the regulation which requires an apprenticeship of five years, and should only be obliged to spend one year in dispensing.

Allow me also to draw the attention of your readers to the fund at present raising for the support of the mother and sister of

the late Gilbert Burnett, Esq., lecturer on Botany in this institution. They depended entirely on his exertions for their support, and are now in a state of poverty. He was the last male descendant of Bishop Burnett.

I would also propose to the proprietors of King's College, and the University of London, i. e., the institution at present called so, that they should admit two young men annually in each department, giving them free admission to every class until they have completed their studies in the particular profession they make choice of. The objects of election should be young men of good connections, but destitute of the means of placing themselves in a profession, or giving themselves an education which might fit them to conduct themselves with credit in the society in which by birth they are entitled to move. This should, if possible, be kept secret from their companions.

Why should not the new University be empowered to confer a degree in architecture? Surely it is a science. The degree might, to avoid confusion, be *Coryphaeus*,* to rank as high as *Magister*, and be taken two years after that of *Bachelor of Arts*. Anxiously expecting the publication of your next number, I remain, Sir, your obedient servant,

A KING'S COLLEGE STUDENT OF
MEDICINE AND SURGERY.

THE WITHHELD MEDICAL-REFORM-ESSAY
PRIZES.

To the Editor of THE LANCET.

SIR,—I have read with equal surprise and indignation, in THE LANCET of Nov. 21st, the letter of Dr. Epps, on the subject of the medical reform essays. A more flagrant breach of faith to the writers of the several essays which were so many months ago transmitted to Dr. Epps, it is impossible to conceive, than the statement contained in that letter, that "the Committee of examination have decided that there are not any three of the essays deserving of the prizes." On referring to the original conditions, published with the signature of Dr. Epps, as secretary to the Medical Reform Association, I cannot discover any reference whatever to the *abstract merits* of the essays. They simply state, that "For the best essay will be awarded the sum of 50*l.* sterling; for the second, the sum of 30*l.*; for the third, the sum of 20*l.*" It was the comparative merits of the essays alone, then, that the Committee of Examination had to

decide upon. With their *intrinsic* merits, so far as the prizes were concerned, they had nothing to do; and how little meritorious they might be, provided the proposed conditions were attended to, the *three best* were as much entitled to the prizes, as if they had actually come up to the *beau ideal* of perfection which the Committee now assume as necessary to render them "deserving of the prizes."

Of Dr. Epps I know nothing, but as an honourable member of a liberal profession I am sure it must be extremely painful to him to be made the medium of communicating to the public so dishonourable an instance of broken faith. That Mr. Hume can have sanctioned such a proceeding, I am unwilling to believe, but as the treasurer and only declared member of the Committee of Examination, he will do well to use his influence in obtaining justice for the writers of the essays.

It would be easy to dilate on many circumstances connected with the proposed prizes of the Medical Reform Association; more especially the great delay that has taken place, — without any explanation, — the promise which Dr. Epps formerly made of an early decision, and the extraordinary effrontery with which further competition is invited for prizes which unquestionably belong to writers who have already contended for them. But, in the hope that a feeling of shame will induce the Committee to perform, without further delay, an act of justice which they must perceive to be inevitable in the end, I shall for the present forbear.

I remain, Sir,
Your obedient servant,
PHILO-JUSTITIA.

Nov. 29, 1835.

APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR,—An instance having very recently occurred under my own observation of the treatment of students at Apothecaries' Hall, I am induced to forward the facts to you, in order that students may see the necessity of strictly adhering to the regulations of the Hall, however difficult of performance and mysterious they may appear.

A pupil who had entered to all the required lectures (*perpetual*), presented himself at the Hall, for examination in Latin, but being wholly ignorant of the form of registering, he had omitted to register during the time usually allowed. To obviate this he was advised to address a petition to the Board of Examiners. He did so, and was told to call upon the Secretary (Mr. Watson) for an answer. This he has repeatedly done, without obtaining any information on the

* "Coryphaeus" means the Master, Chief, or Principal, in any thing. The degree, therefore of "A.C." could not lead to any confusion, while that of "A.M." might.

subject; and no answer can be got, although I know for certain that his petition was laid before the examiners, and leave was decided in by them to be given to the gentleman to register. On one occasion he asked Mr. Watson what he had better do. Mr. W. said, "I know nothing about the case. I am no more than a post-office to the Hall. You have your answer and there's the door." He then applied at the Hall, but was again referred to Mr. Watson, upon whom he called, in my presence, for the tenth time; but on giving his name and stating his business, Mr. W. said that no such petition as his had ever been sent, and when I told him that I saw the petition in his (Mr. W.'s) own hands, a few mornings previous, he declared that my statement was false; and when I told him that we had been under the necessity of calling eight or ten times within three weeks, he said it was all "a lie," and that he had never seen either of our faces before. And this is all that my friend can learn of his petition. Is this the language which ought to be used by the Secretary of the Apothecaries' Company, to students praying for information? Of his ungentlemanlike conduct I will say nothing, as it is only what students must expect in that neighbourhood. But he should remember that although he is Secretary to a Company who derive a great income by the contributions of students, he may live to see the abolition of that Company, as the result of the combination of those students with the thousands of practitioners who are already rendering their powerful influence to place medical education under the superintendence of a very different body of men. I am, Sir, your obedient servant,

A MEDICAL PUPIL.

December 5th, 1835.

*. The name and address of the writer of this letter have been placed in our hands.

TERM OF APOTHECARY-APPRENTICESHIPS.

To the Editor.—Sir,—I cannot forbear noticing the very extraordinary conduct of the Examiners of the Apothecaries' Company, in making so many alterations in the regulations for apprentices. When I was bound apprentice, about eighteen years ago, I was distinctly told that it was necessary I should serve the whole seven years, prior to my attendance at the London hospitals. Two years after the expiration of that time, being established in practice, I took an apprentice, and was then told that the Court thought the seven years too long, and that they would be content with five years' *actual servitude*; it now appears that they consider three years sufficient, which is surely unjust to those who have been compelled to serve the whole term; and though I certainly think the term of seven years, which I

served, much too long, yet, as it was the customary time allotted to all, I had no reason to complain, and reflected that I should in my turn derive benefit from the assistance which my apprentices would afford me during the latter part of their stay. According to the present regulations, medical men are expected to dispense with the services of their apprentices just at the time they are beginning to be most useful to them, and the pupils are compelled to attend a tedious routine of studies, subject to such complicated regulations as are exceedingly annoying and harassing to them, and reflect the utmost disgrace and discredit upon the Court of Examiners. Trusting you will allow insertion to these remarks, I am, Sir, your obedient servant,

A LICENTIATE OF THE
APOTHECARIES' COMPANY.

TREATMENT OF FRACTURES.

To the Editor.—Sir,—The scientific observations of Mr. Radley on the treatment of fractures in late numbers of your invaluable publication, bring to my recollection the practice I witnessed when assistant to Mr. Clapham of Thorney, who has now been in the habit, for upwards of thirty years, of invariably treating fractures on the same principles as Mr. Radley. His sons, I understand, pursue the same plan. It is to be regretted that men of such long standing in the profession, and who have enjoyed such opportunities of gaining professional knowledge, do not communicate to the public some of the many valuable cases which must necessarily have thus come under their observation.—I remain your ardent admirer,

M. D. W.

Borough, Dec. 4, 1835.

MEDICAL MAGNETISM.—To the Editor.—Sir,—In the report of a meeting of the Westminster Medical Society, published in your valuable miscellany of the 5th instant, it appears that Dr. Epps thought proper to state "that a gentleman had offered to Messrs. Watkins and Hill of Charing-cross, 100 guineas, if they would produce magnets having the like power (referring to those prepared by Dr. Schmidt). They tried, but at last were compelled to acknowledge their incompetency." Now, Sir, we trust you will afford us space to give the most decided contradiction to that statement. Why our names should be thus thrust forwards to advance the views of Dr. Schmidt, we know not; but this we do know, that neither with the Doctor, nor with his magnets, are we in any degree acquainted, nor have we ever made any attempts to compete with him. Hence it is clear that Dr. Epps must have been labouring under some strange delusion

when he made the assertion, to which, in justice to ourselves, we have been compelled to advert. We remain, Sir, your obedient servants,

WATKINS and HILL.

5, Charing-cross, 8th Dec., 1835.

NOTE FROM DR. SCHMIDT. — *To the Editor.* Sir, I am anxious to reply to your question in the last Number of *THE LANCET* "if Dr. Schmidt withholds any information relative to his mode of constructing magnets," in the negative. It will be obvious to you, that in making known the chemical theory upon which I construct my magnets I furnish the clue to similar results which are equally attainable by others. Having found what I consider the right path, I point it out to the scientific world. Need I do more? I avail myself of this opportunity to thank you for the full and favourable report which you have given of the discussions at the *Edinburgh Medical Society*, on mineral, or, as you properly term it, medical magnetism; and to ask you if any reports of cases of cure by the magnet will be acceptable to you? If so, I should feel obliged by the publication of two or three complete ones, which I can authenticate. I am, Sir, your very obedient servant,

CHARLES SCHMIDT.

137, Regent street; Dec. 9th, 1835.

* * * If Dr. Schmidt transmits to us, for publication, any cases which have occurred to him since his residence in London, we will certainly endeavour to find room for them in our columns.

CORRESPONDENTS.

THE note of *Argus* is the product of a malicious mind. We believe that the private lecturer whom the writer attempts to vilify, discharges his duty more effectively and scientifically than any other private teacher in the metropolis. One thing is curious in connection with the medical schools of the metropolis. Candidates, it is well known, are not admitted to examina-

tion at the medical colleges and halls, unless they produce certificates of attendance in some of the "recognised" schools. It is equally well known, that in many of the schools no information whatever is obtained by the pupil, but that he gets the whole of his knowledge from some teacher who discharges his duties to his class at his private residence. Now when a candidate who is known to have been the pupil—whether an inattentive one or not, — of a private teacher, happens to be unsuccessful, all the "recognised" gentry, and many of their idle pupils, exult at the defeat of the rejected party, and in their tumult of joy the lecturers often forget that the rejected person had been their own pupil during more years than he had been of the private teacher during as many months. In other instances, parties who rejoice may be moved in their exultation by even less worthy feelings. A private lecturer, in cases of the rejection of his pupils, is wholly exonerated from blame, unless it can be proved that the competency of the candidate was certified, — either orally or in writing, — previous to his application to the medical boards to be admitted to an examination.

Will *Humanitas*, of Rochester, whose communication was inserted in *THE LANCET* of Nov. 21st, favour us with his name and address? The one first sent has been accidentally mislaid. Will our correspondent object to his name being communicated privately to a gentleman who is actively interesting himself in an attempt to improve the medical arrangements in the Unions?

The communications from Mr. Way, the K. Street School, and very many other communications, as well as our last reports from the societies, are all unavoidably postponed for a week.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37' 41" North. Long. 31° 45" West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Nov. 30	50.50	37.50	28.96	28.86	0.0125	S.E.	Excepting on the 1st and 6th, rain every day, with heavy mist. The 1st was remarkably fine for the season.
Dec. 1	49.50	38.75	29.12	29.02	—	S.E.	
2	45.50	33.	29.35	29.17	0.04375	S.W.	
3	47.50	32.50	29.40	29.37	0.00625	S.E.	
4	39.75	32.	29.63	29.47	0.025	S.W.	
5	43.	33.25	29.95	29.88	0.0125	E.	
6	40.50	32.	29.93	29.88	—	E.	

Dec. 8th, 1835.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 19, 1835.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE IV.

ENCEPHALITIS.

TO-DAY, Gentlemen, we propose passing in review the several symptoms by which inflammation of the brain is accompanied. The greater part of them, as you shall presently see, consist in certain modifications of the phenomena which depend on the life of relation. We shall commence with the most striking, those which cannot escape the notice of the most common observer. Many of these symptoms are produced by a greater or less trouble of nutrition. Let us examine them first briefly, and take up, to begin with,

Lesions of the Functions of the Digestive Apparatus in Acute Encephalitis.

In many individuals affected with encephalitis, we do not observe any appreciable functional derangement of the digestive tube; but in the great majority of cases it is the seat of disorders more or less severe; and the digestive apparatus presents to us several notable troubles. And first of vomiting and nausea, two of the most striking symptoms by which the commencement of inflammation of the brain is frequently disclosed. Here, as in many other circumstances, the symptom has its seat in the stomach; but the real cause of the phenomenon is situated in another and a far distant organ. Vomiting, and at least nausea, very frequently precede the onset of acute

encephalitis. Sometimes the vomiting is observed only at the very commencement of the disease; sometimes it persists for several days, or even during the whole course of the malady, the patient throwing up an enormous quantity of bilious matter, or being unable to taste a drop of fluid without occasioning nausea, and rejection of the contents of the stomach.

In a great number of cases, also, we remark another symptom connected with the digestive tube, which, like the former, is an effect of sympathetic influence, propagated from the centre of the nervous system, and not a sign of disease in the canal itself. This is constipation of the bowels; a phenomenon very frequently accompanying the different forms of encephalitis. In many cases it is carried to the highest degree, and alvine evacuations are obtained only by the most powerful drastic purgatives, or the condition of the intestinal canal resists altogether any means that we can employ to overcome it. The vomiting, nausea, and constipation, of which we now speak, are frequently the only lesions of nutrition that the patient may present. The tongue generally remains natural (we suppose the disease without complication), clean; the abdomen indolent and free from pain, rather contracted than tumified, or tympanitic. It is of the highest importance to pay due attention to these latter symptoms, for the derangement of the stomach, especially when connected with headache, may very readily impose on the physician. The presence of vomiting &c. when it coincides with a natural state of the tongue and abdomen, and, above all, with the absence of meteorism, is a sign of the greatest value, to distinguish at an early period those nervous symptoms which depend on an idiopathic irritation or inflammation of the brain, from typhoid and other dangerous febrile affections, where the lesion really occupies the mucous surface of the digestive tube. These are the principal lesions of the functions of the digestive passages which present themselves in cases of encephalitis. Let us now turn to

Lesions of the Circulatory Apparatus.

The disorders produced by inflammation of the brain on the circulatory apparatus are

lated by M. Gendrin; it is as follows:—"A young man, fifteen years of age, had bathed twice in a river on the same day; after coming out the second time he lay down on the bank and fell asleep, without his hat, exposed to a burning sun; on awaking he was perfectly speechless, though he was able to walk home, apparently in good health. He was bled and purged, and recovered his speech next day, but lost it again, at intervals, during the three or four following days. He was dull and heavy, and complained of the back of his head; after a few days more, he had squinting and double vision, with obstinate constipation; pulse 60. After farther bleeding, &c., the pulse rose to 87; but he gradually became comatose, and died twenty-five days after the commencement of the attack. After death, the substance of the brain was found, in general, highly vascular, and a very considerable extent of it was in a state of ramollissement, mixed with suppuration. The ventricles were distended with fluid, and the membranes, in many places, much thickened."

This is a remarkable case of inflammation of the brain, where the first symptom was a sudden loss of speech; and remark, that the injury does not seem to have existed more towards the anterior lobes of the brain than any other point, though many physiologists would there place the power that governs the production of the voice. In many other cases, the first accidents are not seen towards the brain, but commence in the organs of nutrition. We all of us know how frequently meningitis is announced by vomiting. The irritation of the brain is propagated to the stomach, and gives rise to irritation and rejection of the contents of the latter, before it has lasted sufficiently long to produce actual inflammation of the former organ.

The Duration and Termination of Acute Encephalitis.

These are very variable. In some cases the disease terminates rapidly in death: the patient does not survive the commencement of the attack more than twenty-four hours. In other cases the march of the disease is more slow; it may be prolonged to thirty or forty days, or two months; but if the patient continue to show symptoms after this latter period, we must consider him as labouring under the chronic form of the disease. The termination of encephalitis is not less variable than its duration; the patient may recover, and then his recovery is either perfect or imperfect; in the latter case, the troubles which remain are generally connected with movement. Some patients conserve a strabismus for a greater or less period; others present a contraction of one or several fingers; finally, others are affected, for a long time after the subsidence of inflammatory symptoms, with a well-marked

diminution of sensibility in some one part of the body. Let us now turn our attention to

The Treatment of Encephalitis.

The first, and most pressing indication, is the abstraction of blood, in proportion to the intensity of the disease, the constitution of the patient, &c. Here the rules are precisely the same as those we laid down when treating of cerebral congestion; it is, therefore, unnecessary to insist, at any length, upon this point, particularly as we have abundance of matter to occupy the time allowed for the present course.

After copious and repeated bleeding, we have a second means, which has frequently been employed with the most decided benefit in cases of encephalitis and other inflammations of the parts within the cavity of the cranium; this is the application of cold directly to the patient's head,—a powerful remedy when cautiously administered, but it requires a good deal of care and judgment. A grand principle in the application of a low temperature, in cases of cerebral inflammation, is to withhold this means until such time as the febrile reaction has been brought down by sanguineous emissions, and other similar remedies. If the disease, indeed, has commenced without any remarkable acceleration of the pulse, increased heat of skin; in a word, without fever; then we may have recourse to cold at a much earlier period. However, its application is always attended with two inconveniences, that render its management difficult. In the first place, if the inflammatory reaction has not been sufficiently reduced, by the means we have pointed out, before the employment of cold, we run a great risk of aggravating the symptoms instead of calming them. In the second place, the effect of cold, at a low temperature, is, in many cases, to throw the patient into a state of prostration and collapse that is very alarming. In some instances, the patient, shortly after ice has been placed on the head, has sunk into a state of collapse and even coma, which have been dissipated with the greatest difficulty, or terminated in death. You must, therefore, pay especial attention to this point, and when you employ cold, take care not only to see that all febrile reaction has been previously subdued, but, still more, watch your patient with care, and on the first appearance of prostration, reflect how far this symptom may not be an effect of the powerful remedy you have applied. Perhaps this latter inconvenience is more to be dreaded than the former. In the one case you can subdue the symptoms of renewed febrile action by antiphlogistic measures; but in the second it is often a matter of the greatest difficulty to recover the patient from prostration into which

Let us now consider the different ways in which cold may be applied. These are various. The first and most common is the application of ice to the head. It is essential that this should be done in a permanent manner; the temperature must be kept constantly at the same point. A temporary reduction of temperature is more likely to occasion the reaction we have already spoken of, than to produce any benefit. The ice should be pounded, and care must be taken that it does not incommode or irritate the patient by its weight. It is also necessary to warn you that cold may have very different effects on the sensibility of certain patients. In some cases when we place the ice on a patient's head it gives rise to a most unpleasant sensation that is supported with difficulty. Sometimes this goes off; in other cases it persists, and may become so distressing as to compel us to abandon the remedy altogether. In other cases, on the contrary, the sensation produced is of an agreeable and soothing nature. As the temperature descends, the symptoms of excitement vanish; the agitation and delirium disappear, and the patient recovers the full exercise of his intellectual faculties.

Instead of ice, some physicians prefer the employment of cold affusions, at a temperature varying from 22°, to 18° or 16° (centigrade). We can rarely have occasion to go below the latter; it is quite sufficiently low for every practical purpose. The affusion is performed by pouring water, at the temperature just indicated, for the space of two or three minutes on the patient's head, after which we cease. This may be repeated once or twice during the day according to circumstances. Sometimes we prefer establishing a constant current of cold water on the patient's head; or, finally, in other cases, we may follow the example of those who evert the water guttatin, drop by drop, from a short distance above the head; by this means the temperature is gradually reduced, and the effects which result are often of the most encouraging nature. Not long ago, I had occasion to see a young person who was labouring under all the symptoms of acute inflammation of the brain. We had recourse to the use of cold, under the form now alluded to; water was allowed to drop slowly on the patient's head, and a complete recovery took place. This case was attended in conjunction with M. RECAMIER, and remark, that no other active treatment of any kind was employed, although the disease presented itself with symptoms of a very severe nature.

I could cite numerous other cases which establish the efficacy of cold as a means of relieving cerebral inflammation; but it is necessary that you must know how to manage. It must be applied as it is a dangerous remedy, and all other powerful remedies must be given to a certain degree of expe-

rience to determine in what cases it is applicable, and how far it may be carried.

Finally, we may employ cold under another form, viz. in that of general ablation. The different modes of applying a reduced temperature will depend partly upon the predilections of the physician, partly upon the specific object he may have in view; but, on the whole, we may conclude, that cold is a therapeutic agent to which we may often have recourse with advantage in cases of encephalitis, and that in whatever form it is employed the results cannot fail to be beneficial.

Revolusives are another very useful class of remedies in the treatment of inflammatory affections of the brain. We may apply them in the form of blisters or sinapisms to the lower extremities, the neck, behind the ears, or over the whole surface of the head; but, bear in mind that it is only at certain periods of the disease, that we ought to have recourse to cutaneous irritants, viz. when the symptoms of reaction have been completely subdued by sanguineous emissions, or by cold. However, let me remark, that some patients will not bear the application of revulsives to the skin; in many cases the action of a blister has been sufficient to bring back all the symptoms that were dissipated by a previous blood-letting; the agitation recurs; the patient is seized with convulsions, and paralysis, or relapses into a state of coma, immediately after the cutaneous nerves are stimulated by a sinapiam. I am, therefore, very sparing of this form of revulsives in cases of encephalitis, although in many particular cases their utility is incontestable. Thus, when the coma persists for a length of time, when the sensibility of the skin is excessively obtuse, when the eye is insensible to light, and the pupil remains without movement, we may have recourse to energetic revulsives with advantage, in the hope of stimulating the powers of life, which seem on the point of becoming extinguished. This is a practice which is very successful amongst children. On the contrary, when the heat of the skin is elevated, when the pulse shows symptoms of reaction, when the erythema of the brain is betrayed by excessive agitation or delirium, then I would abstain altogether from the employment of a means which would in all probability but increase the existing degree of irritation. In cases of this kind I prefer addressing the revulsives to the intestinal canal, provided we have no signs of irritation or inflammation in the abdominal cavity.

When the belly is indolent and free from pain, the tongue clean and moderately humid, I have no hesitation in administering active purgatives, with the design of promoting a derivation from the brain to the surface of the digestive tube. Several authors partake of this opinion. Thus, Dr. ABER-

CROMBIE (and I quote from his work in preference, because it is filled with highly interesting and useful observations) says, "In all forms of the disease, active purging appears to be the remedy from which we find the most satisfactory results; and although blood-letting is never to be neglected in the earlier stages of the disease, my own experience is, that more recoveries from head affections of the most alarming aspect take place under the use of very strong purging, than result from any other mode of treatment."

We have now to notice another remedy which has been counted as a true specific in inflammation of the brain by many writers; this is *mercury*,—a means once looked up to with the utmost confidence in the treatment of encephalitis and several other inflammatory affections. In a question of this kind it becomes my duty chiefly to lay before you the result of my own observations, and this I shall endeavour to do as briefly as the subject will admit. Mercurial preparations are employed under two principal forms to combat inflammatory affections of the brain; the first is in the form of frictions, which are usually practised either on the sides of the neck, or behind the ears. I must confess that I never saw any decided advantage obtained from the administration of mercury under this form. You can readily conceive that inflammation of the cerebral substance is a disease requiring the employment of remedies whose action is prompt as well as decisive. Now mercurial frictions have the great inconvenience of requiring a certain length of time for the introduction of the remedy into the economy, and before this the inflammation may have assumed a fatal character. Perhaps this form may be innocent, but it is one which does not merit any particular confidence. The other form, and it is a far more general one, in which mercury has been administered, is internal, and the preparation selected, by almost universal consent, is calomel.

You are all acquainted with the prominent part which calomel has played in the treatment of inflammatory disease, especially in the various affections of children; but here an important question suggests itself. Is calomel, as has been said, really a specific remedy in certain inflammatory disorders, or is its action rather to be referred to the purgative effects which follow its administration? This question can only be answered by a careful observation of facts. Go, then, into the hospitals, and observe what passes there; or, if you have already had occasion to follow several cases of inflammation of the brain, reflect upon the phenomena you have witnessed, and you will find that in all the fortunate cases the administration of calomel has been followed by decidedly purgative effects. We may

therefore fairly doubt whether the result did not rather depend upon this action on the intestinal canal, than upon any specific attribute. The predilection generally shown by practitioners for this preparation of mercury may be accounted for upon other grounds. Calomel is an excellent purgative, and suitable to a great variety of cases. It does act in an irritating manner on the digestive tube; and, from its insolubility, it does not communicate any bad or nauseating taste; this latter circumstance is not without importance in diseases of the brain, where we should avoid every cause of irritation; it is particularly important in all affections accompanied by delirium, where we often have the greatest difficulty in inducing the patient to take the necessary medicaments. Let us now pass to the consideration of

Chronic Encephalitis.

Here the observations we have to make will be brief, for the disease bears a close resemblance to the acute form which we have just terminated. The *anatomical characters* of chronic encephalitis are nearly the same as those we have given for the acute stage. However, induration of the cerebral substance more frequently accompanies the former than the latter. We also more frequently observe, as a consequence of this variety, the formation of abscesses in the substance of the brain, of cysts with strong, fibrous, well-organized parietes.

The *causes* of chronic encephalitis are the same as those which determine the acute form; and it may precede the latter, or succeed an imperfect cure. The *symptoms* also are the same; they consist almost exclusively in lesions of intelligence, of sensibility, or of motility; the march of the disease, however, is different, and it is in this circumstance alone, that we are to look for the differential characteristics of the two forms. In the chronic form the symptoms succeed one another more slowly. The intelligence remains intact for a more considerable period; the lesions of mortality are more uncertain, and the disease terminates either in a sudden exasperation of the accidents, or by producing a profound though gradual influence on the different acts of organic life.

Chronic Inflammation of the Cerebellum.

There is one part of the brain, which, as we before remarked, is but little subject to attacks of acute inflammation, but which oftener presents traces more or less well marked, of having been the seat of the chronic form. This part is the cerebellum. We might perhaps be able to collect from eight to nine examples of chronic inflammation of the cerebellum, where the lesion was simple, that is, granular, and without any similar lesion of the other parts of the brain. The analysis of these cases

variety of symptoms accompany the disease in this portion of the nervous centre. The most striking phenomena certainly are connected with motility: here we observe the principal lesions. In many cases paralysis has been noted as affecting the superior or the inferior extremities; the seat of the paralysis is indifferent; we are not able to establish a greater frequency in the pectoral, than in the abdominal members. In other cases the power of the muscles seems merely weakened; the patient's gait is vacillating. In one single case the patient suddenly fell down. In other cases, however, we do not observe any lesions of movement; it is the sensibility which presents more or less remarkable modifications. Thus in two cases, the prominent symptom was a very acute sensibility of the whole skin, and after death an abscess was found occupying one of the lobes of the cerebellum. In one case the only lesion of sensibility consisted in an acute pain in the occipital region. In one case observed by Dr. GALL, the predominant symptom was blindness. We have already noticed how blindness is connected with several diseases of the cerebellum. This is especially noticed in cases where tubercles have been found imbedded in the substance of this part of the brain. It is not easy to explain the reason of so remarkable a phenomenon. Does it depend on the connection of the cerebellum with the pons varolii, and, consequently, with the fifth pair of nerves? Or are we to look for an explanation in the communication between the cerebellum and the tubercula quadrigemina, from which latter you know the optic nerves partially arise? These are mere conjectures. Finally, in one case of chronic inflammation of the cerebellum, the patient was troubled with a constant nausea only.

Such are the symptoms that usually accompany chronic inflammation of the cerebellum. How difficult it is to attach them to any general principle, or to say why at one time the same lesion should merely produce nausea, at another blindness, and at a third loss of speech! In many of the cases we have alluded to, the symptoms almost seem to be individual, and any attempt to generalize them in the present state of our knowledge would be hopeless; perhaps this may depend upon the small number of observations we possess; let us then examine more, and let us hope, for the honour of science, that at some future time we may be enabled to explain this diversity of symptoms by the different points of the organs which are compromised in the disease. For the cerebellum this explanation is much more easily given than for the cerebrum; in inflammation of the former, the principal derangements, as I have just remarked, are obtundement of motility, and you observe the connections which unite the cerebellum and spinal marrow.

Our remarks upon the treatment of inflammation of the cerebellum, shall be very short indeed. It is precisely the same as that for encephalitis in general; the main remedies being sanguineous emissions, cold, and revulsives.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON CASES OF

ABSCESS IN THE PERINEUM,

Delivered in the Session 1835-6,

By MR. TRAVERS.

GENTLEMEN,—There are, I think, no cases under my care of more profitable observation at this moment than those of fistula in perineo, of which there have been and are now several here.

This abscess of the perineum takes place under very different circumstances. We often have it quite independent of the urethra, as we have abscess in the neighbourhood of the anus perfectly independent of the rectum. Local causes contribute to the formation of an abscess here. The injury of a blow, the irritation of a tight dress, an over-long ride or walk, and fatigue of any kind, may set up a local congestion and a phlegmon here, which becomes an abscess in the perineum. It occurs in the cellular tissue, like a common abscess, having no tendency to communicate with the urethra, which is perfectly sound and healthy. A full-sized bougie will pass readily into the bladder, and there may have been no previous affection of the urinary organs, but it is always important to open abscesses situated near canals early.

An abscess abutting on a canal should have both an early and a free opening, to hinder the inflammatory action from proceeding in the direction of the canal, or you will find it very difficult to prevent a sinous communication between them. The sinus may not be direct, but indirect,—not large, but small,—and the patient, after some days, when all seems to be going on well, voids, at first a few drops, and then a small stream of urine, from the perineal opening, which prevents it from healing. The case is very simple, and is far from being uncommon.

The treatment is very simple. Having ascertained that the urethra is pervious, and that nothing is the matter with it, treat the abscess as a common abscess, only with the greater promptitude, on account of its situation. Lose no time in leeching and poulticing, provided the evidence of matter is fairly perceptible. Rather, indeed, antic-

pate than delay the operation, by making a free and deep incision; and in that way you will be very likely to save the urethra.

A very common cause of a second class of cases is an inflammatory condition of the lining membrane of the urethra, which has supervened upon gonorrhœa. You know that an inflammation of the cells of the spongy body of the urethra is a simple and acute gonorrhœal inflammation. You know that *hernia humoralis*, as it is called,—swelled testicle,—is a constant cause of gonorrhœal inflammation. You know that spasmodic stricture may exist to such an extent as to cause perfect retention of the urine for two or three days, and inflammation of the neck of the bladder, which creates such excessive and distressing pain in the act of micturition. You know that these are all consequences of inflammation of the lining membrane of the urethra, not confined to the original seat of the gonorrhœa, which is within an inch or two from the extremity of the urethra, but translated from thence to the bulb, the membranous part and the prostatic portion of the urethra,—all this being the result of neglect, or imprudent conduct,—venereal excitement, and other such causes. Thus inflammatory irritation and spasmodic stricture of the lining membrane of the urethra follow gonorrhœa, which produces, by local contiguity, inflammation of the sheath, and the parts surrounding the sheath, of the penis, and the parts situated in the perineum.

Another class of cases is that in which you have not spasmodic stricture of the urethra, but permanent stricture. Now here, although the stricture is imperfect,—not such as to prevent the person from parting with his urine, but such as admits of his parting with it slowly, with difficulty, and under preternatural exertion of the muscles which assist to empty the bladder,—there is an increased determination of blood to the neck of the bladder, and all the parts connected with it during the operation; and the frequency with which persons are called upon, under such circumstances, to void their urine, occasions great aggravation of their sufferings. There is an habitual straining in the act of micturition, and all these circumstances predispose to the contiguous inflammation, and the probable supervention of suppurative inflammation in the perineum.

Now the inflammation in these cases commences externally,—that is to say, although the inflammation of the urethra, the stricture, whether spasmodic or permanent, and the consequences attending it which I have mentioned, cause and aggravate the mischief in the perineum by determining blood to the parts, yet the abscess occurs externally without any direct communication, originally, between it and the

passage. Such a communication, however, is more likely to happen in cases in which there is an inflammatory condition of the urethra itself than in the first class of cases, where, as I stated, the urethra is sound and unaffected.

Besides these, you may have another class. You may have, together with permanent stricture, adhesion, forming crevices, of the membrane,—false passages—suffering small portions of the urine to pass out of the canal, more commonly taking place behind the stricture. Where the stricture retards the urine, a dilatation of the canal occurs, caused by the impulse of the muscular action to force the urine on; and by reason of this constantly recurring, a fissure or crevice at length takes place, through which a small quantity of urine permeates, remaining there for years with little or no inconvenience. In an old strictured patient, you will find half-a-dozen false passages, not, perhaps, caused by the bad management of a surgeon, but produced by disease. There is no danger of extravasation following their creation, for they are so defined by the artificial cuticle produced by the adhesive inflammation which is instituted from the moment that the lesion or wound takes place in the lining membrane, that extravasation will not follow. An opening on the anterior side of the stricture is generally the result of wrong treatment,—of a false direction given to a bougie,—not the result of the *ris-a-tergo* of the urine, from the action of the muscles in emptying the bladder. Anterior openings are found to be contrary to the direction in which the urine passes, and the disposition of the crevice or lesion which is so made, is less likely to set up bad symptoms. False passages are thus continually made with impunity. You may readily appreciate the difference between the natural lesion which takes place as the result of permanent stricture on the bladder side of the stricture, and that which would take place in consequence of the penetration of the walls of the urethra by the bougie. In either case, however, I say, the artificial opening is made with comparative impunity, provided it be of small extent; but, in either case, if it be large, or if the condition of the urine, of the parts of the constitution, be such as to be likely to carry on an inflammatory action, then, instead of adhesive walls forming for the passage of the urine, the parts will take on the suppurative process; and abscess will result.

Now when you have once got abscess, you cannot answer for the consequences. There is pus, which must be got rid of, either through the urethra or through the incisions, and this will be followed by inflammation, a foreign and a bad matter at the same time introduced, and the urine is the most dangerous agent in the abscess,—keeping up the suppurative inflammation,

stimulating the sloughing, producing gangrenous inflammation, and then a free penetration, on all sides, of the contents of this abscess, into the surrounding loose cellular texture of the perineum, there being nothing to oppose a resistance to an indefinite extent of extravasation.

An abscess in the prostate gland being confined within the sheath or fascia which contains those parts, will discharge itself after having produced a complete retention of urine. I have, on one occasion, passed a catheter below the prostate gland, when it has contained matter, and the urine has flowed, after the evacuation of half a teacupful of pus, proving that there must have been an immense abscess there. In such case, the whole inflammation has been confined to that one spot, and has terminated there, like an abscess of the wall of the intestine, within the canal; but this is very rare, and never happens, I think, in these parts, except in abscess of the prostate, in the portion of the urethra anterior to the neck of the bladder. If matter forms in the parts forming the body of the penis, then extravasation will be the result, and the existence of gangrenous inflammation is known by the decomposed state of the pus, and the fever it presents on being discharged.

If in such cases the stricture be impermeable, so much the worse, because the disease will be the more troublesome. But the abscess may be combined with, or depending simply on, a bursting of the urethra, the result of accident, and without any disease. This happened to the late Lord CLARE. While leaping a ditch his horse stumbled, threw him forward on the pommel of the saddle with great violence, and burst the urethra. He became a patient of Mr. CRINE, who performed the only operation that could be employed in that case,—that of dividing the parts freely, and connecting the ends of the urethra to an elastic catheter, and the case did very well. I have heard one of his own family detail the circumstances, as well as Mr. CRINE.

The effect of extravasated urine is to destroy the cellular tissue in all cases. But though you have a bluish indicating inflammation, in parts that are favourable to the extravasation, yet it becomes a question whether the extravasation has extended to the parts so discoloured, or whether the discoloration is merely a symptom of that sympathetic inflammation which the common cellular membrane takes on in the neighbourhood of some other portion that is diseased. In one of the worst cases that we have had lately in the hospital, there was considerable discoloration of the abdominal groins which was not attended with any general gentlemen entered the hospital, and both the cellular substance of the integuments of the penis,

and the cellular membrane covering the muscles of the abdomen, had admitted the urine, and that, consequently, all those parts were condemned to undergo the sloughing process. However, I gave it as my opinion, having often seen such before, that that would not be the case, believing it to be only a sympathetic inflammation of the neighbouring cellular membrane. This matter is of great importance as regards the result, and my observation proved to be just in this case. The man got perfectly well after the operation was performed. The simply inflamed spots suppurred freely on being opened, there being no dead substance at all in them, the puriform matter being perfectly healthy, and although sinuous communications existed between the abscesses, they healed up kindly, as soon as the matter was discharged. This could not have been, if there had been any sinuous communications of extravasated urine; because, as I said before, I never yet saw, in a vast collection of cases, a case in which the cellular membrane did not die to the full extent of the extravasation of the urine, and was not cast off in the form of a slough.

The necessary operation, where an abscess has not communicated with the urethra, consists merely in freely opening the abscess. Where it is connected with stricture of the urethra, it is right to take up the treatment of the stricture as soon as convenient, after having discharged the abscess. I should, however, be in no hurry to attend to this, if the person passes his urine freely; I would rather provide for the full and free discharge of the abscess. But, in a case of impermeable stricture, whether with or without abscess, the operation of cutting down upon it, and dividing the urethra at the point of the stricture, becomes necessary. In hospitals, cases of extravasation occur very often, though cases of imperforate stricture, justifying the operation, occur but seldom. Yet I must say, that when they do occur, they do, according to my experience, perfectly well. In some of them you cannot introduce the slightest instrument with any justifiable degree of pressure. You cannot pass the best adapted metallic instrument into the bladder; even a small probe would not pass the stricture. In such cases the operation of cutting down upon the stricture becomes absolutely necessary. You place the patient in the position for lithotomy, and freely divide the strictured parts with the knife,—the parts not having been changed, observe, by extravasation of urine, or the surrounding external inflammation. I am supposing that there is nothing more the matter there than the impermeable stricture. The operation is then not attended with any considerable difficulty, the anatomy of the perineum not being altered by inflammation or extravasation. The object then is to pass first a metallic catheter

into the bladder, substituting for that, as soon as you can, an elastic gum catheter. In the case of the bursting of the urethra, you are to proceed in the same way, and to connect the two ends by an elastic gum catheter.

In the case of extravasation of urine, which will sometimes happen almost suddenly,—in the course of forty-eight hours,—from the neglect, for instance, of a perineal or a scrotal abscess, the scrotum may become oedematous, swelling very rapidly, becoming almost as large as it is possible to imagine, and as black as your hat, the patient being in a very bad way, in short, dying. Long before such a state arrives, and as soon as it is ascertained that the urine is making its way from the bladder into the cellular substance, there should be a free incision made along the line of the perineum scroti to the whole extent of the extravasation. If the scrotum be not implicated, of course it is not necessary to divide it; if it be, it is right to divide it, and to do so upon the line of the raphe. There the freest discharge is produced, the most equal and uniform. By laying open the integuments on either side of the raphe of the scrotum, you do not obtain so uniform a discharge as by taking the central line; and the incision may be made there with the greatest depth, freedom, and safety. The relief that follows, the enormous draining of purulent urine, or urinous pus, and the quantity of layers and shreds of cellular substance that are discharged, is miraculous. You need not be solicitous of bringing the ends or the extremities of the urethra finely together; that is a matter of little importance. It is far better to put the patient to bed. You do not pass a catheter after cutting for the stone. In that case you have no fear of extravasation; nor need you where you have a large opening made, partly by nature and partly by art, and in the line of the urethra and the perineum. The occasion is analogous to that of mortified hernia; you have no occasion to go about seeking for the ends of the mortified gut; in fact, you had much better not do so. You had better spare your labour, for the ends are placed in better apposition by nature than they can be placed by you; and, as to the stricture, the effect of that is entirely removed by the free division and the exit you have given to the slough. So, in the case of extravasated urine, having discharged the bladder, which you do by making an incision of several inches length into the scrotum, and of a depth sufficient to remove the urine and morbid contents; it is labour in vain to look after the canal. You will find that after the urine has secreted, it comes away with the greatest freedom. The mischief is already done, and you can adapt the treatment of the case, with reference to its final purpose, much more advantageously when the bladder has

recovered itself, when it has lost its irritability, and when the sympathy between its suffering state and the system is at an end. Indeed the relief obtained from a free discharge of urine, as compared with a very imperfect and difficult discharge of that fluid, is inconceivable. The fever then subsides, and there is no longer any difficulty in passing an instrument, for the fact is that half the wall of the canal is deficient, and you have only therefore to take the direction which you know the canal should have. It must be, in part, an artificial passage.

So soon as the sloughs have been thrown off, the granulating surface begins to show itself on the sides of the wound. Wait for that; wait until the system has rallied, and availed itself of the relief afforded by the operation, and then you will have no difficulty in passing an instrument, and in keeping it in the bladder. But do not attempt to pass one before. The difficulty will lessen just in proportion as the process of filling up and healing goes on. If you do not attend to this you protract the good effects of the operation, for to pass the instrument is a proceeding of great difficulty, owing to the old sinuses which have formed in some cases, and to the totally altered and thickened condition of the perineum and the cellular membrane. It is often a very difficult matter to find the extremities of the urethra, and you do not dilate the urethra without considerable risk. A case occurred not very long ago, which some of you may remember, where a narrow-bladed straight knife was carried in the direction of the bulb of the urethra, behind the arch of the pubis, towards the bladder, to dilate the stricture when the patient seemed to be on the point of recovery. This was followed by a venous hemorrhage which, though we could not control it, and would by no means, under ordinary circumstances, have been sufficient of itself to cause death, yet in the very exhausted state of the patient, did terminate life. The dissolution could only be attributed to that. However, it was a bleeding over which we had no control. Probably it was the vena profunda that was wounded. A plexus often lies at about the back of the bulb and prostate. Upon examination it was found that the knife had taken the direction of the bulb, onward to the bladder. I have seen a person for an hour, or an hour and a half, or for nearly two hours, suffering the most dreadful agony, which may be got rid of as soon as you have given a free discharge to the extravasated urine and the sloughs, and in so doing you provide for the ready and immediate discharge of the urine.

Well, then, there is another way of your placing an instrument, and that is, tallic or otherwise, at any time you perform the operation, never happens that the bladder will not be at

hat time. You have first to remove the irritation, by using the instrument you set up inflammation of the lining membrane, which goes from muciform to puriform, and aids in suppurative inflammation, probably terminating in the destruction of the entire mucous membrane of the parts, besides setting up the irritation which you ought to subdue. I have so often found it necessary to remove the catheter, which has been introduced at the heels of the operation, but I am quite sure that in all cases it is wrong to introduce it, except where you are operating on undiseased parts, such as in bursting of the urethra, for in the latter cases it is important to introduce an instrument, and there is no reason on earth why you should not; but the same argument that holds in favour of the practice in the one case, tends to favour the converse practice in the other. Certainly, it is not right to introduce any instrument where the parts are broken up by disease. Finally, let me repeat, gentlemen, that a free urethral incision is the proper remedy against the danger of that extravasation which is evidently threatened where the patient cannot pass a drop of urine, and you are unable to relieve him in any other way against that consequence.

I may just name to you, that in one of the cases in the hospital, the formation of perineal abscess, without the smallest tendency to extravasation, was proved, by the perfectly permeable state of the urethra. The man was operated upon for the abscess at the time the urine was passing. In another case, also, in which the incision was made, both cases being cases of abscess following gonorrhoea, there was no stricture, and the instrument in that case also passed freely into the bladder. A third case was one which came under the care of Mr. South, when I happened to be out of town, where there was retention of urine, and where the operation of dividing the stricture was very successfully performed. This was a case unattended with extravasation; it happened in a man named Jones, who now passes muciform and not purulent urine, and who is getting better. The other was the case of a man who had also abdominal abscess. A free division of the raphe scroti et perinei was made in that case for extravasation. The incision was both extensive and deep, and the patient went out perfectly well.

CLINICAL LECTURING.—I do not know any human contrivance that can more effectually oblige a medical officer to study carefully the case of his patients, and at the same time to be cautious in the remedies he prescribes, and himself under the necessity of giving an account of every case in a public manner.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON CASES OF

GONORRHOEA, POISONING FROM ASENIC, IDIOPATHIC ANASARCA, AND PERICARDITIS.

Delivered in the Session 1835-36,

BY DR. ELLIOTSON.

GONORRHOEA IN THE FEMALE.—*Creosote*.—The first patient to be spoken of to-day is a French girl, admitted on account of gonorrhoea. It appeared from her own account, that she had caught gonorrhoea several times. There was a very considerable discharge of a darkish colour, and slight swelling of one of the labia. She said that she had been labouring under the disease now for many months, but had been much worse within the last five or six weeks: she had very probably caught it afresh. She was ordered two drops of creosote in an ounce of water every four hours. The dose was increased to four minims, then to six, and then to eight minims. I gave her this, because I had heard that creosote has considerable power in gonorrhoea. For myself, I have had no experience of it in this affection, but I thought the account probable, because turpentine has always had considerable reputation in gonorrhoea after the inflammatory state was over, and creosote is very analogous in many of its properties to turpentine. During the whole time she was labouring under gonorrhoea, she had suffered with pains of the head, and bones of the legs and arms, as well as in her shoulders and back. At the same time that the creosote was ordered her, she was directed to have a warm-bath every day. This treatment was begun on the 12th of August, and on the 29th it did not appear that the discharge was diminished. I myself have never seen any internal medicine do good in the gonorrhoea of females, excepting where the case was inflammatory, and antiphlogistic measures were had recourse to; but I have always seen the greatest advantage where the inflammatory stage was over, and also in leucorrhoea, from the employment of an injection of the nitrate of silver. I am not satisfied that internal remedies are of the least use either in leucorrhoea or gonorrhoea, excepting so far as they overcome the inflammatory state, if the state be inflammatory, and so far as tonics, if required, may act by strengthening the body, but I have not seen gonorrhoea itself controlled by any tonics, astringents, or specifics, given internally. There is, however, a local application, which is, I believe, recommended by many practitioners, and which has,

I think, far greater power over gonorrhœa and leucorrhœa than any other local application, where there is no inflammation; and that is the nitrate of silver. Some females will bear two, three, or more grains to the ounce, but it is always better to begin with a small quantity. I myself am in the habit of beginning with a quarter of a grain to an ounce of water. This I ordered for her. At the same time that this was commenced, the dose of creosote was increased to nine minims. On the 5th of September she complained of great bearing-down pain, said she felt as if the uterus was falling through her, but on examination by Mr. TAYLOR no prolapsus or other morbid state could be detected. On the 10th, the pain was much diminished, and the pains in the head and back were much less. She said, however, that the vulva was very sore; though on examination nothing could be found the matter with it, and she was discharged on the 15th of September, without my seeing any reason to believe that creosote had been useful.

In the inflammatory stage of gonorrhœa, it is necessary that the person should live upon very low diet, and remain as much at rest as possible. The greater number of cases of gonorrhœa become so violent as they are, through the patient's inattention to diet on the one hand, or not resting the body on the other. Walking about, and especially walking up and down stairs, is most injurious in this complaint, and, I believe, that very few persons would have a severe inflammatory gonorrhœa, if they would remain perfectly still, and take nothing but diluents,—at the same time employing such antiphlogistic measures in the way of blood-letting as the symptoms require. Cupels will often arrest the disease at once, if given within the first forty-eight hours, but after that time it has comparatively but little power; whereas, after the inflammatory symptoms have subsided, copaiba has very great power over the disease, and whether turpentine be employed or copaiba, it should not be until after the inflammatory symptoms have subsided, and I presume also that not until then should creosote be given either.

POISONING FROM ARSENIC.—The next case is one of poisoning from arsenic in a girl aged 22. About three hours before her admission she had swallowed, intentionally, an ounce of the arsenic of commerce in some beer. Ten minutes afterwards she became very sick, and on its being discovered, from something adhering to the sides of the pot, that she had taken poison, a medical man was sent for, who gave her an emetic, the effects of which having subsided, she was brought to the hospital. Mr. TAYLOR immediately evacuated the contents of the stomach, by means of the stomach-pump, and then administered lime-

water and chalk-and-water. There was a good deal of burning pain in the stomach during the night, but on the morning of the 14th of September, she was nearly free from pain. She was afterwards ordered to be bled to a pint, for the next morning it appeared that she had suffered a good deal of burning pain in the night. But that had almost entirely subsided. As she fainted when eight ounces of blood were taken, no more were drawn. The blood presented no morbid appearances. On the 15th she had some pain in the stomach and bowels, and slight tenderness. "She says that her legs and arms feel as if something were gnawing them. There was more tenderness at the large end of the stomach than at any other part of the abdomen. The tongue was much furred; the pulse 100 and weak; no appetite." No other treatment was adopted except that of cupping her between the shoulders, and on the 23rd of September she went out perfectly well.

When arsenic has been taken, the first object, if possible, is fully to evacuate the stomach; but after every particle of the poison may be supposed to be withdrawn, frequently much further treatment is required. Arsenic, like many other poisons, is a strong irritant to the stomach, and produces gastritis while it exerts its poisonous effects; and very frequently after all the poisonous effects have ceased, the patient suffers considerably from the inflamed state of the stomach, and bleeding, generally or locally, is absolutely necessary. Sometimes, after other poisons have been taken, there is more or less gastritis, rendering the lowest possible diet necessary, and frequently many repetitions of blood-letting, either generally or locally.

IDIOPATHIC ANASARCA.—The next is a case of idiopathic anasarca. This was the case of a French woman who laboured under anasarca, and was under the care of Dr. THOMSON. Just before her death she was exceedingly anxious to be under my care, and made herself very unhappy that she was not, and Dr. THOMSON was so obliging as to gratify her wish, and she was taken under my care, only, however, to die in about a week. I could discover no sign of organic disease about her, unless the constantly albuminous state of the urine, which had been observed from the time she entered the hospital, made it probable that there might be some disease of the kidneys. The anasarca I believe had come on gradually, but no particular affection of the chest or abdomen could be discovered,—no disease of any organ. About two days before her death, when she was in extreme debility, an attack of hæmoptoe of the chest came on, and the lower part of the chest was the seat of sharp pains indic-

pleura, and there was, likewise, crepitation, indicating inflammation of the substance of the lung. This was very certain, and soon after there was a dull sound on percussion, and deficiency of respiration at the lower part, but she was far too exhausted for me to think of bleeding her, or dosing her with mercury. Indeed, I felt satisfied that nothing could do her good. Blisters, merely, were applied. She sank and died. I mentioned before opening her, that we should find the ordinary marks of inflammation of the pleura and lung; and that at the lower part of the pleura, we should find flakes of lymph and a quantity of serum. These you will recollect were discovered, and the lower part of the lung was found gorged with blood, so as to be in the first stage of inflammation. All these were recent effects. No disease, however, of any part could be discovered, except in the kidneys, and these, as I suspected, were found diseased, but only to a very slight degree. Very minute granules were seen in them, nothing like so numerous as are generally seen, and far more minute. I cannot myself imagine that the dropsy was occasioned by the state of the kidneys. It appeared to me to be a disease of the cellular membrane throughout, like many cases of dropsy which are called idiopathic. The disease of the kidney, in my opinion, could not account for her having gradually sunk, or for the dropsical symptoms. An albuminous condition of urine, I many years ago pointed out, does not indicate, necessarily, that there is organic disease of the kidney, nor is there the slightest proof, in my mind, that it indicates any affection or disease of the kidney at all; for it will appear suddenly in persons who take cold and have inflammatory anasarca; it will go away as they are bled, and as the anasarca is cured. To suppose that the kidney is organically diseased in such cases is impossible, and that it is the effect of inflammation or congestion of the kidney, is mere assumption. But I have no doubt that where the urine is constantly albuminous for a great length of time, in dropsy, there usually is organic disease of the kidneys, which is generally attended by albuminous urine, though albuminous urine need not be attended by a diseased condition of the kidney. Indeed, some persons make albuminous urine when they take certain articles that cause indigestion.

In those cases of chronic dropsy which are not inflammatory, and which are unaccompanied by any organic disease, or any organic disease that will explain the dropsy, I really believe the affection to be one of the cellular membrane, and I have no doubt that very minute investigation with the microscope, and an accurate mode of anatomical dissection, weighing given volumes of the organs, would discover

that it was in a state of disease: but I myself have not had time to make these investigations.

PERICARDITIS.—The next case had been a well-marked case of pericarditis, which disease was entirely removed before her admission. The patient, a woman, aged 29, was admitted on the 29th of August. At the end of the first week in October, the report at her admission was, that "she had menstruated sparingly, and with great pain, this being the first appearance of the catamenia for seven weeks. A week ago she was seized with difficulty of breathing, pain in the chest, increased on inspiration, and a short dry cough. She had a severe shooting pain in the cardiac region, which went through to the left shoulder and down the arm as far as the elbow. There was also great tenderness over the cardiac region, on pressing the ribs down hard; and on pressing between the ribs, and also pressing up against the diaphragm. The action of the heart became rapid and irregular. There was extreme pain in the region of the liver, the lips were livid, the tongue was brown, and there was globus hystericus. She was bled three times in the arm. Thirty leeches were applied to the side, and she took the mercury to pyalism. This treatment produced considerable relief."

Now, it is at this period of life—that is to say just before puberty, to the end of the young adult age, that pericarditis principally takes place. It occurs most frequently, I should say, between the ages of 10 and 30. No case could be better characterized than this. There was pain in the region of the heart, shooting up to the shoulder and down the left arm as far as the elbow. It is very common for the pain to stop at the elbow, and I have seen it in many cases stop an inch short of the elbow. In other cases it will run down the whole arm, and stop at the wrist, and in many cases I have seen it stop an inch above the wrist. It has been said by Dr. ANDRAL, that pericarditis occurs frequently without pain. I believe it frequently occurs without pain, according to the patient's account, but I have never yet seen a case which I have suspected to be pericarditis, or which was proved after death to be pericarditis, in which I did not discover pain upon examination, that is to say, on pressing down upon the pericardium, or pressing up against the pericardium below the cartilages. The action of the heart is generally rapid, as it was in this case. Here it was irregular. It does not always seem to be irregular; sometimes the pulse is found to be full, and sometimes it is very small. Now the treatment that had been adopted before her admission, appeared to me to have entirely removed her complaint, at least so far as have subdued it, that no continuation or

repetition of the measures then used were necessary. She was in a state of extreme debility, her pulse was 106, but the local symptoms appeared to have given way so considerably, that I had very little doubt that if she was kept perfectly still, and allowed nothing but the mildest food, she would do well. I therefore contented myself with ordering her gruel, barley-water, and a pint of milk a day. Her gums were tender with the mercury which had been given, and her bowels were relaxed; she was therefore directed to take two ounces of chalk mixture after every loose evacuation. The gentleman who treated her before she came into the hospital (Mr. BRYANT), was a clinical clerk here a few months ago, and he seemed to have made the diagnosis with great accuracy, and to have treated her actively and exceedingly well. In fact, in all probability, her life was saved by his treatment. She went out on the 15th perfectly recovered, no medicine having been given to her after her admission, except the little chalk mixture to restrain the action of her bowels.

CASES OF

DISEASE OF THE HEART.

ELUCIDATING CERTAIN

DIFFICULTIES OF DIAGNOSIS.

By JOHN FOSBROKE, M.D., Physician to the
Roxs Dispensary.

“*La méthode de l'auscultation à sans doute éclairé beaucoup le diagnostic des maladies du cœur. Elle donne souvent de très-utiles et d'indispensables renseignements, et on ne doit jamais négliger d'y avoir recours. Mais seule, et sans l'aide des autres signes, elle ne pourrait que rarement révéler d'une manière certaine l'existence de ces maladies, pas plus qu'elle ne peut, dans un très-grand nombre de cas, découvrir seule l'existence des tubercles du poulmon, ou même d'une inflammation aiguë de cet organe.*”—PROFESSOR ANDRAL.

BEDDOES wrote, in 1808, his excellent “Letter to Sir Joseph Banks” on the necessity of medical reform in this country, and pointed out the great strides which the French physicians were making in pathology and other branches of medical science, in consequence of the abolition of the old university schools, and the medical and surgical corporations, by the decree of Aug. 8, 1792, for they were close, illiberal, and corrupt; at the same time recommending, in 1803, the adoption of the present system, which was open, liberal, and anti-exclusive. About that system, which has constituted, as a whole,

the most perfect form of medical government in Europe, he had no difference with the French in 1807, and afterwards at M. Lavoisier's, in Paris. When they had formed their establishments anew, he wrote to Dr. Berger, of Geneva, to complete his knowledge of the subject, and also concerning those other universities on the continent which were newly revived about the same time, “ours alone,” as he observes, “standing still, a stupid uniformity being the vice of all old universities.” Beddoes (if I recollect rightly the information given by Mr. Higgins, of the Dublin Society, who was his assistant) was the professor of chemistry at Oxford, and he entertained the vain hope, to quote his own words, that “the day when a certain set of notions was to be thrust down the throats of society by mere party-praters, the owners of every monopoly, and their clerks in office,” was over, and he proposed to “raise the brows of the parsons, the country gentlemen, and the merchant-princes, in every part of the kingdom,” in behalf of medical reform. But Beddoes was driven from the head citadel of monkish bigotry and prejudice, for the premature liberality of his opinions, and taught that the spirit of the English universities might resemble those of France previously to their dissolution; for “the spirit of the universities,” he said, “was at variance with the spirit of the age, and the spirit of the body of the universities was at variance with that of many of their most able members. The country was becoming enlightened; whilst those who studied with the intention of becoming public instructors, found themselves, upon leaving the University, where they had been educated, behind the world in many respects, and forced, as it were, to unlearn every thing, in order to commence their education anew. This was a state of things that could not last long, and the catastrophe was hastened by doctrines which, though long in openly manifesting themselves, and though opposed by all the influence of church and state, were not destined to be slow and ineffective in their ultimate progress.” “These ancient and venerable institutions were, it is true, destroyed by the revolution, but they had been denounced by public opinion, and the spirit of the age, for thirty years before that event,† and now fell as the natural consequence of the spirit being wrongly directed, and reform not being conceded in time.‡ Beddoes, although, until towards the premature close of his days, influenced somewhat too much by his imagination, was not one of those men who obtain a character by mere censing, and the interested voices of incompetent judges, but a man of

* David Johnston, M.D., on Public Education in France.

† M. Bewlæe, Code Médical.

‡ Mignet and Johnston.

tal powers and strength of mind. The happiness was not reserved to him to survive those days of ecclesiastical domination, when a man (to use the language of Paley) might as well have put a rope around his neck as demonstrate against the abuses of established institutions. But his name remains to draw forth the sympathy which the memory of an old reformer excites. He instances, among the many illustrious French professors who, elevated by merit, under the influence of reform, retrieved the feeble character of the profession in France, the energetic and talented M. Corvisart. He more particularly adverts to the perfection at which Corvisart arrived in all his discriminations and prognostics relative to diseases of the heart and great bloodvessels. Corvisart constantly brought cases of the most grave and obscure nature before the pupils of *La Charité*, and, with his scalpel in his hand, ultimately verified those changes which he had predicted. M. Moreau, a contemporary, states, that so astonishing was Corvisart's accuracy in organic diseases of the heart, that two-thirds of the thirty patients in the clinical wards, were admitted upon his bare suspicion of the existence of those diseases; and circumstances proved that he was rarely mistaken in any one of them.

But sure I am, from my own limited experience as an humble country physician, that the discrimination of the precise nature of such cases and their complications, and of one disease of the heart from another, is rendered, in many points, not yet quite so easy as the drawing of a line between a kettle and a cartwheel. When I am not working abroad, I am generally studying pretty hard at home; and I can plainly see that practitioners often meet with cases that differ from those regular diseases of the circulating system which are classified by pathologists, and which rather tend to baffle practitioners than to display their discriminating powers, if we judge from their hints, admissions, hesitations, suppressions, and uncertain language, both on the continent and in this country. The difficulty occurs, in practice, in numbers of instances, which never appear in print, and for very good reasons. To look into the heart of man, and detect "the hell that's there," is proverbially difficult in morals, but to pronounce the nature of its fleshy maladies, is yet a harder task. For example: What a controversy has there been exhibited in this part of the kingdom between individuals (whom on both sides I know and esteem) who, on the one side, have insisted that *here* was organic disease of the heart, and on the other that there was *not*, in the case of Mr. Bennett, which gave rise to the trial against the Eagle Office at Worcester!* It

were well if no such controversies ever ensued to expose the fallibility of the profession. When it is admitted that we cannot distinguish between organic diseases and palpitations, in all cases, by the stethoscope alone (*Dr. Mackintosh*),—that hypertrophy occurs where there is no impulse, which is its pathognomic sign, and that impulse has occurred when there was no hypertrophy,—that a plethoric state of the heart may produce the same signs as hypertrophy,—that pericarditis, in particular cases, may be confounded with dilatation (*Andral*), that time and repeated investigations only can decide whether there exists functional or organic disease of the heart,—when these things are borne in mind, the positive opinion, that organic disease does exist, cannot be made with too much deliberation. On the other hand, knowing that few men die from organic disease of the heart alone, but from morbid action supervening on morbid structure (*Professor Macartney*),—that palpitations and hypertrophy are only manifested at intervals (*Andral*),—that simple palpitations, and those palpitations which are symptomatic of organic lesions, are liable to intermissions (*Easton*),—and that active organic diseases of the heart are generally suspended for a time, to relapse suddenly and terminate fatally (*Professor Home*),—an equal degree of caution is needful in denying the existence of organic disease, upon a single examination instituted for the purpose of filling up an assurance-office certificate. The advantage may be fairly presumed to rest with the parties who had the most opportunities of investigation.

I am going to introduce to notice a few cases of disease of the heart. The two first are not uncommon, but serve, notwithstanding, to illustrate, in many points, the two last, which are more obscure, and therefore more instructive. Many fields of pathology have been so thoroughly mowed as not to present a blade of grass, but this region not so utterly barren. "Where a fact is never exactly like the facts already observed, it is necessary, if I may so speak, to individualize without cessation. In this consists all the art of diagnosis, and it is for this reason that the instructed man who has seen most, is also he who ought to see best." (*Andral*.) Aware of the great difficulty of discrimination in heart cases,—of the double and exceptional import of the discriminating signs, whether those signs be communicated by symptoms or sounds,—I submit every point rather by way of query than affirmation, and with the greatest diffidence to the profession. I quote solely the authorities of professors and hospital practitioners (most of whom I have heard) on account of their superior experience, and insert their names in parentheses for the sake of avoiding "he says," and "says he," and "he remarks," and "he observes," and the like.

* *Extracts from the late Mr. Bennett versus the Eagle Office, Worcester.*

CASE 1.—*Pulmonary Tubercles, with Dilation of the Right Auricle, and Symptoms of Hypertrophy of the Left Ventricle.*

Mr. Henry Bellamy, of the Priory Farm, Goodrich, *at. 21*, was affected April 27, 1833, with cough, and expectoration of roundly-formed *crachats*, which had followed the influenza. The cough was attended with symptomatic fever, and was of importance, because it had occurred before, in conjunction with palpitations, and hemorrhage from the lungs in considerable quantities. After that occurrence his respiration and general powers were always feeble. He took calomel, opium, and James's powder, with an ammoniacum mixture, and after all fever and symptoms of increased action were removed, the Polygola mixture of the French, with Compound Tr. Benz. and Tr. Mar. Ferri. The cough was greatly relieved, and the respiration improved, and he had expectorated only a single clot of blood since the first attack. But excessive nocturnal perspiration came on, which wetted through the bed-clothes. These were restrained, at first, to two nights in the week, and they were gradually prevented altogether by superacetate of lead, with hyoscyamus, mineral acids in his drink, and citric acid with opium; but he still continued to get thinner. By the 26th of May, the cough and expectoration had ceased; he had recovered his general strength considerably, and had rather gained flesh, and he found the seat of irritation not so deep in the chest, but more at "the top of the wind-pipe." His chest was stimulated externally with tartar emetic, and the polygola was continued, with tartar emetic, ipecacuan., &c., which he never took "without relief to the cough, acting as if it went immediately to the part affected." In June all chest symptoms were removed, except slight cough, and occasional light-sweats, but the debility, the shortness of breath, and the emaciation, continued the same. The citric acid, with opium, and extract of myrrh, again removed the sweats, and procured him refreshing sleep and easy expectoration, which had always been attended with violent straining of the lungs in the morning.

He continued to get better until the beginning of October, when he was seized with palpitation, to which he had been subject, at times, for years, previously to the attacks of hæmoptoe, and pain in the left thorax, extending from the bottom of the sternum, towards the spine, and occupying the space of a span. This pain, which was more or less constant, came on in an exasperated degree by stitches, and when he exercised his lungs in motion and on horse-back. The cough was frequent, and expectoration was considerable, but there was no pain on respiration. The respiration was audible at both sides of the chest, but less

so ~~at the top~~ ^{at the bottom} of the lobes, and it was much ~~more~~ ^{more} ~~honorous~~ ^{honorous}, ~~distinct~~ ^{distinct}, and puerile at the ~~base~~ ^{base} than elsewhere; the flapping of the valves of the heart was very clear. I gave him the American remedy for consumption, Tr. Digitalis and Guaiac., with Vin. Colchici, and inserted a seton for the palpitations.

On the 25th October, the palpitation and fever were removed, the former having been greatly benefited by the seton, which he kept in for some time afterwards, but the pulse and general strength were much depressed, and the expectoration was too abundant, for which he resumed the Opium and Citric Acid, with the Polygola and Tr. Lyttæ. He now lay easiest on the affected side, but when he lay on his right side, he had violent stitches, which stopped his respiration, and set him gasping. In foggy mornings he was much worse. He got better again, and enjoyed a considerable period of convalescence, but his lungs continued weak.

Twelve months afterwards (20th Nov.) he was affected with such extreme shortness and hurry of expiration and inspiration, and oppression in the chest, that he could not walk the smallest distance without exhaustion. He had been free from this state until three days before, when a north-easter set in, and he had cough with thick expectoration in the morning, but without pain; wheezing occurred in the night, with inability to lie on the *left* side. He had occasional circular tightness of the chest, girdling him in at the sternum; less emaciation than three years ago, and swelling of the legs.

But one of the principal symptoms was the very forcible action of the heart. This thumping of the heart came on most violently, with cold extremities, on lying down in bed at night, and shook the bed furniture. He was always purplish in the face, and in his youth he had been apt to turn of a blue or a violet hue in the extremities and face, from any chill of the feet, or from bathing in the Wye. The jugular quivered sometimes at night during increased impulse, but there was no constant turgescence. When sitting quietly and leaning forwards, the breathing was easy, the voice strong, and the action of the heart not felt. When he walked, the respiration was short, and stopped almost entirely. He was sometimes relieved in this state, by tears, for he was subject to a sort of nervous attack, like male hysteria. Much disordered nervous action, to which the whole family are subject, was blended with the organic disease. The impulse was so great at the bottom of the sternum, that it shook my head at the end of the tube, and those of four young farmers, who were present. The heart of the left ventricle was below the level of the standard, and the pulse

pressible, and the respirations were audible under the right scapula. The crepitting r  le and bubbling r  le were heard under the left clavicle, and the mucous r  le was audible to himself in the trachea. At the space between the left scapula and vertebra, pectoriloquy was very distinct, but it was much more jarring, loud, and distinct, over the right scapula. The voice, however, was naturally resonant. The respiration was clear everywhere, but blowy and sonorous.

I now offered an opinion that the right ventricle was hypertrophied, and, from the sound, as well as the impulse, in concurrence with long-standing symptoms, that there was dilatation of the right heart. The history of the case favoured the opinion of organic disease. The grandfather had died of angina pectoris from ossification of the coronary arteries, and was examined by the late Mr. Paytherus and Dr. Jenner, hence deriving, I believe, the first fact on which Dr. Jenner founded the incorrect doctrine afterwards promulgated by Dr. Parry, that angina was generally caused by ossification of the nutritious vessels of the heart. His father was affected with palpitation and cough, and was conspicuous for venous fulness and purple tendency of skin, combined with a nervous and hypochondriacal temperament. One sister is now suffering from irritable heart, with symptoms partly nervous and partly indicative of accumulation of blood in the cavities; another is subject to sudden deadness and purpling of the skin, from slow circulation in the veins of the arms.

I gave it as my judgment, that as he was affected with hæmoptysis so long as eight years ago,—that as he had been subject to it and violent action of the heart, more or less, with weak and short respiration, for the last four years, and had improved in flesh and strength whenever the heart became more subdued,—that as the symptoms might arise from chronic bronchitis,—and that as dithisis rarely takes more than one year to run through its course,—the pectoriloquy might chance to proceed not from tubercular excavations but bronchial dilatation. At the same time I could not but entertain serious doubts and apprehensions.

Nov. 24. I put him on a diet of biscuit, ice, milk, and slops, and under the action of nitromy, internally and externally, which answered considerably the action of the heart. It produced too much syncope in the first instance. He was ordered to refrain from whatever would hurry the respiration or irritation, but so soon as an amendment took place, he rode to Monmouth Fair, and was seized with such a fit of dyspnoea, and inordinate palpitation, that he hurried to his aunt's, threw himself into a chair, and lay on his arm on a table with his chest exposed. He was somewhat recovered. He died shortly after his return, and was lying under great op-

pression of breathing; his pulse not strong; his respirations 40 in a minute, carried on by the shoulders and muscles of the chest and abdomen; the body in perpetual agitation; the lips and nostrils empurpled; the mucous r  le in the larynx, and extending from the right clavicle down the right chest. Leeches, blisters, sedatives, and antispasmodics, were all useless, except that the leeches smoothed the way to the grave by relieving the dyspnoea. It was strange how he would sink, like an hysterical woman, into a semispasmodic state of breathing, and then rally again, and be as easy in a sitting posture as in good health. The r  le extended from the right lobes to the bottom of the left and upwards, and after frequent sinkings and reactions he expired on Monday, Dec. 2, at 2 o'clock. On the preceding evening he called up every farm servant, and gave to every man the character for his services which he deserved, pointed out what alterations he intended to have made upon the farm, and discoursed deliberately with his family on their several affairs. I remember a female in phthisis, who sent for me to see her die, conversing of it as of taking a journey, until nearly her last breath. There is a philosophy in deaths like these, which may be owing partly to temperament but greatly also to integrity of conduct, and to a nature free from the malignant passions.

Post-mortem Examination.—Mr. Thompson, a gentleman of skill, and surgeon to the Ross Dispensary, examined the thorax with me. The right auricle was twice the size of the left, but though dilated it was not thickened. The columnar corners were very strong, and well defined. The right ventricle was not dilated or thickened. There was much fat about the heart. The primitive vessels were not obstructed. The lungs were firmly bound by old adhesions to the posterior parietes of the chest. The root of the lungs on the right side was more purple and soft than on the other. They were considerably occupied with gray tubercles and small conical. Much congestion existed whereabouts they were thickest. There were two cavities, one on each side of the spine; that on the right side was nearest to the posterior wall of the chest, which may account for the greater loudness of the voice from that point. There was no particular appearance in the bronchial tubes or membrane, except a frothy oozing from the smaller tubes.

Remarks.—The most singular circumstance in this case, is the fact that there was every symptom of hypertrophy of the right ventricle, but no other organic affection than simple dilatation of the right auricle; but it will be more in order to notice in the first place the origin of the disease. I cannot reflect upon the circumstances shewing a tendency to palpitations and heart

affections in the family of the patient, and upon the early manifestations about the heart in his own case, without seeing in the case something like a predisposition. M. Rostan says he has opened a thousand individuals with hypertrophies of the parietes of the heart, and has never known a case of hypertrophy or of aneurysm, that is, active dilatation of the heart, which arose, in a primitive manner, from an hereditary or acquired disposition, but that he has found invariably an obstacle to the course of the blood, and that hypertrophy without obstacle, is merely exceptional, and barely possible. The present case was certainly not one of dilatation by predisposition alone, without obstacle, for the phthisis itself was the obstacle, but I infer disposition, from the history of the case, and I cannot conceive how, if the heart be not influenced by original tendency to disease, the same obstacle should so often occur without that organ being affected. The experienced and acute professor of *La Salpêtrière* says, that the obstacle, and not the hypertrophy, is the disease. Wherein is the obstacle in those cases of hypertrophy by congestion, which, according to M. Andral, arise from increased assimilating powers of the part, and a greater deposition of atoms than are absorbed into the circulating medium? That consummate pathologist moreover has given a case of dilatation of the right ventricle, and hypertrophy of its parietes, without obstacle to the auriculo-ventricular orifice, or any other lesion, after inflammation of the pericardium and bronchial membrane,* and a similar case of simple hypertrophy of left ventricle, after latent pericarditis without obstacle. Wherein, again, is the obstacle in those cases of dilatation which arise from congenital disproportion of the two parts of the heart,—according to M. Laennec, the “most frequent cause” of dilatation? Mr. Henry Cline was of opinion that the heart grew under diseases, which rendered it liable to congestion,—and that the greater quantity of blood pouring through it in those who are in the habit of taking violent exercise, had a tendency to increase its size,† an opinion considerably strengthened by the frequency of diseases of the heart in our labourers in this part of the country. Dr. Parry also thought that there was a connection between dilatation, and accumulation of blood in the heart, aorta, and right pipe. Others think that the heart may hypertrophise, like the pugilist's or blacksmith's deltoid, from increased exercise merely.

Occasional palpitations were the earliest symptom in this case. Authority and observation point out three kinds of palpitation; simple nervous, simple plethoric, and

symptomatic. All pathologists admit the nervous and symptomatic, but few, among whom are Rostan, Andral, Martinet, and Drs. Parry and Macintosh, admit the plethoric and congestive. For my part, I think that the first two, and sometimes all three, are blundered (but more on this head in an express paper), and I think that the nervous and congestive were united in this case; or, in full, that original nervous irritability of the heart was combined with a liability to undue accumulation of venous blood in the right cavities, particularly on the contraction of the vessels upon the surface of the body. The symptoms and proofs of a nervous temperament in this case,—the coming on of the palpitations at night in the greatest degree,—and the fact, as we are told, that all palpitations not arising from organic but functional disease of the heart, more frequently affect the auricles than the ventricles, and the right auricle more than the left,*—stamped the nervous character upon them. But though the occurrence at night is said to be characteristic of nervous palpitation (M. Laennec and Dr. Macintosh), the increase of action and of impulse of the right ventricle upon the contraction of the surface circulation, and the crowding in of the blood into the right cavities, upon all occasions of chill, gave to the case also the mixed congestive character. As there was an obstacle in the lungs, so were they in measure symptomatic. It may happen, generally speaking, that nervous palpitations are usually worst at night, but I have known palpitations, arising from hypertrophy also, greater at night than in the day, but not attended with interruption of rest, as in the case of simple nervous palpitation. In addition to palpitation, the patient was next affected with hæmoptysis, and subsequent cough. Hæmoptysis is a well-known effect of congestion of the lungs produced by palpitation, dilatation, or hypertrophy of the right side of the heart, and is most frequent when caused by hypertrophy of the right ventricle. The affection consists generally in what MM. Corvisart and Laennec term pulmonary apoplexy by congestion and hæmorrhage from the bronchial membrane, or, as some pathologists state, by transudation and exhalation from the minute bronchial capillaries. (Andral.)

The nature of the case indicated dilatation, for the augmentation of the heart's volume, in complication with phthisis, consists most generally in dilatation of the right cavities, with or without hypertrophy of the parietes, and seems to depend on the obstacle experienced by the blood in traversing freely the vascular structure of the lungs, which is often, to a certain extent, obliterated. Induration of the pulmonary substance, stricture, obstruction, or

* Clinique Médicale, tom. 3, p. 531.

† MS. Notes of Lectures by J. F.

* Professor Homs. MS. Notes of Lectures.

of the pulmonary artery or vessels of the interior of the lungs, or a too straight aorta, may each produce dilatation by disturbing the circulation in the lungs. When the affection of the heart is slight, symptoms, but little marked, announce it during life, and auscultation may at most but recognise its existence; when more considerable, the symptoms may be more characteristic. (*Andral*.)

Auscultation is peculiarly fallible in these complications, for in a certain number of cases, the great extent of the beats of the heart does not indicate a morbid state of that organ, as they result uniformly from induration of the pulmonary structure, in which they may be extended with force under one or other clavicle, and it may be, in some individuals, even to the back. (*Andral*.)

The progress of the case also indicated dilatation. The palpitations were at first moderate, and occurred at longer intervals, with oppressed breathing and tubercular irritation, but were on the whole slow; at last both the palpitation and dyspnoea became more formidable, and assumed towards the close the character of asphyxia. It seemed to me that through the more irritable state of the right side of the heart than of the left, and its undue action, more blood was hurried, in consequence, by the pulmonary artery into the lungs, than could be received and circulated at an equal rate by the left heart. Palpitation and dyspnoea may be manifested a long time, without any material change in the thickness of the heart's parietes, or in the caliber of its cavities; but there is a continual tendency to that change till it is effectuated, and all the causes, moral or physical, which produce any difficulty whatsoever in the circulation, singularly hasten the production of dilatation. But whilst the palpitations are absent, the application of the hand or ear to the precordial region, will not discover anything unusual in the heart, and so long as there is no aneurysm, the pulse also will be natural. (*Andral*.)—All these phenomena strictly accorded with the progress of the case given.

The violet circulation, with disturbed respiration, formed a third indication of dilatation. Swelling of the face and violet discoloration of the lips, impossibility of horizontal decubitus, irregularities and intermissions of pulse, are so many symptoms that coincide with pulmonary phthisis, but do not depend on it. They announce an aneurysmatic state of the central organ of the circulation, that is, an augmentation of its volume. With many phthisicals we have observed such a suffocation, that they were obliged to keep themselves sitting up in their beds, unable to breathe more freely, and less so the more which overwhelmed them, the more they tried. Wherever we have ob-

served these symptoms, the existence of a disease of the heart, and, in particular, of dilatation of the right cavities, has accounted for it. (*Andral*.)

The jugular turgescence during the more violent attacks of dyspnoea and palpitation, presented a fourth sign of dilatation of the heart and pulmonary congestion. The livid or violet tint, as in asphyxiated persons, which occurs in people with very troubled respiration, and in dilatation of the heart, is the effect of a want of equilibrium between the quantity of air entering the air-cells, and the quantity of blood to be vivified. If more blood than in the normal state is accumulated in the pulmonary vessels, a greater quantity of air is necessary in a given time, and consequently there is a sensation of oppression, and a drawing together of the inspiratory movements, which shows the introduction of an excess of air, and the opposition of some cause to the free passage of blood through the pulmonary vessels, preceding, therefore, any other sign of the existence of organic disease of the heart. In a further stage, all efforts are insufficient to modify the whole of the blood accumulated in the lungs. The blood, already changed, can no longer pass freely into the left cavities of the heart, whence reflux and stagnation, and a new obstacle to the pulmonary blood in the right auricle, great venous trunks, and parenchymatous tissues. When the veins bring back, more or less directly, the blood towards the heart, there occurs the greatest difficulty of respiration, then increased asphyxia, and then, notwithstanding, the air enters freely into the vesicles, the feeling of suffocation, from the quantity of inspired air not being in proportion to the mass of blood.

But these symptoms are not unequivocal proofs of dilatation. Stasis of blood in the left auricle and lungs, dyspnoea, cough, previous hæmoptoe, and violet discoloration of the lips, face, and skin in general; stasis in the right ventricle and auricle of the same side, and all the venous system; are part of the leading symptoms, towards the end of an hypertrophy, arising from an obstacle of the aortic valves or thoracic aorta, before or after the giving off of the subclavian. (*M. Rostan*.) Besides, one of Laennec's tests of hypertrophy of the left ventricle is jugular turgescence. (*Dr. Macintosh*.) Dilatation may also be confounded with particular cases of pericarditis. There are certain forms of inflammation of the pericardium which influence the movements of the heart in such manner that a disturbance of the circulation results from it, giving rise to the same phenomena as those observed at a certain period of aneurysm of the heart. (*M. Andral*.) This authority gives a case of latent pericarditis, in which there came on, all of a sudden, extreme dyspnoea, increasing in intensity till it produced death by as-

phyxia. The p.-m. appearances were, serous effusion into the pericardium, and simple hypertrophy of the left ventricle of the heart, without obstacle, which had been marked but by slight impulse. He gives another case of pulmonary phthisis, in which the patient was seized suddenly with troubled respiration,—accelerated respiratory movements,—which were attributed to intercurrent pneumonia. The oppression and dyspnoea became more considerable, and all the symptoms of consumption were complicated with those of aneurysm of the heart; the face was puffed, the eyelids were a little infiltrated, and the lips were swollen and violet. The left ventricle was slightly hypertrophied; but the real disease turned out to be pericarditis, without pain. He very reasonably thinks that the aneurysm did not exist, merely because it could not have been formed all of a sudden. Some similar phenomena characterize one or two other of his cases of obscure pericarditis without pain.

All these signs that “palter with us in a double sense” exhibit the great dubiousness of heart cases, and prove the necessity of weighing every individual symptom, and the whole history of a case; and then taking time for the further lifting up of the veil, before we presume to give a conclusive pathological opinion.

The peculiar circumstance in this case was the presence of the signs of hypertrophy, without its existence. We are told that the principal symptoms of an hypertrophy of the right ventricle are, “a shock near the inferior part of the sternum, and none less at the left, the general circulation little changed, and some phenomena of pulmonary congestion.” (*M. Rostan.*) I know that the shock, or “thumping,” as Mr. Abernethy used to term it, against the sternum, in this case, could not come of simple dilatation; for though dilatation renders the patient more liable to sudden attacks of palpitation and dyspnoea than hypertrophy (*Dr. Macintosh*), the palpitations are attended, not with increased, but diminished impulse, with purple countenance and swollen jugulars. (*M. Martinet.*) I do not know that I ever saw or read of a case of simple dilatation in which the pulsation of the heart was not more feeble and more extended, except a case given by M. Andral, in which the contractions of the heart were more sensible at the inferior part of the sternum than at any other part, with a particular bruit: the only lesion was an enormous dilatation of the right auricle, with slight hypertrophy of its parietes. I also know that M. Laennec and others have considered that this shock, or impulse, cannot arise from simple palpitations, and that it is the distinguishing symptom of hypertrophy. Knowing these things, and that dilatation at all events existed, I could not conceive how that dilata-

tion could co-exist with increased impulse of the heart, unless it were combined with hypertrophy: but though hypertrophy was evinced by this its sign, dilatation only was discovered *post mortem*, and the violence of the impulse was owing to mere palpitation. How is this explained? I presume,—that the dilatation was of long standing, but that the increased motion and increased force of the right ventricle were produced by the temporary condition of the circulation of that side of the heart and of the lungs;—that the tendency to hypertrophy, produced by obstructed circulation, had not existed long enough to superadd the change of structure to the change of action, as happens in some cases in which the symptoms of dilatation occur without its existence;—that it had not existed long enough to produce the internal hypertrophy which will sometimes ensue in phthisis, notwithstanding the tendency of the heart in that disease to participate in the general diminution of the muscles of animal life and the general atrophy (*M. Andral*):—that, as aggrandisement of the heart's substance may exist without aggrandisement of its action, or, that, as mere thickening of the heart will not produce impulse without increased contractile energy of its fibres, particularly in old persons and those whose circulation is slow, so increased impulse may arise from an increased volume of blood and increased activity in the cavities of the heart, without increased nutrition of its substance;—and, lastly, that impulsion, as is admitted by M. Andral, Dr. Macintosh, and others, may be produced by mere palpitation in a violent degree, and cannot consequently be set down as an unequivocal and unconditional symptom of hypertrophy. Should we not then always shape our opinions subject to these important exceptions and conditions, in equivocal cases?

There are two circumstances in connection with this subject that ought to be borne in mind. One is, that organic affections of the heart, accompanying chronic bronchitis with considerable oppression, may be consecutive as well as primitive, and that organic disease of the heart may produce chronic bronchitis, and, by congestion and distention, hemorrhage of the mucous membrane, and those mucous-serous accumulations in the air passages and vessels which increase the dyspnoea, augment the pulmonary congestion, and set the affection of the heart on the quick march. (*Andral.*) The next circumstance is, that common symptomatic palpitations occur in pneumonia, phthisis, accidental formations in the lungs, or in the tract of the great vessels, as in all other maladies, near or remote, which produce an obstacle to the circulation. (*M. Rostan.*) I think they often arise in phthisis from a contiguous irritation, and flatulency concurrent with the phthisis, and they bring on tightness and constriction of the

sternum, and increase the irritation of stomach.

The case of James Dean, 48, at Ross, was an example of their coincidence with accidental formations. About four years ago, after an attack of hæmoptoe and cough, preceded by palpitations so violent that they shook the watch that hung over the bed, and compelled him to tie a shawl round his waist to prevent the impulse, he coughed up a solid earthy concretion as big as a nutmeg, which, he says, is now in the possession of Dr. Thomas Evans of Gloucester. He has been under my care for dyspnoea, evidently connected with fulness of blood in the right side of the heart and chest, consequent on engorgement of the liver, which is a frequent precursor of such affections. "Palpitations are known by the absence of the signs that accompany diseases of the heart," says M. Rostan. They are so in these cases, but not in such a case as I have given, nor in many others.

The diagnosis of pulmonary tubercles was as obscure in this case as the precise condition of the heart; they were probable from many symptoms; from the readiness of the lungs to become irritated to such a degree as to bring on coughing; the *long continuance of the cough after the attack of hæmoptoe, and the persisting debility and wasting of flesh*. But there was no dull sound on percussion, no absence of respiration in one spot or another, though it was certainly blowy and sonorous, which is said to indicate crude tubercles, surrounded by healthy structure; nor was there the weakness of murmur which generally occurs in the second stage of phthisis; the complexion was purple; the peaked and white face of consumption never made its appearance; the night sweats were common to himself and others of the family, from having irritable and nervous constitutions; besides those sweats, marasmus, and short and frequent breathing, are as common to chronic bronchitis as to phthisis; the catarrh of phthisis, which resembles ordinary bronchitis till the tubercles become so numerous as to create a new set of symptoms (*Laennec*), marked the real disease. The pectoriloquy discovered towards the close, at a point where resonance only was perceptible, about a year or more before, rendered the diagnosis more unequivocal. We have cases of bronchitis mistaken for pulmonary consumption, the only difference being the louder respiration and resonance of the voice. (*Dr. Macintosh*.) It is difficult to say whether the occasional pains of the chest were owing to muscular affection, or depended on the formation of tubercles in the lungs; but in the latter stage of phthisis they frequently proceed from pleuritic inflammation, and cause those *small cavities to be formed which are almost constantly found near a cavern when situated in the surface of the lungs*. This case

came under my care in Dec. 1833, and died in 1834, and I fear I shall have another such case in Thomas Jones, ætat. 35, who has had hæmoptoe, with disease of the mucous membrane of the alimentary tube. These are cases, says the celebrated teacher in the school of medicine, in the true spirit of medical experience and clear-sighted induction from facts, in which phthisis makes its *début* very obscurely, in which the appearance of the first symptoms always succeeds a simple bronchitis, hæmoptoe, or peripneumonia. Some present pneumonic, others bronchitic symptoms, but when convalescent they never recover their general powers, nor their *en-bon-point*, and they continue to cough. The diagnosis of tubercles is obscure, because the cough, the only local symptom which exists about the chest, does not suffice to characterize them, and the absence of strength, and the persistence of the leanness, are looked upon as connected with the antecedent malady.

If this state continues for ever so little, it should inspire a strong suspicion of organic lesion, and if the cough does not cease, the development of pulmonary tubercles is to be apprehended. It suffices to say that this cough ought not to be neglected, and the cure, as is too often the case, ought not to be abandoned to nature. Many dread the employment of active antiphlogistic treatment, because, say they, the subject is enfeebled and exhausted. But this feebleness, this exhaustion, depends, above all, upon the serious change which is forming in the lungs, and it is only by combating this change that you can restore some strength to the patient. "An actual convalescence is almost never accompanied with this prolonged state of feebleness, and the rapidity with which strength and flesh return in individuals who have been kept a long time on severe regimen, provided no organ continues diseased in them, is a thing truly remarkable." (*Andral*.)

A moderate number of tubercles will excite sufficient constitutional irritation to destroy one patient, while another will live out the destruction of one lung. But I do not think the tubercles were so much the immediate cause of death as the oppression of the circulation and respiration in the right heart and lungs. M. Andral advocates decisive emissions of blood, when pulmonary congestion and oppression ensue from dilatation; but, in other places, he demonstrates that cases of dilatation do not bear blood-letting well, and require a tonic treatment. It is condemned by every other leading authority, except under particular emergency. In this case, the patient had suffered a so deadly kind of debility, after being bled for attacks of dyspnoea and oppression, under previous hands to mine, that he had an instinctive horror of the practice, and would not submit to it. He was placed between two fires

and bleeding could only add to the debility of one or other disease, either of which was sufficient, and one sure, to destroy him. He might have lived longer, had he been shut up in one room, in an artificial and equal temperature, and compelled to perfect repose of body and mind. But his active disposition rejected this plan, and by hurrying the circulation through the cavities of the heart and the bronchial structure of the lungs, he no doubt brought on the last and fatal attack. Exercise, in disease of the heart, will bring on severe dyspnoea and a feeling of suffocation, but, on the other hand, all affections of the lungs, which give rise to long-continued and severe dyspnoea, and habitually short and difficult respiration, and a feeling of oppression, may occasion palpitations and affections of the heart; and all causes, that upset the balance of the circulation, and produce an overflow of blood about the heart, may excite this class of affections. (*Dr. Mocintosh.*)

I have reported this case, and reasoned on the symptoms at length, for one such case is a representation of a whole family, and supersedes the necessity of another of the kind. Such cases are not unfrequent, and a knowledge of them is very useful to the practitioner.

Ross, Nov. 14, 1835.

ON THE TREATMENT OF PULMONARY CONSUMPTION

BY THE
INUNCTION OF LARD.

To the Editor of THE LANCET.

SIR,—During the last fifteen months I have experimented upon the effects to be produced on cases of phthisis, by administering nourishment through the skin, and with very evident success.

My practice consists in simply causing the patient to rub in for half an hour every day upon the chest, back, and ribs, or on any other large surface, as much lard as can be absorbed in that time. In very advanced cases, this operation is repeated as often as three times a day. At the same time any urgent symptoms are combatted with the ordinary remedies.

The effect of this treatment is, I find, to stimulate the nutritive functions of the body, increasing rapidly the patient's strength; to quiet the action of the heart, to allay pain of the chest, and to remove difficulty of breathing. These effects are made apparent in fifteen or twenty days, and even earlier.

Out of four very severe cases of phthisis which have been submitted to my care, two

in which there existed also the most evident signs of dyspepsia, of nine months' standing, have been completely cured. A third case, catarrhal, with tubercles, remains yet in doubt. The fourth, tuberculous, and complicated with dilatation of the cavities of the heart, a case of two years' standing, is progressively and evidently improving. In the third of the above cases, the patient, a female, was weighed on the 15th of October, when her weight, including clothes, was found to be 83 lbs. She then commenced rubbing in the lard, and on being weighed on the 10th of November, she had gained seven pounds, and this increase of weight she has maintained up to the present date (November 21), weighing on the morning of each day, 87 or 88 pounds, and at night invariably 90.

A friend of mine, also a medical practitioner, has likewise made trial of my plan of treatment, upon what, in his opinion, was a hopeless case, of nineteen months' standing. The cough and expectoration have now nearly subsided under it, and the breathing and strength are restored. I am promised a detailed account of this case, which I hope to transmit to you, in a short time, as also that of other cases now under treatment; and whatever may be their result, whether they terminate in perfect or partial convalescence, that result shall be faithfully recorded.

My immediate object in giving this hasty notice at the present time, is to invite those of my medical brethren who have hospitals under their care, to aid me in my experiments, by giving the treatment a trial. Any professional communications bearing upon this subject, sent to me free from expense, whether in favour of or against the plan, would be esteemed an obligation; as upon a subject of so much importance, and leading to so much general benefit, it is very desirable to accumulate a body of facts, verified by the observation of others. Cases not far advanced have certainly appeared to yield with the greatest readiness to this remedy. But to the profession generally, I look to confirm or destroy my hopes of having discovered something in the shape of a remedy for this reproach to medical science. The plan has this advantage, that it may be combined with any other mode of treatment the practitioner wishes to employ.

What other forms of disease this power of stimulating the nutritive functions, through the absorbent surfaces, is capable of combatting, every practitioner's experience will point out to him. For my own part, my experiments lead me also to think, that it exerts a marked control over scrofulous action.

In conclusion I may state, that what induced me to try the inunction of lard, in consumptive cases, was the fact, and the health generally enjoyed by those who

constant occasion to handle flesh, combined with the acknowledged fact, that butchers and their families are remarkably exempt from that disease. I remain, Sir, yours faithfully,

EDGAR ASHE SPILSBURY, M.R.C.S.
Walsall, Staffordshire, Dec. 7, 1835.

TRIAL OF CREOSOTE

IN SPASMODIC AFFECTION OF THE STOMACH WITH VOMITING.

To the Editor of THE LANCET.

SIR,—The following case, illustrative of the non-efficacy of creosote in allaying spasmodic or neuralgic pain of the stomach and vomiting (without inflammation of that organ), is transmitted for insertion in your very able Journal, by, Sir, your most obedient servant,

JOHN WALKER, M.D.
353, Argyle-street, Glasgow.

In the 9th number of *THE LANCET*, at pages 275 and 276, Dr. Elliotson relates one case of neuralgic pain of the stomach, and two of severe vomiting, so successfully treated with creosote, that in one of the latter cases it was only necessary to exhibit the medicine once; and in the other the administration of a few doses checked the vomiting, which had continued for some time, producing its usual effects of debility, &c. From the very high esteem with which Dr. Elliotson regards this medicine, I was inclined to try it in the following case:—

Case.—A.B., ætat. 22, an unmarried female. Has for the last three years complained of acute pain along the whole spinal column, greatly increased on motion or pressure, and accompanied by two lateral curvatures, describing, in all, the letter *s*, and including all the dorsal and lumbar vertebrae. There is no paraplegia; the uterus, bowels, urinary organs, &c., perform their functions regularly; the skin generally feels natural, and there is always some degree of appetite. Among the numerous symptoms under which this patient labours, the most distressing is constant vomiting of all ingesta, of whatever temperature or kind, and generally from two to twenty minutes after they have been taken. This vomiting of food is attended with considerable pain; but frequently violent retching takes place when no food has been taken, and which is attended by violent spasmodic pain of stomach, generally continuing from twelve to twenty-four hours after the retching has ceased.

As every justifiable means had already been resorted to for the alleviation of the spinal pain (which in this case arises from mere relaxation of the ligaments &c.)

without the slightest benefit, and the vomiting being not only the most troublesome symptom, but precluding all possibility of improving the general health, and as nothing had hitherto tended in the slightest degree to check it, I felt inclined to try the creosote. It was, therefore, given according to Dr. Elliotson's plan, in doses of two drops in mucilage and water every six hours, but without effect. Next day it was increased to four drops, and in this quantity the first dose produced headache, and increased the vomiting and pain of stomach. The same quantity was again exhibited at the end of six hours, which only aggravated the former symptoms, and a short time after the administration of the third dose the headache became agonizing; countenance flushed, with great heat of surface; retching and pain of stomach very severe. It also acted powerfully upon the bowels, producing six watery stools the first hour, with severe griping, likewise inducing painful micturition, and imparting to the urine a strong creosotic odour.

The medicine was now intermitted for twenty-four hours, and again commenced in the same doses, but in combination with twenty drops of solution of mur. of morphia, when the symptoms induced were as violent as formerly, with the exception of the diarrhœa. Being still inclined to give the medicine a fair trial, it was again omitted for twelve hours, and afterwards exhibited when neither vomiting nor pain of stomach was present, and in doses of only one drop every six hours. The second dose produced violent and immediate vomiting, with severe pain of stomach.

Now as Dr. Elliotson says, "This was a case merely of spasmodic or neuralgic pain of the stomach, not constant, but occurring at intervals. It was not increased by pressure or hot ingesta." There was no pain after taking food, but merely a sensation of uneasiness until the offending aliment had been rejected, thereby leading me to suppose that there was no inflammation of the stomach, and inducing me to try the creosote, from Dr. Elliotson's representation of its beneficial effects in such cases. I found it not only failed to allay the vomiting and pain of stomach when present, but actually in small doses inducing them when they did not previously exist, and also producing other symptoms, which, in this case, would alone have induced me to lay it aside.

Many will at once exclaim that in this case, the vomiting arose from the affection of the spinal column and nerves, and I do not deny but they in part did stand in the relation of cause and effect; but as the spinal irritation and pain were subject to frequent and severe exacerbations, which did not at all affect the vomiting, and as the retching was frequently worse when the back was comparatively easy, we are quite

justifiable in concluding that the vomiting depended upon other and more latent causes for its continuance during the lengthened period of three years. I am inclined to suppose (particularly as there is no appearance of organic affection of the stomach) that the irritation of the spinal nerves was, in the first instance, the cause of vomiting, and afterwards, that irritation being partly subdued, but the stomach still being accustomed to be relieved of its uneasy sensations by regurgitation, constantly recurred to this method, requiring for its suppression moral and physical efforts more powerful than this patient seemed capable of exerting.

At the same time that this case illustrates the length of time which a person may live, with only occasionally retaining a small portion of food, it clearly proves that creosote, like all other remedies, will fail in checking vomiting and pain of stomach without inflammation.

PURULENT URETHRAL DISCHARGES IN CHILDREN.

To the Editor of THE LANCET.

SIR,—You will probably think the following cases of sufficient interest to obtain a place for them in your Journal. I am, Sir, yours respectfully,

WILLIAM MOSS.

Windsor, Dec. 5, 1835.

I was requested last month to see a little girl, three years of age, residing in Eton, whom I found suffering under every symptom of gonorrhoea. She had swollen and inflamed labia, a thick purulent discharge from the vagina, and acute pain in passing the urine. On making inquiry, I ascertained that the eldest sister, who was eleven years old, had, in the preceding June, been affected in the same manner; and that the second sister (eight years old) had also, a few weeks afterwards, been in precisely the same state: the mother had neglected to obtain advice for them, as she fancied that the symptoms arose only from weakness, and the discharge therefore had continued on them in a slight degree up to that time. Two days after this visit I was desired to look at the grandmother, a woman aged sixty-six years, living in the same house, who was afflicted with one of the most frightful attacks of purulent ophthalmia that I ever beheld. About three days afterwards, the brother (aged six years) of the girls was affected with swelling and inflammation of the prepuce and glans penis, accompanied by a profuse discharge and pain in passing his urine, which symptoms continued to be very severe for some days. I had seen several cases of inflamed prepuce in children,

from what I considered want of cleanliness and I had seen five cases of gonorrhoea in little girls, from the same cause at least. I could trace the disease to no other, but I had never seen cases so decidedly marked, and of so infectious a nature, as the present.

There is no reason to suppose that these children had been infected from any venereal source, but it is probable that gonorrhoea may be generated in the genitals of the human female without any intercourse of the sexes, and, as I believe, without the communication of any specific virus. The parents of these children are very industrious, and, for their station in life, very respectable people. I have attended both at different times for several years; the mother acts as a laundry woman for a most respectable family in this town, where her husband has long lived as butler, always sleeping in the house; the mother has had no vaginal discharge or uterine affection. The eldest and youngest child have slept constantly with her for a long period. The other two children sleep by themselves. They have all been washed and dried with the same towels. The grandmother has had leucorrhoea upon her for many years, which has been suspended during the ophthalmia. She has had the use, I am told, of a towel exclusively to herself. Having simply stated these facts, I leave others to draw from them their own conclusions.

CÆSAREAN OPERATION,

PRACTISED WITH SUCCESS, BOTH FOR THE MOTHER AND THE CHILD.

By Professor STOLTZ, of Strasbourg.

JEANNETTE LIALE, twenty-six years of age, has been affected with rachitis since her infancy. At the age of ten she suffered from a severe attack, accompanied by convulsions, and followed by paralysis of the tongue. Since that period her growth has been completely arrested. She now measures only forty-four inches; from the summit of the coccyx twenty-six inches from the latter to the heels eighteen. Her head is very large, and disproportionate to the rest of the body; the spinal column is quite straight, and the chest well formed; the pelvis, though well formed, is very small; the limbs are curved.

This girl menstruated at the age of seven-teen. On the 12th of November, 1834, she presented herself at the hospital of Strasbourg, being eight months gone with child. An examination was immediately made, and the vagina found to be short and narrow. The antero-posterior diameter of the pelvis measured with the finger and Wundt's pelvimeter, gave two inches, four lines and

Fundus uteri ascended to the epigastrium, and the movements of the child announced that it was strong and healthy.

It resulted from this examination that the women could not be delivered at term, without the aid of a dangerous operation. In the night of the 19th of December the patient was seized with pains in the loins and desire to urinate; labour-pains soon set in, and mucus tinged with blood was discharged per vaginam. The toucher showed that the neck of the uterus was effaced; its orifice was directed backwards and to the left side; the child's head, pretty large, was felt behind and above the pubis. At three o'clock p.m. the pains became more severe; the os uteri was now directed towards the centre of the pelvis, and very much dilated; the membranes became tense at each pain; the head occupied the same position.

Before deciding on the measures to be adopted, Messrs. Erhmann and Stoltz (the author of the paper) wished to introduce the whole hand into the vagina, in order to explore the pelvis with more care. The narrowness of the parts, however, did not permit the introduction of more than four fingers. The impossibility of a natural delivery being now evident, and all other means being judged insufficient, the cesarean operation was decided upon; the woman consented, and on an exploration being made for the last time, it was found that the os uteri was dilated nearly to the size of a crown piece; the membranes intact; and that the head of the child, having glided off the pubes, occupied the inlet, but a very small portion of the cranium projected into the cavity of the pelvis. The child was still alive.

Operation.—The patient being placed horizontally, and everything prepared in the usual manner, M. Stoltz having ascertained that no portion of intestine lay between the uterus and abdominal wall, made an incision along the linea alba, commencing two inches and a half above the symphysis pubis, and extending two inches and a half above the umbilicus, which lay at the left side. The fascia transversalis and peritoneum being thus exposed, the operator seized them with a pair of common forceps, near the centre of the wound, and made an oblique opening, which gave issue to a little serosity; a concave probe-pointed bistoury was now introduced through the orifice made, and the peritoneum divided upwards and downwards along the whole extent of the original incision. In spite of the attention given to keep the abdominal parietes closely applied upon the uterus, a small portion of the intestine protruded at the lower angle but was easily reduced. In order to assure himself whether the uterus had rotated upon its axis, M. Stoltz slipped his hand into the upper angle of the wound, and

having ascertained that this was not the case, he immediately commenced incising the anterior wall of the uterus, slowly and by layers; the uterus here was about five lines thick; the last layer ruptured and exposed the membranes; the opening into the uterus was now enlarged, by gliding the index finger between the organ and its contents, and conducting a bistoury on the finger; before rupturing the membranes every care was taken to prevent the passage of the liquor amnii into the cavity of the abdomen. On opening them, from three to four ounces of water came away, and the fœtus was immediately extracted by the feet.

The child, a female, began at once to cry; was strong and vigorous; eighteen inches long; weight five pounds and three quarters. The vacuum which now followed the uterine contractions rendered protrusion of the intestines, and effusion of blood, &c., into the abdominal cavity, imminent; these accidents, however, were fortunately avoided, and some minutes allowed to pass before the extraction of the placenta; this being done, the uterus retreated at once into the pelvis a portion of small intestine at the same time protruding at the lower angle of the wound; this was easily restored, but in reducing it, a portion of epiploon became engaged in the upper angle, though here the wound was carefully compressed by a sponge. The epiploon was in turn reduced, but this being done with the fingers a little roughly, gave rise to such violent contraction of the diaphragm, with hiccup, as to threaten at every minute the expulsion of the whole content of the abdomen; the hiccup gave way, however, on the assistant's acting more gently and the edges of the wound were now brought together exactly, by four points of suture: strips of sticking-plaster, two inches broad and three feet long, were passed round the body and crossed over the wound and the whole was retained by bandages. The operation lasted from twenty-five to thirty minutes.

The accidents which declared themselves immediately after the operation, were long and stormy, and for a considerable time gave rise to the greatest inquietude; they are described most minutely, hour by hour day by day, by the author; but as they consisted in the means generally employed for combatting irritation and inflammation, we do not think it necessary to reproduce them here. On the thirty-second day after the operation the patient left her bed for the first time, during an hour; on the thirty-fifth the wound was completely cicatrized and on the 70th the menstrual discharge reappeared. The child, which continued to enjoy good health, was given to a nurse.—(*French Gaz. Med.*, Nov. 21.)

Memoirs of the Royal Academy of Medicine, Paris. Fasciculus 1, 1836.

We have just received the first Number for the approaching year of the Memoirs of the Royal Academy, but we fear the following enumeration of its contents will prove that the Committee of Publication have not been very happy in the selection of materials. The memoirs selected are,—

1. A Notice of the Plague of Moscow in 1771. By M. GERARDIN.
2. A Memoir by Dr. GOYRAUD ON

INGUINO-INTERSTITIAL HERNIA.

Under this name the author describes a species of hernia, long known as "incomplete hernia," but never studied with precision. The viscera pass out from the abdomen through the superior orifice of the inguinal canal, or through an abnormal opening in the fascia transversalis, and instead of traversing the canal, to appear at its external ring, they become lodged in the canal itself, which they dilate, and in the neighbouring interstices of the abdominal parietes. Inguino-interstitial hernia, then, has its seat in the inguinal canal. When voluminous, it may extend towards the spines of the ileum, separating the inferior fasciculi of the small oblique or transverse muscles, from the fascia transversalis; it has two complete membranous coverings, viz., the sac and a prolongation of the fascia transversalis. The cavity in which it is lodged is formed anteriorly by the aponeurosis of the great oblique muscle, and the inferior fasciculi of the small oblique; posteriorly by the fascia transversalis; inferiorly by the reflected edge of Poupart's ligament, from which the fascia transversalis arises, and above by the lower edge of the transversalis muscle and a few fibres of the small oblique.

The cavity containing the hernia has two orifices; the one communicating with the abdomen is the internal ring; the external ring forms the external orifice; the neck of the sac is embraced by the abdominal orifice of this cavity. In old hernia, its external (?) surface adheres strongly to the edges of the ring. The folds of the peritoneum have contracted adhesions together, and hence arises a well-marked thickening of the neck of the sac, which presents internally the appearance of a defined ring. The hernia

may tend towards a prolongation through the inguinal ring, and thus be formed of two parts, one contained in the inguinal canal and the neighbouring part of the abdominal wall; the other situate in front of the inguinal ring, or even in the scrotum. Mr. Lawrence describes a case of this latter kind. Finally, it may happen that the testicle is arrested in its passage through the inguinal canal, the serous envelope continuing to communicate with the peritoneal cavity. A portion of intestine may become engaged in this sac, and thus form a true congenital hernia in the inguinal canal. Of this rare case the author gives an example in his second observation.

The third memoir selected, is on the effects of corrosive sublimate in the preservation of wood, and on the effects of this substance on the health of sailors. By M. KERAUDREN.

The 4th memoir is entitled, "Observations on the Cure of Wounds without Inflammation. By JAMES MACARTNEY, M.D." These consist of a few insignificant remarks on the eternal subject of water-dressing. It is to be regretted that principles which in themselves are sound, and worthy of being made known to our Parisian brethren, were not developed in a more complete manner than we find them in the two and a half pages, of which Dr. Macartney's memoir consists. We have heard the University of Dublin called "The silent Sister," and from the present specimen, we might suppose that she had only just begun to speak. What a pity that we cannot apply to her the text, "Out of the mouths of babes and sucklings" shall come forth—wisdom!

5. NEW EXPERIMENTAL RESEARCHES IN TRAUMATIC HEMORRHAGE.

This paper is by M. AMUSSAT, whose researches have been principally directed to ascertain the nature of the changes which take place between the skin and the vessel, when an artery has been opened, and the bleeding has been arrested either spontaneously or otherwise.

When we remove the skin, we find the tumour formed by the effused blood of a uniform red colour, and enveloped in a kind of sac of cellular tissue. The small wound in the artery is distinct. A small isolated coagulum indicates the point it occupies. If we cut horizontally the blood

of half of the tumour, we find an homogeneous layer of coagulated blood; a circular point, more or less large, of a lilacish-brown colour, and filled with a red clot, indicates the traject of the wound. This clot may be easily removed by a forceps, and then we find a kind of canal, which always follows the direction of the wound, and leads to the injured point of the artery. These results differ from those obtained by Jones and Beclard, probably because they dissected the artery before wounding it.

M. Amussat concludes, from the experiments which he has made on a great number of animals:—

1st. That in closing the external opening into the skin, we close the canal of new formation by which the hemorrhage has taken place.

2nd. It results from the discovery of the central canal through the centre of the sanguinous tumour, that by following it we are conducted in a certain manner down upon the injured point of the artery.

3rd. That a mammelonated coagulum, of a deep or nearly black colour, indicates surely the orifice of the wounded artery.

6. BICETRE IN 1792.—ABOLITION OF IRONS IN THE TREATMENT OF THE INSANE.

This is a fragment from the unpublished works of Pinel by M. SCRIPION PINEL. It is a very curious document, and is worthy of attention in more than one point of view. We reproduce it nearly literally:—

Towards the latter end of 1792, while the storm of revolutionary fury was raging in the centre of Paris, a scene of far different character took place at the gates of the city. For the first time the irons, under which the unfortunate inhabitants of Bicêtre had hitherto groaned, were removed, and a system of humanity substituted for the regime of severity and torture that had so long prevailed in the hospital of insane. It was at this period that a man, relying on his knowledge and experience, and stimulated by the honourable desire of benefiting humanity, revolted against the idea of chaining up the wretched creatures entrusted to his care, like so many wild beasts in a dungeon. Indignant at this stupid outrage to human nature, he addressed himself to the authorities of the city. The answer was unfavourable. Pinel was treated as an aristocrat and a moderate—terms at that time almost equivalent to a mandate of death. But Pinel was not easily arrested in his pursuit of good; he presented himself before the corporation of magistrates, and with an eloquence commendable to the noble object of his pursuit, demanded the reformation of such irrational

and monstrous treatment. "Citizen," said one of the members present, "I will visit thee to-morrow at Bicêtre; woe be on thee if, amidst the deranged, thou concealest a single enemy of the people."

Couthon arrived on the following day at Bicêtre. The appearance of the man was almost as strange as that of any of the deranged he came to visit. Deprived of the use of his lower limbs, and constantly carried about in the arms of a domestic, he looked like a fraction of humanity planted upon another frame, from the top of which, with a soft and feminine voice, he dealt out the impitiable sentence of death. Couthon came to see the patients himself, and visited them one after another. He was conducted to their quarter, but in the midst of cries and ferocious threats, interrupted only by the rattling of chains in some solitary dungeon, the republican was received with such a clamour of insults that he was soon compelled to retire in disgust. He turned towards Pinel and said, "Citizen, thou art mad also in desiring to unchain such ungovernable animals." "Citizen," answered Pinel, "I have a profound conviction that the unfortunate wretches before us are merely untractable because they are deprived of air and liberty, and I have every reliance on means of a more humane nature."

Complete master of his own actions, Pinel now immediately commenced the exertion of his desire; but it was impossible to conceal the real difficulties of the task he had undertaken. To liberate more than fifty furious madmen without compromising the safety of his other more tranquil patients, was an experiment too hazardous; he determined, therefore, on beginning with twelve. The only precaution he thought it necessary to take was to preserve twelve strong waistcoats, in case they should become altogether unmanageable.

The first to whom Pinel addressed himself was the patriarch of the house, the oldest inhabitant of this den of misery,—an English captain, whose history is unknown to all the rest, who had remained in the same cell, chained up, for forty-five years. He is regarded as the most dangerous of all the prisoners; his guardians approach him with the greatest circumspection, for once, with a single blow of his manacles, he laid a domestic dead on the spot. Since then he has been ironed with more precaution; but this increased rigour has only exasperated his temper, naturally furious. Pinel entered the cell, alone and calm. "Captain," said he to the unfortunate, "if I remove your chains, and restore you to liberty, will you promise me to be reasonable and not injure your neighbours?" "Certainly," was the reply; "but you jest; they are too much afraid, and so also are you." "No," said Pinel, "I am not afraid, for I have six men behind me to execute my orders; but trust

my word; be confident and docile; I will give you liberty at once if you will merely put on this linen jacket instead of these heavy tormenting chains."

The captain submits quietly to all the preparations, shrugging his shoulders without articulating a word. In a few minutes his irons were removed, and he was left alone in his cell, the door of which, for the first time, was wide open. Several times the unfortunate man rises up and falls again on the ground; the confinement of nearly fifty years in a sitting posture has nearly deprived him of the use of his limbs: at length, after a quarter of an hour spent in useless efforts, he succeeded in sustaining himself upright, and, with a faltering step, advances from the bottom of his dungeon towards the door. His first movement is to look up to the heavens: he cries out with an ecstasy of joy, "Oh, how beautiful!" During the whole day he is constantly in motion, running up stairs and descending immediately afterwards; the same expression constantly on his lips, "Oh, how beautiful! how comfortable!" Towards evening he enters quietly into his cell; sleeps on a better bed, expressly prepared for him. During a lapse of two years more, spent at *Bicêtre*, he even becomes useful in the establishment, exercising a certain degree of authority over the other patients, who willingly submit themselves to his orders. His companion in captivity is almost equally worthy of compassion; an old French officer who has been confined in irons for thirty-six years, during which he laboured under one of those terrible delusions so common in our days. Endowed with a feeble intelligence, and easily seduced by fanatical impressions, he had conceived, in his severe and mystic meditations, that God had chosen him for "the baptism of blood;" that is to say, "for the duty of killing his Christian brethren on this earth, in order to send them more speedily to enjoy the pleasures eternally reserved for the select of God." This burlesque idea gave rise to an atrocious crime. He commenced his homicidal mission by plunging a knife into the heart of one of his own children. Declared mad by a court of justice, and conducted to *Bicêtre*, he was tormented by the same frantic delirium for a long series of years. At length came calm, but without reason. He is now dull and silent; a fleshless spectre seated on a stone; his emaciated limbs are still loaded with the same chains which he formerly bore, and which he is now unable to sustain; they were left on, perhaps, as much through forgetfulness as with a desire to punish the cruel actions which brought him to the house of the mad. For him there was no hope of amelioration. Pinel had him transported into one of the beds of the infirmary. His legs are so stiff and contracted that he is unable even to extend them. However,

his agony is prolonged for a few months, and he died without being capable of feeling his deliverance.

The third presents a striking contrast. He is a man in the flower of his age; his eyes are sparkling, his language is elevated, and his manners are dramatic. In his youth he was a man of letters. Endowed with a sweet and gay temper, and a brilliant imagination, he spun many a web of love and honour, which he transferred to his impassioned romances. He wrote without ceasing; and in order to bestow more time on his literary occupations, he at length shut himself up completely in his chamber, passing often the day without food and the night without sleep. In this state an unfortunate passion intervened to exalt his ideas still further, and finish what a too vivid imagination had already commenced. He became desperately in love with a young girl in the neighbourhood, good and virtuous, as they are all, in the beginning, but who soon became fatigued of the unhappy author. She was faithless, and did not even leave the consolation which might arise from a doubt. During a year his soul was a prey to bitter concentrated grief; when suddenly struck with the ridicule of weeping for one so unworthy of his love, he passed from one extremity to another, and gave himself up, without bounds, to every excess. It was in the midst of one of these orgies that reason broke down; and, conducted to *Bicêtre* in a state of furious mania, he was thrown, about twelve years ago, into his dungeon, where he still vainly endeavours to rend asunder the irons that bind him down.

This patient was rather turbulent than dangerous; unable to comprehend the good he was about to receive, nothing but force compelled him to leave his chains; once liberated, he commenced running in a circle round the court, until he fell exhausted and breathless to the ground; the care of Pinel, and the fostering attention which he bestowed on this patient in particular, soon brought back his reason; but unfortunately he must return to the bosom of society, at that time so agitated; the event was not long doubtful; he cast himself into political agitations with all the ardour of his youthful passion, and on the eighth Thermidor his head fell upon the scaffold.

Pinel now enters the fourth cell; it is that of Chevigné, whose release from captivity is perhaps the most memorable fact of this remarkable day. Chevigné was a soldier in the French guards, and had only a single fault, that of being too much addicted to drunkenness: once elevated by wine he became quarrelsome, violent, and was the more dangerous, that his strength was prodigious. He was dismissed from his corps for repeated excesses, and having soon dissipated his feeble resources, became plunged

into a state of shame and poverty, which soon overcame reason. In his madness he thought himself a general officer, and would strike every one that did not immediately recognise his rank. It was at the termination of one of these quarrels, that he was brought to Bicêtre in the most furious state of excitement; there he remained ironed for ten years more carefully so than his companions, as he had more than once broken his chains by the simple force of his arms; once, it is said, having procured a few minutes liberty, he defied all the guardians united together to replace him in his cell, before he had made them pass under his leg; and actually performed this inconceivable feat upon eight men who attempted to make themselves master of his person; from that day his strength became a proverb at Bicêtre.

Pinel had already discovered in this man the germ of a good disposition, concealed beneath an excitement which was constantly kept up by the cruel treatment he was submitted to. He promised to ameliorate his condition in a short time, and these few words of comfort at once rendered him more calm. Pinel announced to him the joyful news that he was about to leave his irons. "To prove that I have confidence in you," said he, "and regard you as one born to do good, you shall lend your assistance in delivering these unfortunate creatures, who have not their reason as you have, and if you conduct yours. If as I expect and hope, I will take you into my own service, and promise to protect you for the rest of your life."

Never was a more sudden or complete revolution seen in the human intellect. The guardians themselves are seized with astonishment and respect at the example of Chevigné. His chains are yet scarcely removed from his limbs, and behold him careful, respectful, following with an attentive eye all the movements of Pinel, and executing his orders with promptitude and address. Behold him pouring forth words of peace, consolation, and reason, to his unfortunate fellow sufferers;—he, who a few minutes back was sunk below their level, but now stands before them elevated by the proud consciousness of liberty. This man, whose chains had demoralized during the fiercest portion of his manhood, and who, doubtless, would have dragged along the whole course of his existence in this fearful agony of intellectual suffering, this man becomes henceforward a model of good conduct and gratitude; more than once, in the most dangerous storms of the revolution, he saved the life of his protector; on one occasion, particularly, he rescued him from the hands of a band of malefactors, who were carrying him to the lamp* as an elector of

89. During the period of famine he leaves Bicêtre every morning, and returns with an abundant supply of provisions which gold could not purchase at that moment of universal want; in a word, his whole life is a series of acts of devotion to his liberator.

Chevigné is more than a grand and sublime lesson for the science; he is a conquest made to humanity of an honest and faithful mind from the infamous barbarity under which it had given way.

Next to Chevigné, in the neighbouring cell, are three unfortunate Prussian soldiers, chained there for a long series of years; no one knows the motive in which such rigorous treatment has originated; they are commonly inoffensive and calm, becoming animated from time to time in a language which nobody understands. The moment they perceive round them any strange assemblage of persons or things, they imagine themselves the object of hostile intentions, and oppose the removal of their irons with the utmost violence; when freed, they are unwilling to quit their prison, and remain fixed in the position to which they have been so long accustomed. The sentiment of liberty, so cherished by everything human, seems totally extinct in the bosom of these unhappy strangers.

[What a lesson in some of these facts!]

Die Erscheinungen und Gesetze des Organischen, LEBENS VON GOTTFRIED RIENHOLD TREVIRANUS. 2 B. (The Phenomena and Laws of Organic Life, &c.)

The Biology of Treviranus was commenced thirty-five years before the publication of the present work; and volume after volume slowly appeared, unfolding the fruits of persevering research, of continued experiments, and of genius such as has rarely been engaged in studying life. The productions of the human intellect, in their development, — unlike the growth of trees, where the operation of every successive year makes natural additions to each part, and helps to carry out the perfect idea of their form, — do not constitute the permanent materials of ultimate maturity; for the mind in its progressive investigation of phenomena, after endless essays, and innumerable observations, at last discovers one point of view, before which all former conceptions are rendered imperfect, and are at once broken up and superseded. In the process of generalization, the last principle includes the former, as one serpent swallows up another, that serpent being itself swallowed by a later and a mightier. Hence, Treviranus found

* During the revolution, it was a common practice to hang traitors on the cross-arms of the lamp — hence the cry of "à la lanterne."

that the investigations which he made in the progress of his own work, as well as the discoveries of others, rendered changes necessary in the early volumes, before the last were begun. This consideration led him at last to abandon the attempt to complete the "Biology," which is instinct with genius, and, so far as it extends, is the most comprehensive, scientific, and profound investigation of vital phenomena, which has been published since the days of Aristotle. In the present two volumes he has presented the entire circle of physiological laws and their phenomena in a compressed form;—

"The Biology," he remarks, "contains the history of the distribution of organic beings, and of the revolutions of living nature. I have excluded this from the present work, because it would have extended too far if all the obscurities of these questions had been critically examined, and because in this department I had no personal observations to add. Besides, the sun which was with me in the morning, when I went to my earlier work, now hastens to its setting. It is not the time for me to fix, as the aim of my labours, a too distant goal."

Byron, in an address to Goethe, while eulogizing the genius of the Germans, declares that nothing but the difficulty of pronouncing some of their names could debar them from immortality. Certain it is that the difficulties of acquiring a knowledge of their language has prevented many of their best works from becoming known to us, and shut out from this country some of their brightest thoughts. If the Physiology of Blumenbach had not been written in Latin, and if the work of Tiedemann had not been first translated into French, we might have remained ignorant of those valuable works unto this day. It is not, therefore, astonishing that the profession in this kingdom should not only hold the "Biology" of Treviranus in less esteem than it deserves, but should hardly know of its existence.

With what enthusiasm Treviranus has devoted his time to the study of life the introduction will show:—

"If," he exclaims, "the study of nature generally is one of the noblest occupations of man, the subject of our investigations especially deserves the attention of every educated person. To know himself, is the sage's first law. But no man can know himself,—can know either his mind or his body,—who does not compare himself with kindred beings. For ourselves, only single parts are susceptible of thorough investi-

gation. The rest are hidden. To penetrate into these, we must examine them in beings, where they lie bared to the eye."

Treviranus is evidently one of those men who think that nothing can be more pitiable than the observance of that severity of language which some practical writers desire to maintain by avoiding all expressions of feeling, and cautiously excluding all indulgence in the power of the imagination, not only in the formation of their style, but in their modes of thinking. None are too exact, though a few may be too cold. By referring to the Greek writers, to Bacon, and to Cuvier, it may be seen that nature is not exposed to view only in the form of anatomical preparations. Simply to analyze is to leave our work imperfect. The machine may be advantageously taken to pieces; but to perceive its operations the parts must be re-joined, when the contemplation of its evolutions will often excite the philosopher to renewed efforts, and may usefully imbue him with a highly poetic feeling. The volumes of Treviranus combine a mathematical accuracy of reasoning, with the finest sense of what is animating in philosophy. But to proceed with our translation:—

"He who devotes himself in a proper spirit to the study of living nature, is thereby elevated and ennobled, preserved from one-sidedness,* and restrained alike from superstition and unbelief. What is the earth, with all its treasures, for the great mass of mankind, but a stage filled with forms without any earnest signification? They pass before their eyes without touching the inward sense. They speak, but man is insensible to their voice, and understands not their language. He dies in abundance, sighing over the emptiness of existence and the monotony of day. The student and lover of nature is in a world ever presenting him with fresh views, which would never let him grow weary though he lived through centuries. All in it has for him a signification. He is no where a stranger, and no part of the earth is for him without charms, since he ever meets with nature. So did Stetter, enraptured with the study of the sciences, feel as happy in the desert Kamschatka as in a Paradise. He wished himself banished to Siberia, in order to quench his thirst for discovery.

"Such a spiritual life in the bosom of nature, cannot but nourish and sharpen the sense of truth and simplicity. Therefore was the natural philosopher J. August

* "Einsseitigkeit" has been translated into English before. "Prejudice," or "one-sidedness," does not exactly express the German idea.

Abraham Goetze, a preacher of peace, while his brother, the poet Melchior, raved against every independent thinker. An old poet says, 'He who makes verses, thinks only on them, not on lying and deceit.' This may be true. But it is not the same, to think of no unworthy things because the attention is withdrawn by other objects, or because the moral sense is elevated by constant occupation on noble subjects. There can be no great poet, but there are many superficial natural philosophers, without nobility of thought. Yet he who attains to the heights of Parnassus, was already a great man ere he climbed. He who is not made morally better by the study of nature, has not been impelled thereto by an inward tendency and constraint. This does not hold of the study of living nature only, but of that more emphatically. A man may possess profound knowledge in mineralogy, chemistry, and physics, without reflecting on the great questions, what and whence are we ourselves? Whither go we? But he can never arrive at any certainty as to the origin of the infusoria without stumbling on principles connected with those questions. Furthermore, no science is more intimately connected with other sciences than the science of life, therefore no one is less likely to fall into narrow-mindedness, than he who seeks to fathom this in all its parts. Vision, with all its various modifications in the various animals, can only be completely comprehended by him who is a proficient in optics, nor hearing without a profound knowledge of acoustics. The explanation of the processes of respiration, digestion, nutrition, and the development of animal heat, rests on chemical grounds. The doctrine of the geographical distribution of plants and animals, is strictly connected with physical geography and meteorology, as is the history of the former changes of living nature, with geology and archaeology. And he who is master of these and many more collateral sciences, cannot proceed far in the knowledge of life unless he be a philosopher.

"In every living thing there may be recognised a forming and working of every single part for all the rest, and for the whole; also proximately for the species, and for other species. This design is only possessed by the living. Yet it betrays itself in the smallest of these, only by the magnifying-glass of perceptible parts. In all external movements of animals, and even of many plants, there is likewise an appearance of voluntary, and on the other hand, of necessary destination to action. We find this combination of freedom and necessity, especially in the exercise of the instincts of animals. All observations of that design, and of this apparent spontaneity in endlessly various modifications, and all reflection thereupon, lead inevitably to an original reason, which can only be divine, and is no more a subject of speculation."

What follows is somewhat obscure, yet it will be received with respect from the lips of one who has devoted a long life to the study of physiology; who has been a fearless champion of truth; who never wrote a Bridgewater Treatise; and who would never sing a hired hymn even to the Creator:—

"Therefore," says this enthusiastic man, "were all who have investigated the phenomena of nature, men of deep religious feeling. I will only recal to memory Swammerdam, Bonnet, and Linnaeus. Their piety indeed wore the costume of their education and their age. But if Swammerdam appears doating in the theological applications which he made of his great zootomical discoveries, and worthy of pity when sitting at the feet of Bourignona, gloomy enthusiast: if Bonnet and many other naturalists of the last century, mistook their own wisdom for that of the Creator, they nevertheless sought, although mistakenly, that higher light whose reflection they had caught. He who fails to recognise this light in nature, sees unconsolable nothing in it, but an eternal circle of rising and setting. He who in dreams, or in poetry, seeks words which answer to the light, finds not truth but a phantasm of his own brain. But to him who enters on the right paths by the study of living nature, its muse herself will be a conductress, who remains true when all abandon him; and like Leucothea to the shipwrecked, will reach a holy veil when the waves of destiny threaten to swallow him up."

The whole of this introduction sounds rather like the solemn chorus to a Greek drama, than the opening of a work on physiology, where the scene is the world, over which human beings and other living forms, interwoven like the Hours, move in endless procession, while their nature and relations are declared by one whose lips had been "touched with living coal from the altar."

The division of the animal kingdom, adopted by Treviranus, deserves attention.

"According to my view," he says, "there are two great divisions of the animal kingdom; the one consists in animals that possess a real spinal marrow enclosed in a vertebral column, which is wanting in the other class. In the first, the entire brain always lies over the mouth, enclosed in a proper bony covering, the skull. In the last there is always a ring round the mouth, formed either of one brainlike mass, or of several knots connected by nervous filaments; the brain-like substance lies partly over, partly under the last; it has no special, bony, or horny capsule by which it is separated from the other internal parts of the head, and no

(See page 437, column 1.)

A COMPARATIVE TABLE OF THE CHEMICAL EFFECTS OF RESPIRATION IN VARIOUS CLASSES OF ANIMALS.

Species of Animal.	Volume of Air Respired.	Carbonic Acid Excreted.	Oxygen Absorbed.	Nitrogen Excreted.	Nitrogen Absorbed.	Observers.
<i>Cavia Cobaya</i>	7.1	0.48	0.80	0.32	0	Barthollet.
Ditto	13.8	0.55	0.74	0.19	0	Allen, Pepys.
Ditto	0.9	0.17	0.68	0.21	0	Despretz.
<i>Lepus curriculus</i>	4.0	0.44	0.61	0.17	0	Berthollet.
<i>Felis catus</i>	15.5	0.66	6.98	0.32	0	Despretz.
<i>Columba domestica</i>	18.8	0.96	1.14	0.18	0	Allen, Pepys.
Ditto	23.3	0.99	1.58	0.59	0	Despretz.
<i>Bufo cinereus</i> A	4.4	0.02	0.07	0.05	0	
Ditto B	0.6	0.03	0.08	0.05	0	
<i>Rana temporaria</i> A	0.7	0.10	—	—	—	
Ditto after 3 days' fast B	0.8	0.14	0.15	—	—	
<i>Cyprinus tinca</i>	0.35	0.01	0.009	0.	0.001	{ Provencal. Humboldt.
<i>Apis mellifica operaria</i> A	27.2	0.82	1.35	0.53	0	
Ditto in the sun-light and in active motion B	48.6	2.25	2.77	0.52	0	
<i>Bombus lapidarius</i> A ..	3.8	0.31	0.43	0.12	0	
Ditto B ..	23.7	1.70	—	—	—	
Ditto C ..	10.0	0.72	—	—	—	
Ditto terrestris in sun-light	11.0	1.74	—	—	—	
Ditto muscorum	46.2	0.64	0.82	0.18	0	
<i>Syrphus nemorum</i> . . .	7.4	0.50	0.80	0.30	0	
Raupe of the papilio brassicae	2.8	0.16	0.28	0.12	0	
<i>Papilia rapae</i> A, after 28 hours' hunger	8.3	0.72	2.26	1.54	0	
Ditto B, in the period of decline	2.0	0.20	0.37	—	—	
Ditto atalanta A, after 3 days' hunger	27.0	2.65?	2.85	—	—	
Ditto B, after 3 days' hunger, and weakened by the preceding experiment	105.0	1.50	2.35	—	—	
<i>Libellula depressa</i> A	6.2	0.37	0.74	0.37	0	
Ditto B	7.5	0.33	0.93	0.60	0	
Larva of the cetonia aurata	6.1	0.04	0.06	0.02	0	
<i>Cetonia aurata</i> A	2.9	0.21	—	—	0	
Do B after 2 days' hunger	1.5	0.06	0.07	—	—	
<i>Melolontha horticola</i> ..	2.0	0.07	0.17	0.10	0	
<i>Charabus niger</i>	4.8	0.23	0.56	0.33	0	
<i>Oniscus asellus</i>	14.5	0.20	0.60	0.40	0	
<i>Hirudo gulo</i>	0.4	0.03	0.09	0.05	0	
<i>Lumbricus terrestris</i> ..	0.1	0.01	0.03	0.02	0	
<i>Limax ater</i> A	0.2	0.02	0.01	0.	0.01	
Ditto B, weakened by the former experiment	0.5	0.014	0.078	0.07	0	
Ditto C	0.3	0.04	0.05	0.01	0	
<i>Helix hortensis</i> A	0.5	0.10	0.09	0.	0.01	
Ditto B	0.5	0.15	0.10	0.	0.05	
<i>Planorbis corneus</i>	0.5	0.007	0.014	0.01	0	

Results of the Original Researches of Treviranus.

process goes from the posterior part, which can be compared with the spinal marrow of the preceding animals. This agrees with Lamarck's division into vertebrate and invertebrate animals. They may be denominated animals with skulls, and animals without skulls.

"In all vertebrate animals, the anterior portion of the spinal marrow enclosed in the skull—the medulla oblongata—is of the same form as in man, and, in comparison with the brain, diminishes from man to the lowest degrees of this series of animals, in mass and in volume. According to the numerical differences of this relation, four classes of these animals may be distinguished. I found the limits of the relative weight of the medulla oblongata and the brain, to be,—

In the 1st Class between	1 : 85.0 and 1 : 6.5
2nd ditto	1 : 24.3 and 1 : 6.7
3rd ditto	1 : 3.6 and 1 : 3.2
4th ditto	1 : 3.5 and 1 : 1.0

"On the other hand the lower animals possess, by virtue of their vital tenacity, the power, already mentioned, of absorbing more oxygen, from a given amount of atmospheric air in which they are enclosed, than the higher animals, who die long before they have consumed the same amount of oxygen. The energy of their respiration is, at the same time, entirely dependent on the temperature of the medium in which they exist."

"The relation of the greatest diameter of the medulla oblongata, to the greatest diameter of the brain, extends,

In the 1st Class from	1 : 6.85 to 1 : 1.20
2nd ditto	1 : 4.45 to 1 : 1.12
3rd ditto	1 : 2.55 to 1 : 1.35
4th ditto	1 : 1.43 to 1 : 1.28

The first class embraces mammalia, including man; the second, birds; the third, amphibious animals; and the fourth, fishes.

The table at page 156 presents the results of his own, and of all other researches, on the respiration of animals, calculated on the supposition that the English is to the Parisian inch, as 0.938 to 1; that the temperature of the inspired air is 71°; the barometer at 30 inches; and oxygen in the atmosphere = 21; carbonic acid = 1 per cent.

Treviranus gives a new, and certainly the only accurate method, for determining the proportional force of respiration in animals. He observes,—

"We have yet no experiments by which it can be determined, if, in the various stages of vegetable organization, there be a higher or lower degree of respiration. But there are some facts which shew, that in the higher and more organized formations, and in a more vigorous activity of certain organs, more

atmospheric air is employed, and more carbonic acid is excreted. The mammalia, and birds in a perfect state, withdraw more oxygen from the atmosphere than amphibia and fishes in similar circumstances; birds more than mammalia; animals of aerial respiration more than those which live under water; many insects not only more than the mollusce and worms, but also than many amphibia, and when the temperature of the air is high, and they are in active movement, more than even mammalia and birds; an animal in the full bloom of age, more than the new-born, and the latter more than the embryo."

These researches are of the highest importance, and this is the only method of determining the relative intensity of respiration in different animals in different states of activity.

PHRENOLOGICAL SOCIETY OF LONDON.

SKULLS FROM THE MAURITIUS.—TESTS FOR PHRENOLOGY.

THIS Society recommenced its meetings for the season on Monday, the 2nd of November. Dr. ELLIOTSON, the president, in the chair. At the preceding meeting the president had read a letter from Sir James Mc-Grigor, inclosing one of which the following is a copy from Dr. Stewart, principal medical officer of the army in the Mauritius:—

"Medical Department, Mauritius,
Dec. 27, 1834.

"Sir,—I am commissioned to forward to England, and to your care, the skulls of four human subjects, which are considered of sufficient interest to claim the attention of all lovers of phrenological science. This I am directed to do upon condition that they shall be presented to the Phrenological Society of London, upon an engagement to furnish a copy of the result of their examination. Should they decline agreeing to this condition, it is requested that they may be forwarded to the cultivators of the same science in Edinburgh, and with the like injunction. The enclosed sealed packet contains matter relating to these skulls. This packet is to be retained in your possession unopened, until the report of the Society to which they are presented shall have been received; it is then to be opened, and the contents to be at your disposal, the observations of the Society, or a certified copy thereof, to be transmitted hither for the information of all concerned in this island. The heads are numbered, and the remarks upon them, contained in the enclosed packet, bear corresponding numbers. With the as-

The foregoing account of the developments of these skulls having been transmitted to Sir James McGrigor, the packet mentioned in Dr. Stewart's letter was transmitted to the Society, containing accounts of the characters of two of the individuals to whom the skulls had belonged; these characters having been furnished by the Chief Judge of the Mauritius, Edward Blackburn, Esq. a zealous phrenologist. Upon the characters of the other two individuals it appears that no particular observations had been made. The following were the details of the names and occupations of Nos. 1 and 3; and the same with the addition of the characters of Nos. 2 and 4:—

No. 1. The skull of *Parillon*, a native of Mozambique; a Government apprentice; and who died of phthisis on the 1st of Dec., 1834.

No. 2. The skull of *Pierre Gage*, or the Stutterer. This man, a negro slave, was tried on the charge of having murdered one of his comrades, and tried and convicted of a barbarous attempt to murder another, a female, upon the very slight provocation of accusing him of having stolen a pair of scissors. The latter crime was brought fully home to him, and the proof of the former only failed because the body of the deceased was never found, though diligent search was made on the spot where Pierre once declared that he had cast it; a declaration which he afterwards retracted; and which, from its having been made under coercion, could not be admitted as full legal evidence. It is supposed that the body was carried into the sea by a flood. The description given of his character by his master and other witnesses, his companions, and as it was illustrated by examples which they quoted, went to show that he was a man of great dexterity in all matters of handicraft, and a clever and skilful workman, but of desultory and roving habits; that he was sly and cunning, and constantly stealing from his companions; that he was extraordinarily jealous, and while under the influence of jealousy, quickly rendered ferociously irritable, most abusive in language, and violent in acts. The attack on his first victim was caused by slight attentions shown to his comrade, by his master, for good conduct. He was most libidinous in temperament; two examples of the disposition are striking. He made indecent propositions to a person in a class very highly above him; and only a few hours before his execution, on being kindly asked by his spiritual attendant whether he wished to have any thing, he answered "Yes, a woman." His intrepidity amounted nearly to insensibility at the place of execution; he mounted the scaffold boldly, examined the axe, talked freely to the executioner, and laid his head on the block without a sign of fear. Yet he seemed to be impressed with some sense

of religion. He confessed the attempt to kill, but maintained to the last that he was innocent of the murder. The Judge suspected that he imagined, that as death had not ensued in the former case, he had a chance of escape if he could remove the impression of his guilt in the latter. On the plantation he was strongly suspected of frequently firing the sugar canes and build-~~ings~~; certain it was, that from the time he was imprisoned to the present period, the burnings have ceased. He willed some money, which he had concealed in the ground, to one of his relations.

No. 3 is the skull of *Jean Malay*, or *Malgachi*, a slave who died of atrophy on the 1st of December, 1834.

No. 4 is the skull of *Rhagobury-Sing*, an Indian, who was convicted in India of killing one man and wounding two others, under circumstances unknown to the writer of this note. He was transported to Mauritius, and was for some years employed there as a convict. He was violently ferocious, and had a strong propensity to destroy. Sometime back he was tried, for having, almost without provocation, knocked down two men with a staff, nearly killing one of them by fracturing his skull. He escaped on the trial through an informality. He was afterwards convicted and executed for a murder, supposed to be committed in revenge for an insult offered to the family of the culprit, who was of a high caste. His behavior immediately after condemnation was brutally savage, but he afterwards became more quiet, and died courageously. He seemed irritated at his sentence, because no one saw him commit the act. He endeavoured to escape, and severely stabbed two persons who were employed to take him.

It thus appears, as Dr. ELLIOTSON stated, that there were two skulls of ordinary persons, and two of very depraved persons, and that the phrenological characters perfectly agreed with the biographical; the two former having probably been sent merely to occasion difficulty and put phrenology to a severer test.

While, however, one ordinary skull and one bad skull answered to the characters respectively given of them in the MS., it is remarkable that the other two skulls indicated each the character that was given of the other, in the MS., by which they were accompanied. Dr. Elliotson remarked that there was no possibility of mistaking the character of the skulls, and that, phrenology being true, he had no doubt that the skull marked 4 should have been marked 3, and that skull 3 should have been marked 4. He added that he had written to the Mauritius to this effect, confident that it would be discovered, either that a mistake had been made there, or that the skull had been wrongly marked, in order to more fully to test phrenology.

LONDON MEDICAL SOCIETY.

Monday, Dec. 7, 1835.

Dr. WHITING, President.

PLAN OF TREATING FRACTURES ADVOCATED BY MR. RADLEY.

MR. DENDY laid before the Society this evening, a specimen of badly united fracture, occurring below the cervix femoris; the head of the femur appearing to be almost twisted round, probably from the action of the muscles, so as to require some care in deciding from which side of the body the fractured bone was removed. The accident had occurred to a lady aged sixty-five years, from falling down six or seven stairs. A surgeon was immediately sent for, but he failed in detecting the exact nature of the injury, supposing, as no crepitus could be heard, that the neck of the bone might be fractured. She was put to bed, and nature was left to accomplish the cure, the attendant stating his inability to afford help in such accidents. This was what he (Mr. D.) would call, following Mr. Radley's plan of treatment, the doing nothing at all, and thus, by the specimen showed, doing worse than nothing. Mr. Radley had put forth his plan in so decided a manner, that he (Mr. D.) thought it justifiable to comment freely upon it. He considered that Mr. Radley had only given an *ex-parte* statement, and, therefore, one that was not to be noticed and acted on. Mr. Radley objected to splints in every case, because, as one reason, they gave pain; but this was reasoning from the abuse, and not from the use of splints; he (Mr. D.) had seen cases, and so must every practical surgeon, in which splints often relieved pain. And how? Why, by preventing spasms: and he was convinced that many cases occurred, in which the attempt to procure union without the aid of splints, would result in deformity of the limbs, and uselessness of those parts, as in the specimen now before the Society, where, although union had taken place, full three inches were taken from the stature of the patient, who was crippled for life. The surgeon had failed to detect crepitus, because some portion of synovia interposed between the fractured extremities of the bone.

MR. BRYANT thought that as the fracture was below the trochanter minor, the action of the muscles contributing to the badness of the union, this case was not a fair one to bring forward against the plan of treatment advocated by Mr. Radley, who spoke not of fracture removed at the upper part of the thigh-bone, and therefore he thought it improper for Mr. Dendy to speak of the treat-

ment generally in the terms he had employed.

A GENTLEMAN observed, that Mr. Radley did not mention any cases of fracture about the neck of the thigh-bone, and thought that his plan was a good one, as Mr. Radley had lost only two cases out of a considerable number thus treated, and those would have been incurable under any treatment. Nor did Mr. Radley object to the use of splints, simply because they produced pain, but rather because, when they were dispensed with, leeches and the local applications could be most beneficially employed, and this he believed was the chief source of benefit derivable from Mr. Radley's plan of treatment. It was useless, perhaps, to omit the use of splints, if the other treatment were not employed.

MR. CLIFTON believed that every new plan of treatment should be cautiously received, especially if the future welfare of the patient was likely to be affected if it did not succeed. In fractures, to bring and maintain the disunited bones in close apposition with little pain, was the object to be sought, but how this was to be effected by the simple use of pillows, he knew not. In the majority of cases the simple position would not do this; and without splints, ligamentous union would result. If the splints were properly adjusted, leeches and lotions might readily be applied; but on the whole, in fractures of the lower extremities, he thought the double-inclined plane the most advantageous method.

MR. HOORER agreed with Mr. Dendy, that splints rather prevented pain than caused it. In a case of fracture of the tibia and fibula, in which he had removed the splints, he found on the following morning that the woman herself had reapplied them, because she did not suffer when they were on, while without them the pain was considerable. He (Mr. H.) was also quite satisfied that it was impossible to keep the fractured portions in apposition without splints.

MR. ROBERTS mentioned a case of fracture of the tibia and fibula in both legs, that would set the question at rest. It first came under the treatment of a dresser at *St. Bartholomew's Hospital*, and fell under his (Mr. Roberts's) observation, producing at the time considerable impression on his mind, as to the great utility of splints in fractures. When the accident was admitted, great inflammation and tumefaction prevailed, and leeches were ordered. Excessive pain, however, continued, and was not relieved until the following morning, when one of the surgeons of the institution recommended the limb to be put into splints. Half an hour afterwards the pain was entirely gone: pretty tight pressure being used!

MR. CRISP regarded the last case as not bearing on the question at all. Would Mr. Roberts adopt the same kind of treatment

in all cases of fracture? He must confess that he could not tell how pain, inflammation, and tumefaction, were to be relieved by pressure.

Mr. DENDY wished that Mr. Radley's plan might ultimately be found to succeed. An apology was perhaps due to Mr. Radley from him, for speaking sharply of his proposals, and now therefore he begged to offer one. However splints might prevent pain, he would answer for their preventing spasm, and for preventing the fractured extremities of bones from grating the one over the other. Mr. Dendy then related two cases, which in the first instance were treated without splints, and in which perfect success afterwards attended the use of Mr. Amiesbury's apparatus.

Mr. BRYANT observed that the more he said on the subject of fractures, the more Mr. Dendy misunderstood him, and this arose from Mr. Dendy's not bearing in mind the seat of the fracture in which Mr. Radley's plan of treatment was recommended. He (Mr. Bryant) must confess that he knew nothing of fractures if it were true that all ends of fractured bones could be kept in apposition only by splints and tight bandages.

Mr. CRISP recommended that Mr. Radley's plan should be tried before it was condemned; for he had observed, and many others must have seen cases in hospitals, which would have done as well, if not better, without the confinement of splints, than they did with them.

GONORRHOEAL RHEUMATISM.

Mr. HUGHES, after a closing word on the subject of fractures, requested the members' opinion respecting rheumatism when occurring in conjunction with gonorrhoea. He had lately had under his care an unusually obstinate case, inducing him to think that the two diseases might be peculiarly complicated one with the other. His patient first had gonorrhoea, and on exposure to cold an acute attack of rheumatism supervened, affecting the shoulders, the knees, and the muscles of the back, but most severely affecting the small joints of the feet. He treated it as rheumatic gout, with colchicum and small doses of mercury. Another surgeon, however, was consulted, who immediately designated it as a case of gonorrhoeal rheumatism, and ordered the patient to drink porter and take sarsaparilla, and apply iodine to the feet, but as yet without benefit. The rheumatism followed about a week after the appearance of the gonorrhoea, and the two had now been under medical treatment for nearly two months.

Mr. PITCHER said that he had met with so many cases of rheumatism occurring in conjunction with gonorrhoea, that he had not the least hesitation in affirming that a

connection did exist between the two diseases, but what was the nature of that connection he was incapable of pointing out, though he had observed it to manifest itself mostly in the joints of the lower extremities. Bleeding and purging, as in common inflammation, were the measures he mostly resorted to, calling in the aid of colchicum, but small doses of opium, as in the form of the Dover's powder, he had found exceedingly beneficial. When these failed he gave mercury, which might be relied on. In answer to several queries he replied that he had frequently seen the disease prevailing in summer, and had found the patient recover without the aid of specific medicines.

Mr. DENDY believed that rheumatism prevailed at present very generally, but the disease assumed a neuralgic type. He begged to ask whether colchicum had been found so effectual when it attacked the neurilema or the substance of the nerves, as when it seized on the fasciæ and tendons of the muscles. For his own part, he had found it quite an indifferent remedy under this form of disease.

Mr. ROBERTS believed that gonorrhoeal rheumatism, as it was termed, was confined to the joints. He had found an ointment composed of equal parts of strong mercurial ointment, and the ointment of spermaceti (aa. ʒss), and camphor (ʒj), the most effectual in protracted cases.

Mr. HEADLAND did not doubt that a perfect form of rheumatism existed, induced by gonorrhoea. He had a patient who never suffered from an attack of the one without experiencing the other, following each other apparently as a necessary consequence. There was this phenomenon attending such cases, that the swelling of the joints was less, in proportion to the pain that existed, when the attack was one of ordinary rheumatism. He had not found colchicum under these circumstances an effectual remedy, but calomel and opium had proved invaluable in his practice.

The PRESIDENT said he believed that rheumatism following gonorrhoea, was totally distinct from any other species of rheumatism, and that it certainly was a specific disease, requiring a specific remedy. Colchicum only afforded relief by lowering the circulation in the treatment of rheumatism; he would say, that for muscular rheumatism colchicum was the best remedy; in neuralgic rheumatism the antiphlogistic treatment was demanded; and in gonorrhoeal rheumatism, or that form which affected the joints, he considered calomel and opium to be the most effectual remedy. So fully satisfied was he of the great efficiency of colchicum in muscular rheumatism, that he did not fear to say that nineteen cases out of twenty would yield to it.

A new patent hydraulic syringe, and an enema syringe were passed round.

WESTMINSTER MEDICAL SOCIETY.

Saturday, December 5, 1835.

Dr. Addison, President.

ECZEMA.

Mr. HALE THOMPSON exhibited some specimens of cuticle exfoliated from the hand, so entire as to bear an analogy to a kid-glove. The patient was affected with eczema. The man was a carpenter, aged twenty-four, pale, tall, and deeply marked with cicatrices of small-pox. He was admitted into the Westminster Hospital, 17th November 1835. The surface of the body in various places exhibits the cuticle in a state of desquamation, especially the thighs, the nuchæ, and the soles of the feet. The palmar surfaces of the hands and fingers have only recently parted with their cuticle, and are extremely red and tender. The general health is good, but anæsthesia detected an increase of the heart's action. Six years ago he had small-pox very severely after vaccination. He remained well for four years, when an eruption of vesicles appeared over the body, of the size of pins' heads, the intermediate portion of the integuments being of a deep red; the red rash preceded the vesicles by a day or two, with severe pain, heat, pricking, and itching; the vesicles shortly becoming bedded together, and presently discharging a watery fluid, the whole course of the affection occupying about six weeks, and apparently terminating in a mixed desquamation of the cuticle. With the local disease, there was considerable general disturbance. Twelve months after, a second attack, precisely similar to the first, appeared; and scarcely six months had elapsed, when symptoms of a third attack manifested themselves, followed by a general feeling of coldness. The man stated that he did not take, for the last attack, the powerful sweating medicines prescribed on former occasions. Up to the 24th of November, opiates to allay the restlessness, and bleedings and effervescing saline mixtures, with diuretics, and an aperient dose every alternate morning, were exhibited for the pain in the head and rigors; at this date the eruptions at the back of the neck were found to be confluent and containing serum, which night, without due care, have been taken for pus. Mr. White then recommended tonics, and the following were selected, as he conceived that the disease manifested a certain periodicity: sixteen grains of the sulphate of quinine, forty-eight minims of Fowler's arsenical solution, in eight ounces of water. With gum acacia, were directed, one to be taken three times a day, for four successive days, at the termination of which

time, as the symptoms were not ameliorated, he was ordered to return to the previous forms of medicines. The patient had not at either attack shed the nails, but they presented three distinct marks, showing thereby the degrees of growth during each attack; nor had the whole of the hair fallen off, but it was covered with an abundant scurf, and emitted a peculiar odour. The desquamation commenced where the vesicles were first observed, viz. at the upper part of the back, and about the axilla. He (Mr. T.) regarded the novelty of the case to consist in the periodical form it assumed, and he concluded by asking, whether this was a case of eczema.

The President believed that the case presented no new phenomenon, but would be found to coincide with the description given by Willan and Bateman.

Some discussion ensued respecting the vesicles in eczema, which the President said might be so small, that unless circumspectly observed, they might be overlooked.

Some remarks were also made on the combination of alkalies with quinine, which, however desirable, Dr. JOHNSON said would not add to the sensible properties of the materials, combined with the liquor potassæ, which gave to the mixture a putty-like substance that fell to the bottom of the vessel. For a knowledge of this fact he was indebted to Mr. Merson of Southampton-street.

Dr. CORLISS argued that if the sulphate of quinine were decomposed by the presence of the liquor potassæ, why should it not be by the two fixed alkalies? Ammonia, he was confident, would do so, and he was tolerably positive that it was changed by magnesia.

Dr. JOHNSON said he was not in the habit of combining magnesia with quinine, and therefore could not speak as to the result.

STRICTURE OF THE COLON.

Mr. SALMON then gave the history of a diseased colon which lay on the table. The preparation was taken from a lady, sixty years of age, who had enjoyed good health, but suffered from a remarkably costive condition of the bowels for a long time. When he (Mr. S.) was consulted by the desire of a physician who suspected it to be a case of intussusception, he presumed that a mechanical obstruction existed, as nothing had then passed for the space of twenty-four days, and two weeks more elapsed after his first seeing her without any evacuation occurring, or the least desire being felt on the part of the patient to empty the bowels, which was an important phenomenon, with reference to his views on the functions of the rectum. In order to institute an examination of the gut, an instrument two feet long was provided, and stricture found to exist fifteen inches up, at the sigmoid flexure

of the colon. The means employed failed, as was anticipated, and the patient died, though he felt persuaded that had a careful examination, and a scientific treatment been adopted at an earlier period, a perfect cure might have been effected. At the autopsy, a quantity of hard feces to the extent of three large chamber-utensils full, were found lodged beyond the stricture, and the colon, when removed from the body (with the rectum), measured at the caput coli, or largest part, fourteen inches in circumference, ascending thirteen, descending twelve, and at the situation of the stricture only one inch and a quarter, and its coats had become exceedingly thin. This case, he said, proved the possibility of detecting stricture high up in the canal, and also proved the occurrence of stricture in the colon, without a doubt.

A very long discussion followed. On the one side of the room it was argued that great impropriety and danger attended the using of long intestinal instruments, and that it was impossible scientifically to introduce them when soft, as in that state they could not be made to pass the different angles of the canal, as their exact situation could not be detected in the living subject. On the other side of the room these objections were considered as of no weight, Mr. Salmon explaining that the composition of the bougie he used varied from those in ordinary use, from containing nine-tenths more of common bees-wax, and consequently requiring nine-tenths more of heat to make it soft, which, although introduced soft, hardened by degrees as it remained in the body, first taking merely an impression of the strictured gut, and afterwards dilating it, which was manifested by the progress of the patient's health. No danger, he said, existed of piercing the coats of the intestines, his conclusions being the result of ample experience, during which he had not once observed that the extremity of the bougie was ever soiled with a speck of blood.

An adjournment then followed.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

Tuesday, December 8, 1835.

MR. EARLE, President.

WOUNDS RECEIVED IN DISSECTING.

HONORARY diplomas were voted this evening to Dr. Faraday and Mr. Cline; according to a proposition made during the last session.

A paper was then read, on the treatment of injuries received in dissecting, by Mr. R. STAFFORD. The author remarked, that

these injuries were so frequent, and became so severe, and were so often fatal, as to be worthy of considerable attention. Some persons supposed that a peculiar virus was introduced into the system through the wound, occasioning, by its influence on the nerves and vascular system, the rapidly alarming symptoms which ensued; others supposed that the symptoms entirely depended on the part injured, such as the sheath of a tendon in a person of an irritable constitution or bad health, admitting a constitutional predisposition in either case. But the author thought that the phenomena could only be accounted for on the supposition that an animal poison was introduced into the system, as the most rapidly fatal cases often occurred where there had been but a slight abrasion, or a scratch received, and it was not probable that the sheath of a tendon had been wounded. Many cases also were recorded, in which no abrasion even was discovered, the most minute inspection rendering it most probable that absorption had taken place through the skin. The author's object now was, to relate several severe cases which had fallen under his observation, which he believed would tend to illustrate an appropriate mode of treating the injured part, and meeting the formidable constitutional symptoms which so frequently supervened. In the first case detailed, occurring to an M.D., the first symptoms manifested themselves on the day after dissecting a brain, the mischief apparently being seated in an elevated spot on the finger, the article being entire, from which the inflammation of the absorbents rapidly extended up to the elbow-joint. The Doctor was first awoken from a sound sleep, at four a.m., with pain, which speedily increased. At eight a.m. the pulse was hard, beating 90, and having a thrill or jerk. He Mr. S. ordered a colomet powder, and leeches to the part affected, followed by evaporating lotions, and a sedative draught. At mid-day Dr. Lee called in, and found the pain and inflammation on the increase, the pulse small and irregular, countenance anxious, and the patient suffering from excruciating pain in the lumbar region, with involuntary tremors, and twitchings of the lower extremities; in fact, the whole nervous system appeared as if it had sustained a most severe injury, such as was evinced after the bite of a venomous reptile. The nitrate of silver was applied to the injured part freely, and Mr. Lawrence was requested to see the patient. The tremors had continued, and the pains increased, and the skin was covered with a cold clammy perspiration, and hence the indications were, to alleviate the pains, and tranquilize the nervous irritability. Twenty leeches were ordered to the hand, and twelve grains of Dover's powder (which was instantly rejected), but a quarter of a grain of the

uriate of morphia was substituted for which remained on the stomach; it was not necessary to repeat the aperients, and the bowels were freely opened. Shortly after, the pulse became somewhat less, but the trembling, and the inflammation of the absorbents, remained the same. An incision was now directed to be made, but no pus followed, and the leeches were repeated. At four p.m. he was better, and the pulse had become more firm and strong. At this visit, it was remarked that the morphia ceased to produce effect after the expiration of two hours, and that if not then repeated the pains returned, when the exhibition of half a grain arrested them and induced sleep. By persevering in the free application of leeches, making incisions, and applying poultices and warm fomentations to the hand, with the internal use of the muriate of morphia and fever diet, the patient perfectly recovered from his alarming and desponding condition; but in spite of the active treatment, sloughing of the tendons followed, inducing a contraction of the joints of the impregnated finger. This case, remarked the author, demonstrated—first, the great utility of the sedative, and its equality, in the present instance, of santonin. Secondly, the propriety of opening freely the wound, although pus may not have formed. Thirdly, the value of the nitrate of silver, but to what extent it afforded relief could not positively be affirmed, as other measures to reduce the inflammation were adopted in combination with it. The next case was given as well illustrating the benefit resulting from opening the wounds early. In December 1831, Mr. P. received a wound from opening the body of a female who died of puerperal fever. As no puncture was perceptible, the patient did not suspect the nature of the malady, nor were the absorbents inflamed. Leeches were employed, and the antiphlogistic treatment was enforced. The constitutional symptoms, however, rapidly increased in severity, and the condition of the patient became most alarming. A swelling in the side appeared, the opening of which, although no pus followed, removed the tension, and the constitutional symptoms abated, and after the lapse of three months he recovered. The third case was quoted to prove the utility of the nitrate of silver. The fourth case was as follows:—Thomas B., an attendant in a dissecting-room, received a wound, followed by inflammation of the absorbents. Leeches and the nitrate of silver were applied, and he was directed to take a calomel powder, followed by a brisk aperient. Under this treatment he recovered. In March 1835, he received a second wound, but took no notice of it until four days had elapsed, although he suffered severely during that period. The constitutional symptoms were then

severe, and although the inflammation was found not to extend beyond the sphere of the action of the nitrate of silver, the other remedies failed to arrest the progress of the disease, and on the second day after his applying for medical assistance, coma succeeded, and the patient sank. On an examination of the body after death, it was found that pneumonia had assisted in producing the fatal result, which forcibly showed the necessity of not delaying to apply for relief. Some observations were afterwards made by the author on the propriety of general blood-letting. Generally he thought it not advisable to employ it, owing to the great degree of nervous debility present. This view seemed to be supported by the result of the cases published by Dr. Duncan in the *Med.-Chir. Trans. of Edin.*, who stated that when employed, the patients never rallied. The good effects of topical bleeding were evident, and in those cases in which it was used, matter did not form in the axilla. With regard to the question, how should the swellings be treated, whether pus was or was not formed, he (Mr. S.) would recommend free openings, from the good effects following which, in the present case, before it was known if pus was present, that Mr. Lawrence was led to adopt the practice. The author concluded by briefly referring to various cases to prove the propriety of laying open the parts early, showing that where not had recourse to death was the result. He also recommended the support of the system by a tonic plan, other symptoms that arose during the progress of the disease, being treated according to the best methods laid down in surgical works.

Mr. MAYO recommended that a free opening should be made in every point of the swelling, not resting satisfied with a single opening.

A MEMBER observed, that when the inflammatory symptoms migrated from one part of the body to another, the constitutional symptoms were less severe, and the local symptoms more protracted.

Mr. MACLEWAIN maintained that many cases of erysipelas presented symptoms which were—he would not say analogous—but precisely similar to those arising from the absorption of animal poison. He objected to the application of numerous leeches, on the same ground that Mr. Stafford would be cautious in the use of the lancet.

The PRESIDENT indicated the necessity of free and early incisions to prevent the ill consequences of tension of the parts. He remembered the case of a pupil, where the symptoms were so terrific, that no hope for a moment was entertained of his recovery, and where the powers of life were so enfeebled, that the loss of the smallest quantity of blood would probably have sunk him.

He requested Mr. Lawrence to see him, and Mr. L. sanctioned (before he, Mr. L., taught the advantages of incisions) the opening of a tumour which had formed in the side, as the pain increased. One hour after, it was found that an alarming hemorrhage had occurred from the wound, of not less than thirty ounces, after which the pulse rose, and became fuller, and, contrary to the opinion formed from the debility present, the patient progressively recovered. Where the inflammation proceeded from the absorbents, and was characterized by red lines, he advised the free use of the nitrate of silver.

Dr. LEE observed, that when no external traces of inflammation, or other symptoms, appeared to account for death, he believed the fatal event would be found to have ensued from the inflammation attacking the deep-seated veins.

Dr. ELLIOTSON related three cases to illustrate amongst other positions that matter could be absorbed in dissection, without an abrasion of the surface. In one case it appeared, that the finger had simply been rubbed down an arm in a gangrenous state, when dry vesicles appeared on the patient's finger, unattended with inflammation, followed by pain and tumefaction of the side, which was opened without matter appearing. A remarkable phenomenon presented when the body was examined; all the viscera were so soft, that the finger could be passed into their substance with the greatest facility. In the other two cases, dry vesicles also appeared under similar circumstances. The patient was of an exceedingly nervous temperament, and the symptoms were regarded at first as of a rheumatic nature, but shortly after, sharp lancinating pains occurred in the side, followed by swelling. The nitrate of silver was applied, and the redness disappeared, but matter formed, unattended with any further inconvenience; no other local symptoms appeared where the eruption occurred. But the same accident occurring to him (Dr. E.), the poison being imbibed from a similar source, and in the same manner, only slight local symptoms followed, unaccompanied by any constitutional derangement, in consequence of his being of a robust constitution, but the pimple remained for full two months. He concluded, from the facts he had observed, that the symptoms which follow, whether local or constitutional, or both combined, do not result from the application of the poison to particular parts or structures, but rather depend on the peculiar nature of the constitution of the person infected.

The meeting then adjourned.

REPORT OF MEETINGS

OF MEDICAL GENTLEMEN

AT TUNBRIDGE WELLS,

TO DISCUSS THE OPERATION OF THE

POOR-LAW MEDICAL CONTRACTS.

At a meeting of the Medical General Practitioners residing at and in the neighbourhood of Tunbridge Wells, held in that town on the 24th Sept. 1835, for the purpose of considering the effect of certain clauses in the Poor-Law Amendment Act, on their interests, and the welfare of the sick poor.

It was resolved,—That while this meeting disclaims any factious opposition to the new Poor-law Commissioners, they feel it right to form a Committee for the purpose of watching the operations of the Poor-law Amendment Act on medical interests, and that Messrs. West, Stirling, and Way, be appointed such committee, the members of this meeting, at the same time, pledging themselves individually not to enter into any contract for the whole, or any district of a union, with the guardians of the poor, excepting with the concurrence of the above-named Committee. The above resolutions were then signed in form by the members present, who consisted of the following gentlemen:—

Isaac Hargreaves.	Peter Brown.
William J. West.	John Shorne.
William Wallis.	Charles Trustram.
Robert J. Stirling.	E. H. Finley.
Christopher Fenold.	Robert Gibbon.
David Henry.	John Outcald.
W. Way.	Jonathan Monckton.
William Wisden.	Stephen Monckton.

JAMES CORNWALL, Chairman.

Shortly after this meeting, the Assistant-Commissioner, Sir F. Head, and the Board of Guardians, gave notice to the medical gentlemen of the district, that they had decided on allowing 250*l.* per annum as the salary for attendance on ten parishes, comprising a large and widely-scattered population, the former salary for the same attendance having been 170*l.* On the receipt of this communication a second meeting was called, and held on the 11th Nov. 1835, when

It was resolved,—1*st.* That a communication having been received from the guardians of the poor of the Tunbridge Union, stating that they had apportioned the sum of 250*l.* per annum for the whole medical and surgical attendance (excepting midwifery) in such Union, this meeting laments the practice which has been adopted in other unions of obtaining medical officers for the poor by threats, held out to compel them to take the contracts on the oppressive and inadequate terms which had been proposed, and that they consider such a course as degrading to the profession and injurious to the pauper poor (the urgent cases involving life), and that such payment for providing "efficient medical and surgical attendance on the poor," cannot be accepted.

2*nd.* That trusting we have to treat with

men, capable of offering the value of medical services, and the fair claims of the sick poor, we hope to meet them on something like fair and adequate terms.

3rd. That a Committee, consisting of the four following gentlemen, be deputed to wait on the Board of Guardians at their next meeting, to present and support the resolutions of this meeting. Mr. Monckton, sen. (or jun.), Mr. Cornwall, Mr. West, and the chairman of this meeting, or such other gentlemen of the present meeting as they may depute.

(Signed) ISAAC HARGRAVES, Chairman.

The above-named gentlemen (Mr. Way, in Mr. Cornwall's absence, taking his place) waited on the Board of Guardians, when the Chairman, Mr. HARGRAVES, read and presented a copy of the resolutions, and stated that he was instructed to urge on the consideration of the Board, that the medical men were badly paid at their former salaries, so that the offer now made, of little more than half that amount, was unjust to the poor, as well as to the profession. He requested also to be informed what the precise duties of the medical men would be.

Mr. Hargraves was here interrupted by Sir F. Head, who said that he would not give the least information to parties who came as the deputation had done; that the language of the former resolutions, as well as of the present, was highly improper to be used to him, and that it was evident the deputation had come for the purpose of insulting and abusing him, and that such conduct could not be tolerated.

The CHAIRMAN of the deputation immediately disclaimed the most distant intention of offending, much less of insulting, Sir F. Head, and the Board of Guardians, and though he still contended that the language complained of was that of truth, he would, in accordance with the feeling of the Board, and at the suggestion of an influential member of it, withdraw the objectionable words "threats held out" and "oppressive."

This proceeding was satisfactory to all parties but Sir F. Head, who resumed his vituperative and insulting strain of language, endeavouring to impress on the Guardians and the deputation, that their language in addressing him was highly unbecoming and improper.

The CHAIRMAN of the deputation upon this appealed to the Board to say, whether, having, in compliance with their wish, withdrawn the offensive words, Sir F. Head was justified in thus treating the deputation, and he (the Chairman) would now individually tell Sir F. Head, that he (Sir F. H.) had no right to speak as he had spoken, and that he (Mr. Hargraves) cared not, after his treatment of the deputation, whether he felt insulted or not. The Chairman was here interrupted, but on again resuming he justified the truth of the assertion that "threats had been held out" to the medical

men, by quoting the words of Sir F. Head at Tunbridge, to the effect, that if the medical men of the Unions would not take the contracts on his terms (at the same time boasting that he had reduced them nearly, or quite, half), competent men from London would be brought down, who would gladly accept them for the advantage of an introduction to private practice.

Sir F. Head admitted that such had been his words, and angrily added that he would repeat them.

Mr. Way next addressed a few words to the Board, and showed, by a reference to the resolution itself, that it could not be meant that that Board had used "threats," or were treating the medical men oppressively, but that on the contrary, they were hoping to meet them on fair and honourable terms. Mr. Way begged to ask the Board on what calculation or data they had fixed the salary of the medical officers, and, from a statement produced to the Board, he showed, on the part of the medical men, that the average remuneration of his own services in one parish, was only *one penny* for each patient actually attended, *including medicines*. He objected also to the principle on which the Board were proposing to act, as pressing most unfairly on one class; and observed that on such a principle, it would not be difficult, without for an instant impugning the ability of Sir F. Head to execute the duties entrusted to him, to find numberless individuals, equally qualified, who would gladly take his situation, with half the emolument.

Sir F. HEAD, in reply, acknowledged that the compensation was *inadequate*, and further observed that the principle upon which he had invariably acted was to give the preference, in the appointments, to those gentlemen who were already in possession of the parishes; and that *notwithstanding what had passed*, the same principle would, in the PRESENT INSTANCE, be adopted.

16th Nov. 1835, at an adjourned meeting, &c. &c.,

It was resolved,—1st. That this meeting receive with much concern the communication from their deputation, of the refusal on the part of the Assistant-Commissioner and Board of Guardians to alter their decision as to the amount of salary to be given to the medical officers of this Union, and do express their deep sense of the injustice of such determination, as affecting the interests of the poor, as well as the medical profession in general.

2nd. That this meeting concurs in the *expediency*, of accepting the terms named by the Board of Guardians.

3rd. That Mr. West be requested to confirm the contract in behalf of the meeting for Tunbridge Town District, Mr. Monckton for that of Brenchley, and Mr. Way for that of Tunbridge Wells, and that in case of any difference of opinion, or difficulty arising, in defining the limits, or appropriating the portions of duty or salary, Messrs. Prince, Hargraves,

and Cornwall, be appointed as referees, and their decision to be considered final.

4th. That on entering into the necessary contract with the Board of Guardians, this meeting do request the gentlemen so contracting, to present a protest against the conduct pursued towards them, whereby they have been compelled to undertake duties, without anything like an adequate remuneration.

5th. That the following be the form of such protest:—"This meeting most respectfully, yet most firmly, protest against the conduct which has been pursued towards them by the Assistant-Commissioner and Board of Guardians, by which they have been compelled to accept of terms for their professional services, which they feel to be degrading to themselves. They have asked for, and have been denied, information as to the grounds upon which the Board have decided on the amount of their salaries. They have presented to the notice of the Board a statement of their past services and remuneration, and it has been admitted by the Assistant-Commissioner that an adequate compensation was not allowed. It has been avowed that upon their refusal to accede to the proposed terms, strangers would be introduced into the districts, to the manifest injury of the present medical practitioners. Such avowal must be deemed as a threat to those whose interests are so intimately concerned thereby. They consider, also, that the sum proposed has been determined upon, without due regard to the required duties, and at variance with the remuneration allowed in other Unions. Under these circumstances, this meeting feels justified in declaring that the manner in which its members have been treated has been unjust, arbitrary, and oppressive, and such as could not have been contemplated by a wise legislature."

(Signed on behalf of the meeting.)

On the day appointed by the Board of Guardians, Messrs. West, Mouckton, and Way, attended the meeting. There was also in attendance (but of course not with the deputation) an individual who, alone of all the practitioners in the district, had from the first declined acting with his professional brethren. The names of the members of the deputation were sent in, with a statement that they were waiting for an interview, and after some little time, Mr. Mouckton was called before the Board, when the Chairman announced to him that he had been unanimously appointed to one of the districts, upon which Mr. Mouckton replied that he thanked them for their unanimity, but could not thank them for the appointment. Mr. West was then appointed to another district, and in reply Mr. West said that he felt the appointment was forced upon him, and that he would give any one twenty guineas above the salary to perform the services. Immediately after this to the great surprise of the deputation, the individual above alluded to as not forming part of the deputation, was appointed to the remaining district without the least explanation on the part of the Board, or even the slightest notice of what had been done being made to the deputation!

26th Nov. 1835.—At the adjourned meeting, &c. &c.

It was resolved,—1st. That this meeting express their deep sense of the apparent injustice which the Board of Guardians of the Tunbridge Union have committed, in appointing a gentleman who has been less than four months in the district, to the charge of the sick poor of four parishes, which have hitherto, for many years, had the attention of five of the oldest practitioners of the place and neighbourhood, who were willing, if required, to continue their services for such purpose, on the proposed terms. This meeting feels, that such appointment has been made in violation of the principle and the public pledge of the Assistant-Commissioner himself,—namely, "that those who already had the attendance of the parishes, should have the preference given them in the new arrangement." In the absence of all explanation from the Board of Guardians, the meeting is compelled to conclude that the appointment has been made, they will not say in a spirit of vindictiveness or resentment, because its members have dared to remonstrate against grievances imposed on them, but certainly without due consideration.

2nd. That the Chairman, with Messrs. Cornwall and Way, be requested to form a committee, to give publicity to the proceedings of this and former meetings, as they may think proper.

3rd. That this meeting be formed into an association, and that it be called "The Medical Association of the Tunbridge Union."

Signed on behalf of the meeting,

J. HUGHES, Chairman.

A Copy of the above was then directed to be forwarded to the Board of Guardians, to be laid before them at their next meeting.

THE LANCET.

London, Saturday, December 19, 1835.

THE proposal for establishing a national University in this metropolis, is exciting very general attention, and there are few persons to be found, even in the ranks of the bigots, who offer any serious opposition to the scheme, as it has been propounded by the friends of the Ministers. The founding of the Institution, therefore, is regarded as a matter of certainty, and the public have only now to consider on what terms, or "conditions precedent," the degrees or honours of the University are to be awarded. As experience has proved that all inequalities are injurious to the interests of the community, we are anxious to see the

University founded in London, upon principles which can receive the unqualified sanction, not only of the well-informed people of this country, but of all the enlightened men of Europe. Assuredly, therefore, it cannot command so great an extent of admiration and respect, if the CHARTER OF INCORPORATION give to the conductors the power of raising up obstacles, in the form of CURRICULA, which shall prevent all persons, excepting the students of a few favoured institutions, from being received as the legitimate candidates for degrees. Such obstacles would create another monopoly of a scarcely less objectionable character than that of Oxford and Cambridge. The principles of government, in order to be *just*, must be *simple*; but there is neither justice nor simplicity in withholding from genius and talent their full share of honourable reward. The production of "certificates of attendance," too often given by the professor in the absence of any personal knowledge of the student, cannot increase the acquirements of the candidates, either in number or utility. If the great scholastic institutions which this charter, it is supposed, is designed especially to favour, do not dread a competition with the private, less ostentatious, more retired establishments, in many of which are taught the higher branches of knowledge, how can the conductors and supporters of the former honestly and reputably contend that all students ought not to be placed upon an exactly equal footing in the Examination Hall of the new University? If distinctions be made, if exceptions be introduced, they must operate as unjustly in London as they have already operated in Oxford and Cambridge. If it be not the object to confer honour upon the acquirements of genius, let an acknowledgment to that effect be made at once; and if it be the intention to confer titles in learning and science, as a species of reimbursement for the expenditure of so much money under the operation of a ticket-and-certificate sys-

tem, then, also, let *that* intention be honestly confessed. If the exceptions to which we have here briefly adverted, be actually made in the new charter, the public will naturally and correctly conclude, that there exists a desire, from some motive or other, to give an *artificial* value to the education of persons who are instructed in particular establishments. Such a proceeding is not fair. It is infinitely beneath the object of a great and liberal government, and the scheme would no sooner be in operation than it would be productive of very general dissatisfaction; the honours which it would be designed to confer, would carry with them no weight or importance among the enlightened portion of the community. We refrain, however, from now offering another word on the subject, in the hope that the advisers of the Crown will take the earliest possible opportunity of publishing a draft of the charter which it is their intention to frame for founding and governing the metropolitan University. When this document is before the public, then, and not until then, shall we be placed in a position to object, by petition and remonstrance, to the obnoxious clauses, if there be any such, in the new royal instrument.

THE following note accompanied the communication which will be found at page 466 of the present Number of our Journal:—

To the Editor of THE LANCET.

Sir,—As secretary (*pro tempore*) of "The Medical Association of the Tunbridge Union," I am requested to forward for your information, and, should you think proper, for publication also, the minutes of the proceedings of our different meetings.

I have endeavoured to give you all the facts connected with them as concisely as possible, and our object in sending them is, through your means, to invite our professional brethren to form local associations, to terminate in those of the county, and under the idea that one or two gentlemen from each county might unite to form a deputation to his Majesty's Ministers, for the purpose of obtaining redress of the grievance. I am, Sir, your obedient servant,

W. WAT.

Tunbridge Wells, Dec 1, 1835.

In placing this note before our readers we may state, that although we approve of the purpose therein mentioned, we consider that if medical gentlemen would but combine to suggest a plan for amending the state of the law with regard to the treatment of the sick poor in the new parochial unions, it would be infinitely preferable to making any application to the Ministers on the subject. It is not right either that the sick poor of this kingdom, or the surgeons of England, should be left to the mere mercy of any set of men, whatever may be their station, their respectability, or the benevolence of their intentions. Experience has already proved that *the law* is defective. It is *the law*, therefore, that must be made more perfect; but it cannot be expected that the members of the Legislature will be very hearty in their condemnation of the proceedings of the Poor-Law Commissioners, or their assistants, unless medical gentlemen can themselves point out what ought to be the rule of law which should invariably be observed in making the contracts between Boards of Guardians and parochial medical attendants. We hope, therefore, should deputies from the county associations assemble in London, that they will visit the metropolis fully instructed by their constituents as to the plan for which the medical practitioners of England would be anxious to obtain the sanction of the Legislature. It is quite evident that there must be some definite settlement of the question out of doors before it can be brought forward again within the walls of Parliament.

The insertion of the communications of Mr. WAY would have taken place last week had not a want of space rendered their publication at that time impossible. The statements contained in the reports are calculated to excite the utmost feelings of indignation against the authors of the insults offered to the deputation, in the mind of every man of correct gentlemanly feelings who peruses them.

The Chair of Surgery in the University of Edinburgh, vacated by the death of Professor TURNER, has been conferred in a very honourable and flattering manner on our distinguished anatomist and physiologist, Sir CHARLES BELL. The only thing we have to regret in making this announcement is, that the emoluments of the office are not commensurate with the value of those services which Sir CHARLES BELL has already conferred on mankind. The following paragraph relative to this appointment, is taken from the *Courier* of Dec. 12:—

“The Reformed Town Council of Edinburgh have done themselves great credit by their unanimous appointment of Sir CHARLES BELL to the important Chair of Surgery in the University of Edinburgh. We cannot conceive a more disinterested or praiseworthy discharge of public duty. There are at present several surgeons in Edinburgh, of distinguished ability, though unquestionably not one of them enjoys the high professional reputation which Sir C. BELL has deservedly attained, most especially as a public teacher; but all applications for any individual excepting Mr. LISTON, whose eminence as a surgeon is universally acknowledged, were entirely disregarded, and as soon as it was ascertained, by reference to Mr. LISTON, who has lately settled in the metropolis, that he would not forego his prospects in London for any of the medical chairs in the University of Edinburgh, the members of the Edinburgh Council resolved, painful as it was to the feelings of some of them, not to pay the slightest attention to the private solicitation of friends, but at once to elect Sir CHARLES BELL, as by far the fittest individual who was willing to accept the situation, and thus to uphold the fame of the first medical school in Europe.”

Had Mr. LISTON accepted the invitation of his countrymen to return to Edinburgh, and taken the Chair of Surgery, he would have acted, we think, most injudiciously. Within the short space of time that he has already resided in the Metropolis, Mr. LISTON has succeeded in establishing his reputation equally well founded with that which he had previously acquired by the exercise of his scientific attainments in Edinburgh. If he could have been induced to quit the Metropolis by the offer of the

friends in the English capital, the students of the University, would have incurred an irreparable loss by his secession from that establishment.

INTERCEPTED LETTER.

"DEAR DOCTOR MACMICHAEL, — I am determined to print my last oration, as all my friends tell me that the Latinity of it is elegant, and that the whole is in good classical taste. Perhaps your friend MURRAY would publish it as a shilling pamphlet, illuminated with a view of Pall-Mall-East, as a frontispiece. I will undertake to sustain all losses in case he should fear to print it as a bookseller's speculation. It may give our sacred cause a lift, and we ought not to throw away a chance in these hours of confusion and alarm. It will also promote our interests to get it reviewed, a duty which you can desire FERGUSON to perform in the *Quarterly*, but pray caution him not to use so much filthy language—or what people of good taste call *flummery*—as he did in the review of my former orations. I require no puffing. My classical acquisitions are universally acknowledged. I desire him to write nothing laudatory of them, but to confine his critique to the scientific and high moral feelings which abound in the oration.

"I have received a most interesting, but, I lament to add, a most painful and vexatious communication from my correspondent in Downing-street, and although at this early period I would not have the fact whispered, yet I tell you that the bubble, as the radicals call it, must soon burst, and therefore let us hope that by early information on what the Government is contemplating, we may make at least some effort to parry the blow which awaits our ancient and venerable institution. It appears that the 'Central Board,' the very name of which is sickening, and about which we heard so much during the Parliamentary inquiry, is contemplated to be formed in right earnest, the Government having determined, to the joy I suppose of all the liberals and radicals, to form such a Board, under the auspices of a Metropolitan University. This university is to comprise a body of Examiners, to be selected from all grades of the profession, except the teachers of the different schools, the Examiners of our own College, and, of course, the Council of Lincoln's-Inn-Fields, and it is intended that this enlightened body shall have the power of conferring degrees (following singularly enough the example of our College), on all those who can exhibit competent medical knowledge, so matter whence it has been obtained. It is impossible to glance at the

establishment of such an University without horror. It strikes at the very foundation of our vested rights, and will wipe away, like a sponge, the whole of the certificate system, under which our esteemed friends have so greatly benefited. It will destroy all the exclusive advantages and privileges which our recognised schools and hospitals have so long possessed, and it must inevitably destroy those rational sources of income and emolument which are derived by all our present Colleges and Corporations, from the trade in degrees and diplomas, as no one can now be expected to disburse those large sums which we all demand for collegiate documents.

"You, my dear friend, are perfectly aware of the great difficulties into which we have lately been plunged in consequence of scarcely an individual having applied for a license from our College during the last two years, and if our funds are so bad now, what will they be by-and-by? This metropolitan university will be no less fatal also to our friends in Lincoln's-Inn-Fields and Bridge-street, Blackfriars, as those to whom they grant diplomas and licenses will of course be freed by the Government from having anything more to do with the College and Hall corporations. In fact, the game seems to be altogether up, and what to do and what to say I know not. It is, indeed, most mortifying to me that I have never been consulted by any member of the Government in their various arrangements, as I might, by some means or other, have caused delay, even if I could not have got some important alterations made in the plan. I now see the misfortune of having tampered with Sir ROBERT PEEL and my Tory friends, during their short reign, for I suspect that the present men doubt my sincerity, and avoid asking my counsel.

"Much as I may regret it on account of my health, I must come to London at the latter end of the month. I will then make the necessary arrangements for getting up the evening recreations at Pall-Mall East, to accomplish which, however, I see many and serious difficulties. I must also call the attention of the Fellows to the sinews of war, a matter fraught with anxieties, as there have been so few monies received for licenses lately. The College building is already so heavily mortgaged, that it will require a much deeper financier than myself to keep the machine in motion.

"King's College claims at this moment, as it has ever done, my earnest solicitude, more especially as my dear nephew's fate in life has been embarked in that school. By-the-by, I should be glad if you could devise some mode by which it could be made generally known that the vacated chair was not *his* chair, but that of Dr. Bissett HAWKINS, his cousin, also a Fellow of our College. I am naturally most anxious that

these two eminent professors should not be confounded, and mistaken the one for the other, because I am well aware that the office to which Dr. Bissett was lately appointed, and which was with difficulty obtained for him by me, he was compelled to accept from the little chance which he had in the Strand of obtaining emolument from his professorship. Moreover, such an office as Inspector of Prisons must be regarded as quite below the dignity of my nephew. Things are, indeed, come to a sad pass when one of our most learned Fellows, a professor, too, of King's College, is under the necessity of accepting the office of 'Inspector of Prisons.' Heavens! What a degradation for a man of classical learning and high moral feelings, to be placed in a situation where his chief associates will be criminals and their safeguards! Do, therefore, endeavour to let it be generally known, — and MACLEOD might be desired to give a paragraph on the subject,—that the newly-appointed inspector of prisons is Dr. Bissett HAWKINS, formerly professor of *materia medica* in King's College, Strand, and not my dear nephew FANNY HAWKINS of the Middle Sex, as I hear that some designate him; the celebrated professor of the practice of physic in King's College, and registrar of our College.

"My anxiety has also been directed to find a competent successor to the vacant chair of *materia medica* among our Fellows, for although it may be quite within the capacity and calling of a licentiate to teach the difference between rhubarb and ipecacuanha, yet we must not give those subordinate licentiates a footing in the Strand. We must get PARIS, if possible, to close with the proposals that have been made to him, and you must explain to him fully how matters stand. Express to him my high opinion of his talents and moral character—the elevated position he fills in the scientific world,—the gigantic powers of his mind,—the celebrity of his numerous writings,—and, above all, the unbounded sentiments of friendship which I have ever entertained for him, and the great anxiety I have always felt to assist him in life. These, and all these sentiments, properly explained to him, one after the other, from day to day, will most likely induce him to acquiesce at once in my wishes, by accepting the chair. He is a shrewd-enough man to see that neither profit nor honour can reward him for the toil and vexation which he will endure in compiling lectures to deliver to empty benches; but he must be cajoled, and brought over by promises of better things and better times; though, between you and I, my dear friend, there seems little chance of my being able to do anything for him. I have already made more promises than I can fulfil, even were

I to live for a hundred years; but circumsanced as we now are, it is quite legitimate to make promises conditionally, as such can do no harm, even if they do no good to our cause.

"I lament to hear of the illness of my dear old friend Madame VESTRIS. To visit her is a sufficient reason for my hastening to London. Pray call and tell her so with my love. I am confident that, knowing her so well as I do, I can be of use to her. She is a charming creature, and I am not the only one who would miss her, as she certainly has always been, and still is, a general favourite. Remember me kindly to all the Fellows, and express to them the delight I feel in the prospect of again meeting them so soon in Pall-Mall-East. God bless you all. Ever yours,

"* * *

"November, 1835."

KINNERTON-STREET SCHOOL. —To the Editor.—Sir, I perceive, in a letter from a correspondent in your last Number, a statement relative to the number of pupils attending the Kinnerton-street School of Anatomy, which letter is evidently written by a person totally ignorant of the subject, or wishing to pervert the truth. As a pupil of the school, I trust I may be allowed to set him right. The real number of new pupils that have entered is forty-two; which, with several personal friends of the lecturers, make a much larger attending class. For the truth of this, I beg to refer to the register which lies on the table in the museum, for the inspection of any person who wishes to examine it. Trusting you will give insertion to this,—I am Sir, yours very obediently, JAMES EARLE.

Kinnerton-street, Dec. 9, 1835.

Surely A Friend of THE LANCET is mistaken. He will, however, greatly oblige us by stating, at once, in confidence, his reasons for believing that the author is Mr. R. We can show good reasons, at present, for doubting the correctness of the allegation.

Very many of the communications lately forwarded to us will be inserted. Want of space only, in appropriate parts of the Journal, has yet kept them from publication.

A correspondent informs us "that Dr. Webster only lectures at King's College for his friend Dr. Hawkins, and until Professor Paris undertakes the duties of the chair of Mat. Med." We have not had room for the long communications from various parties who feel interested in this complicated affair of appointments and retirements and reappointments. Did Dr. J. ***** really wish his letter to be published?

ERRATA.—Page 411, line 10, for *appropri*, read *opprobria*. Page 316, col. 2, line 54, for *oppositio*, read *oppositio*. In the remarks of Mr. Streeter at page 318, the passage commencing at line 1—should stand thus:—"increased irritability of temper, (Mr. S.) would ask, Does temper belong to the intellect? Certainly not, but it is a quality. With regard to the next passage, (Mr. S.) would (and it difficult to make a better one) read thus:—"

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 26, 1835.

[1835-36.

LECTURES ON DISEASES OF THE BRAIN AND NERVOUS SYSTEM.

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE V.

INFLAMMATION OF THE SPINAL MARROW.

It has long been known, gentlemen, that the contents of the vertebral canal are subject to inflammation, as well as the contents of the cranium, but it is only within latter years that the disease has been studied with great care and attention.

Inflammation of the spinal marrow, known by the name of *myelitis* in the important work of M. OLLIVIER, may be distinguished into two forms, the acute and chronic, but instead of pursuing each of these forms separately, I shall lay before you a general idea of both together, taking care to dwell on the characteristic points that are peculiar to each.

The Anatomical Characters of Myelitis,

or inflammation of the spinal marrow, are the same as in encephalitis; it is, therefore, unnecessary to recur to them here; you have the same injection and thickening of the membranes; the same induration or ramollissement of the nervous substance; the same suppuration in the interior of both organs: indeed, this is a necessary consequence from their identity of structure. However, diseases do not occur with the same frequency in the one as in the other.

Diseases of the substance of the spinal marrow, which we have not many opportunities of observing, M. VELPEAU published a very striking example of

this affection. From the united effects of ramollissement and suppuration taking place in the substance of the spinal chord, and gradually operating its destruction, we sometimes have a very remarkable circumstance produced, viz., the nearly complete separation of the spinal marrow into two distinct parts. In some cases the abscess has been found so extensive, that the superior and inferior portions of the chord were merely held together by a few ragged shreds. Of this we have more than one example in the science.

The lesions accompanying inflammation of the spinal marrow may vary in seat, from one extremity of the chord to the other. Th myelitis may be general, or it may be partial, and the latter form is fortunately more frequently observed than the former. When the myelitis is thus partial, it may occupy any portion of the chord; but it is usual to distinguish it into three principal forms, as it may affect a portion of the spinal marrow corresponding to the *cervical*, the *dorsal*, or the *lumbar* regions. Again, whatever part of the length of the chord may be involved in inflammation, this latter may occupy either the whole thickness of the chord, or its anterior, or finally, its posterior column only. All these subdivisions are not made for the sake of arrangement: they will present themselves to you in practice, and are of importance to be noted, because in many cases they give an explanation of the nature of the symptoms we observe.

Besides the divisions which we have just pointed out, the inflammation may engage either the white or the gray substance of the spinal marrow; the latter is much more frequently attacked than the former; and when the inflammation occupies the centre of the chord, giving rise to a softening of its substance and destruction of the nervous tissue, we may have a vacuum produced, or a true canal, analogous to the normal one which exists at a certain period of fetal life. I had an opportunity once of seeing a case of this kind in an old man: the centre of the chord contained a canal hollowed out by the suppuration, and which at first sight might have been mistaken for a natural cavity.

The Causes of Myelitis

are the same as those of encephalitis. Inflammation of this portion of the nervous centre may equally be produced by external violence, such as blows, falls on the back, &c. It is also frequently produced by disease in the neighbouring parts, especially in the bones comprising the vertebral column. Finally, inflammation may be occasioned simply by too strong an action of the part. You know that encephalitis is sometimes occasioned by intense study, over-exercise of the intellectual faculties, violent passion, &c.; in the same way, neglect may be produced in cases where the action of the spinal marrow is carried to a high degree of intensity. Thus in animals which have been over-worked, or which are compelled to make violent and long-continued muscular efforts, M. Dupuy has found more or less trace of inflammation of the spinal chord after death.

The Symptoms of Myelitis.—The division of lesions occurs according as the functions of nutrition or of relation may be deranged. In the first place we may have several of what we may term negative symptoms: the intelligence is usually intact, we do not observe delirium &c., if the inflammation occupy no other part than the spinal marrow; the patient is free from headache, giddiness, and other symptoms of cerebral irritation. We are, however, to except cases where the inflammation engages or may extend to the upper part of the chord: when the medulla oblongata becomes implicated in the disease, we may observe agitation, delirium, coma, and other phenomena, arising from the proximity of this part to the great centre of the nervous system. The derangements of mobility naturally occupy a principal part amongst the symptoms of myelitis; they are very various, and predominate over all the others. In some cases the faculty of motion is extensively compromised, and hence after death you will generally find that the inflammation occupies the anterior pillars of the spinal marrow. This pathological fact is perfectly in accordance with the physiological experiments of M. MAGENDIE, who as you know has proved that the anterior columns chiefly preside over the motions of the body. The seat of those lesions of mobility will depend entirely upon the part of the spinal marrow that is inflamed. Hence they vary with the divisions we have just now established, as the cervical, dorsal, or lumbar portions of the chord become implicated. The faculty of motion, then, may be lost in the superior extremities; in the trunk and muscles of respiration; in the lower extremities. All these parts may be variously affected, and perhaps the only general principle we can lay down is, that the lesion of motility affects all parts of the muscular

system which receive their nerves from below the inflamed point of the spinal chord. All these parts, I say, may present various lesions of motility, such as convulsion, paralysis, contraction, &c.; there are, however, some exceptions to the general rule now laid down. Thus in the *Physiological Journal* of M. MAGENDIE, you will find a very remarkable case related: the cervical portion of the spinal marrow presented a considerable degree of ramollissement in its anterior columns; the upper extremities were paralyzed, but the lower limbs preserved the faculty of motion intact. Here, then, the influence of the disease was not propagated downwards.

A second general principle to be deduced from the cases of myelitis which we have observed ourselves, or which have been published by others, is, that when the inflammation commences in the lower portion of the chord, producing paralysis of the inferior half of the body, it has always a tendency to mount upwards: you will first observe a paralysis of the abdominal muscles: the chest next becomes affected; and, finally, the upper extremities lose their power of motion. This is a principle that you should remember, for it explains the trouble of respiration and other grave symptoms, that we often witness in the latter stages of myelitis.

We have now to inquire into the nature of those

Lesions of Motility

to which we have pointed, as the principal characteristic symptom in inflammation of the spinal chord. The muscular action may undergo various modifications, according to the seat and march of the disease, the lesions of motility being more or less marked according as the inflammation may take on an acute or a chronic form. In some patients we do not observe any true paralysis. The only modification of motility which they present is a certain weakness and loss of force in the extremities sometimes. Sometimes the paralysis attacks a single finger, then gains the rest in turn, and gradually ascends up the arm. Some patients complain of nothing but a feebleness when they would grasp any object, an incapability of executing their accustomed motions with energy. Others, again, are attacked with convulsive motions in some of the muscles. The paralysis may come on in a gradual manner, being preceded for months, even a year, by weakness in the limb; or, on the other hand, it may declare itself in a sudden and unexpected manner. This latter form is much more rare than the preceding, because chronic inflammation of the spinal marrow is a disease more frequently attended with than acute myelitis. In some cases the existence of inflammation in the vertebral canal is

spasmodic contraction of some of the muscles; at other times the symptoms are more slight; the patient is perhaps tormented with what are called *cramps*, and this may be the principal phenomenon for a great length of time. There are patients in whom inflammation of the spinal marrow declares itself by an attack of convulsions, and then we chiefly remark them in the acute stage. Sometimes these convulsive motions assume the character of chorea, and can be distinguished with difficulty from it; of this an example was published lately by an internic of the *Hopital des Enfants Malades*. Finally, tetanic symptoms may join themselves to the long catalogue of lesions of motility we have now laid before you. The cause of tetanus has without doubt often escaped the researches of the anatomist; but inflammation of the spinal marrow may give rise certainly to tetanus, as it sometimes does to chorea; the symptoms are then terrible, and the sufferings of the patient only terminate by his death.

Thus you see how various are the lesions of motility connected with inflammation of the spinal marrow; and here we might ask ourselves the question so often suggested by a review of cerebral diseases. "How comes it that the same lesion produces such a diversity of phenomena?" We have explained to you how many of the disorders accompanying this affection consist in lesions of the intelligence, or of movement; and we saw, in particular, how the latter function undergoes a great variety of modifications. Inflammation of the spinal marrow may also evince itself by

Lesions of Sensibility (in the neighbourhood of the Spine),

existing either alone, or accompanied by some other of the symptoms we have already pointed out; they exist chiefly when the posterior pillars of the spinal marrow are implicated, and this confirms what we have said in the last lecture on the experiments of MAGENDIE, BELL, and other physiologists, on the different functions of different parts of the chord. These lesions of sensibility may exist in the immediate vicinity of the spinal marrow, or may present themselves at various points of the body more or less removed. In the first case, that is, where the derangement of sensibility occupies the spinal region itself, we may observe a pain situate immediately over that point of the vertebral canal which corresponds to the inflamed portion of the spinal marrow; or, on the other hand, should the myelitis be general, comprising the whole length of the nervous pulp, we may feel a sensation of tenderness, passing into pain, from the top of the cervical vertebrae down to the loins. Thus you see the various degrees of sensibility shown by the tenderness of the skin

covering the vertebral spines, may be partial or general; the first being much more frequent than the latter, because inflammation is more frequently confined to a small portion of the chord, than diffused extensively through its mass.

In some cases, the pain which thus accompanies myelitis is increased by motion of the body; in others this is not the case; the movements are executed with freedom, and the only sign of lesion exists in a small portion of the canal, not discoverable unless pressure is exercised directly upon it. Sometimes the pain is singularly influenced by a change of position; there are patients to whom the horizontal posture is intolerable, and who cannot lie down without suffering a degree of pain which compels them constantly to observe an upright position.

Although the spinal marrow is deeply seated in the centre of a bony canal, and covered with a variety of parts, such as bone, ligament, muscular tissue, and skin, yet experience has established beyond all doubt, that during the existence of an acute or chronic myelitis, pressure made upon the spinous processes of the vertebrae may give rise to a greater or less degree of pain; this is a fact which is proved by frequent observation, though we cannot exactly explain how pressure can influence the sensibility of a part so deeply seated, and protected in so complete a manner.

The most ordinary method employed for establishing the existence or absence of this symptom is to run the finger downwards along the bony ridge formed by the spinous processes. When you come to a sensible point, there is the seat of the disease, and its extent may be estimated according to the limits of the painful integument; another method sometimes recommended by authors, is to dip a sponge in very warm water, and then pass it along the line of the spinous processes; when you arrive over the inflamed portion, the patient will evince signs of pain and uneasiness. I have had recourse to this method more than once, and did not find that it succeeded; there was no symptom whatever of pain, although the patient evidently laboured under an inflammatory affection of the chord, or its membranes; I therefore think it should be abandoned for the former, which is much more sure and satisfactory.

But before we go any further, let me hasten to warn you that the existence of pain upon pressure over some one point of the integuments covering the spinous processes of the vertebral canal, is far from being a certain indication of myelitis. We can never affirm the chord to be inflamed from this one symptom alone; the reason is evident. Reflect for a moment on the number and variety of parts submitted to pressure, when you run your finger along the spinal column in the manner just pointed out. An

affection of any one of these tissues may clearly give rise to painful sensations, and even the more readily as they are more superficial. Let us enumerate briefly these several parts. In the 1st place, commencing from within outwards, you have the fibrous tissue, and this you know is one frequently subject to rheumatic inflammations; hence the sensibility of the integuments may be nothing but a simple rheumatic pain. 2nd. Some one portion of the osseous canal may be diseased; the intervertebral cartilages may be ulcerated, the bodies of the vertebrae inflamed, the spinous processes themselves more or less extensively carious. In all these cases, pressure will necessarily produce more or less pain, without the nervous pulp being at all implicated in the malady. 3rdly. The symptom in question may depend upon a true neuralgia of the spinal marrow, a disease whose existence has been established upon authorities that we cannot contest; rachialgia then may produce tenderness along the dorsal region, though it differs essentially from inflammation; indeed, the pain by which it is accompanied is in general more severe and excruciating. Finally, the disease may be confined exclusively to the membranes of the chord, and the modification of sensibility which now occupies us, will, in that case, be connected with a lesion to which the substance of the chord itself may be a complete stranger.

Lesions of Sensibility in more distant parts.

So much for lesions of sensibility in the neighbourhood of the canal. In a second form we said the pains might occupy a distant portion of the body, the limbs, for example, the abdominal region, &c.; or may follow the trajects of the great nervous chord. This species of pain sometimes accompanies the disease through its whole course, and is constant; at other times it is intermitting, and does not affect the patient except at certain intervals. It plays a most important part in the history of myelitis, and requires to be investigated with more than common attention. In more than one case these pains in the limbs have imposed upon the physician, simulating in the closest manner a rheumatic affection, or other pains, and withdrawing his mind from the real source of the disease, to search after another that has no existence. You will find several examples of this, as we may call it, false rheumatism, in authors, where certain painful affections of the limbs were for a long period of time the only remarkable symptom; and where their subsequent termination in a dangerous disease indicated, though too late, the origin from which they were derived.

In certain cases the development of inflammation in the substance of the spinal marrow is preceded for a very considerable

length of time by acute inflammation of the limbs. This is a case to which we cannot too strongly direct your attention. Remember then that the principal affection may commence by sympathetic derangement of the sensibility in a distant part of the body; that this lesion may exist for a long period without any apparent connection with the chord; and finally, that inflammation of the nervous pulp may reveal itself by no other symptom than pains, more or less acute, in some one of the four members.

Let us now turn to a contrary case, viz., one in which we have

Myelitis accompanied by a Diminution of Sensibility.

not by a derangement, but by a diminution, or even a complete loss. In most examples that we meet with, the loss of sensibility is partial, commencing in a particular portion of the body, as for example, the fingers, and then gradually extending to the root of the body. But sometimes the whole surface is equally affected. We do not find any trace of sensibility on pinching the integuments all over the body. The lesion is here general; but observe a curious fact, one of those exceptional circumstances which present themselves so repeatedly in the study of nervous diseases, and which we are unable to explain upon any anatomical principle. Even when the loss of sensibility is, as we have said, general—when the whole body seems equally withdrawn from external impressions, you will sometimes find a few points of the integuments, perhaps a single line, in which the faculty of sensation still lingers, while all around is, as it were, dead. We have witnessed more than one case of this kind. It is a curious point in the history of myelitis; for how can we explain the fact that out of many parts supplied by the same nerves, receiving their nervous influence from the same portion of the spinal marrow, one remains perfectly insensible, while another, distant but a few inches, or even lines, conserves its power of perception intact. In a far greater number of cases, however, the lesion of sensibility is not so extensive; it may consist in a single engorgement, or numbness of certain parts of the body; this is chiefly seen in cases of chronic myelitis, when the patient experiences no modification of sensibility except in the upper extremities; the fingers, perhaps, are numb; the patient has a tingling sensation in the extremities; sometimes the whole arm is cold, or he is unable to warm himself, and complains constantly of a sensation of chilliness.

Thus you see how inflammation of the spinal marrow is accompanied by various symptoms of derangement in sensibility, motility, varying from a simple diminution of muscular power in certain parts, to a total annihilation of sensibility, and a

weakness, or the slightest shade of modified sensation. You saw, in our last lecture, how encephalitis gave rise to certain troubles of the function of nutrition. The same class of symptoms not infrequently accompanies inflammation of the spinal marrow; let us now turn to these, and first as regards

Doubles observed in the Organs of Digestion.

A certain number of cases of myelitis are characterized by a greater or less difficulty of deglutition: the patient is unable to swallow either liquid or solid aliment with facility, it is only after repeated and long-continued efforts that he can pass his food along the back of the mouth and pharynx. This phenomenon is more easily explained than many other derangements of the motile power which we observe during the course of a myelitis: it certainly is connected with paralysis of one or more of the muscles composing the pharynx and upper part of the œsophagus; hence arises derangement in the function of deglutition; hence is produced a symptom to which we would call your attention. Or it may sometimes simulate other diseases, and give rise to a complete error in the diagnosis. Thus you may have a patient labouring under many of the symptoms of angina, such as uneasiness about the throat, difficulty of swallowing, &c.; these phenomena may persist for a considerable time, and resist all the ordinary means, because they depend, not upon an inflammation of the mucous membrane of the pharynx, but in a true, chronic inflammation of the spinal marrow. I had occasion to see a very remarkable case of this kind, some time ago, at the *Maison Royale de Santé*; it was that of a female, in whom, long before the appearance of paralysis in the limbs, or any alteration of sensibility, we observed great difficulty of deglutition, with paralysis of the tongue; these were for some time absolutely the only symptoms which she presented; the disease, however, at last assumed a more rapid march, and soon carried off the patient. On examining the body, we found the cause of the symptoms just alluded to, not in the brain, but in the spinal marrow. We found all the anatomical characters of acute inflammation at the superior part of the chord, viz. great injection, with softening of the nervous substance. Here then was an explanation of the symptoms, for you all know that the nerves which go to the pharynx, and a portion of the lingual branches, are given off from this part of the spinal marrow, or at least from its immediate vicinity.

The fact which we have now cited is a curious one, and should put you on your guard against those partial lesions of motility which might seem insignificant, but which are followed by the most serious accidents. Mons. Four-

not communicated to me, a short time ago, a case exactly similar; there the cause of the injury was external, a considerable weight had fallen on the patient's back, and struck the upper part of the spinal column with some force; the individual was immediately seized with difficulty of deglutition, caused by paralysis of the muscles of the pharynx, and also, as in the former case, with paralysis of the tongue.

In some individuals we observe as derangement of the digestive functions, a set of symptoms which belong more peculiarly to encephalitis; we have vomiting, and this may even be the predominant symptom: in others, the small intestines are principally deranged; the patient is obstinately constipated, and we cannot obtain alvine evacuations, even by employing drastic purgatives. The difficulty of moving the bowels in tetanus is well known: does this depend on the spinal marrow being implicated in the disease?

If the Circulation be troubled,

then we may have general fever, with its ordinary phenomena; however, when the inflammation of the spinal marrow is not very extensive, the patient is usually free from fever; the skin remains cool, and the circulation is not accelerated beyond its normal standard. But the circulation becomes often deranged in a manner that cannot be attributed to febrile excitement. Mons. SERRES was the first who called our attention to this phenomenon, which is a very remarkable one. In some cases the patient is constantly tormented with more or less violent palpitations of the heart, and the trouble of this organ may even be carried to such a degree as to simulate closely aneurysm: we may, perhaps, explain this symptom by the direct action of the spinal marrow upon the heart, and the immediate communication between them; but however this may be, the fact is no less certain and worthy of attention. Some individuals, instead of palpitations, show a singular tendency to faint; I have an example of this now under treatment; it is that of a young lady who presents all the signs of inflammation of the spinal marrow; she is compelled to observe the most strict rest; whenever she moves, whenever the action of the spinal marrow in the production of voluntary movement is at all increased, the central organ of the circulation becomes immediately affected, and she falls into a state of weakness and fainting, from which nothing preserves her but an abstinence from all motion. Thus we have two species of derangement in the circulatory organs accompanying myelitis. One in the acute stage, the simple inflammatory fever, too well known to require any notice. The second species usually accompanies chronic inflammation of the chord, and declares itself either by palpitations and other irregular actions of the heart, or

by fainting and a momentary suspension of the circulation. Let us now examine

What influence is exercised on the Respiratory Organs in Myelitis.

We cannot doubt but that inflammation of the spinal marrow modifies this function in a considerable manner, especially when the inflammation occupies that portion of the chord from which the intercostal nerves are derived. When the disease is situated lower down, the patient may remain free from symptoms of dyspnoea for a length of time: this we can readily conceive; however, in almost all cases when the malady has been prolonged to any considerable period, the respiration becomes embarrassed, and, in virtue of a law which we laid down in a previous part of the lecture, every myelitis has a tendency to ascend from the lower portions of the spinal chord to the superior. In encephalitis, or inflammation of the brain, the pneumogastric nerve becomes implicated, and the respiratory functions are eventually deranged, from the trouble of innervation in the central organ of the nervous system. In myelitis, or inflammation of the spinal marrow, the circumstances are quite different. Here the influence is no longer cerebral, or nervous, but the immediate cause of dyspnoea resides in a diminution or loss of the mechanical powers which dilate the chest. The inflamed portion of the chord no longer stimulates the intercostal nerves; the muscles of the chest cease to act, and respiration is gradually extinguished. In some cases the diaphragm is chiefly affected. This important muscle is occasionally struck with paralysis, or ceases to act with its accustomed energy. In other cases the action of the muscles is inordinate. Finally, we sometimes have occasion to observe cases where the actions of the diaphragm instead of being performed with regularity, as in a state of health, become spasmodic, and the patient is distressed with a constant hiccup.

The definitive result of the various lesions of the respiratory organs which we have just enumerated, is to produce sooner or later a degree of asphyxia, under which the greater number of individuals who die from inflammation of the spinal marrow succumb. The influence, then, of myelitis on the respiratory functions is well established, and sometimes the first signs may be discovered long before the disease has sufficiently advanced to modify the motions of the chest. I will relate to you a case which I saw this summer:—A young man had suffered for a length of time from a fixed pain in the upper part of the cervical vertebrae: this was accompanied by a bruit de cracquement, whenever the region of the neck was submitted to examination. During the continuance of this pain in the region of the spinal marrow, he was subject from time to

time to attacks of dyspnoea, of the most violent character, which were sudden access of suffocation; which seemed immediately to threaten his existence: this lasted for a few minutes and then went off, to return again at an uncertain period. Upon examining this case with some attention, we thought the symptoms depended upon some disease situated in the articulation of the first cervical vertebra, giving rise from time to time to displacement and strong compression of the spinal marrow. You can understand that if the attacks of suffocation to which we now allude had continued during a long period, they might naturally enough have led one astray, and given rise to the idea of asthma; indeed, perhaps, we might not go too far, if we were to say, that certain species of this latter disease, which most authors regard as depending exclusively on an organic lesion of the heart or pulmonary tissues, might be traced to derangement in an organ far from either the respiratory or the circulating systems. It now remains for us to ask,

Are the Secretions modified in Myelitis?

Yes, certainly, inflammation of the spinal marrow does modify them, though not in any remarkable degree. You will find it very generally asserted in authors, that the vessels secreting the perspiration cease to act when the limb is paralyzed; in a word, that such portions of the body as have lost the power of motion do not perspire. This may sometimes be the case, but it is far from being a general rule. I have seen many cases which prove the contrary. There is another fluid which is modified, but merely in the mode of its excretion. Several patients affected with inflammation of the spinal marrow, cannot urinate well; however, observe that this does not depend upon any diminution or change in the secretion itself; the incapacity of urinating is here one of the phenomena of paralysis, and the secretion is retained because the bladder is unable to expel its contents. Having thus briefly noticed the modifications of secretion, we come to a question of great interest, and one which has given rise to considerable controversy, viz.,

How far are the Reproductive Organs influenced by the existence of Myelitis?

Here the facts upon which we can depend are very few: however, I may tell you, that I have seen a patient affected with acute pain along the dorsal region, with pains in the limbs, convulsive movements, and other similar signs of myelitis, in whom there existed at the same time a very considerable excitement of the genital organs, such as priapism, &c., and this confirms the arguments of certain physiologists, of the connection between the posterior part of the spinal marrow and the reproductive propensity and its organs. In

chronic myelitis an exactly opposite state has been observed, and the prolonged inflammation of the chord has here been known to bring on complete impotency. The facts to which we have just now alluded, and several others that we possess, are not to be neglected because they are not, perhaps, as complete as we could have desired: if we cannot derive from them any rigorous conclusions, they seem at all events to indicate that the spinal marrow is not altogether foreign to the normal accomplishment of copulation. In the female sex we also observe a certain number of facts that are worthy of attention. Thus authors relate that acute inflammation of the spinal marrow in pregnant women is accompanied by abortion. The nervous irritation gives rise to premature contraction of the uterus, which expels its contents before the period of maturity has arrived. In another form of myelitis, where there is little reaction, but a greater tendency to collapse, the uterus partakes in the general impression, is struck with inertia, and the accoucheur having in vain tried to stimulate it to contraction, is forced to have recourse to artificial means of delivery. However, these phenomena are far from being frequent or general. The premature expulsion of the foetus is by no means a necessary consequence of myelitis, and you will see many women who present the symptoms of myelitis in a well-marked manner, continuing to bear the fruit of conception without any derangement whatever in the organs of gestation.

The Diagnosis of Myelitis.

From the observations which we have now laid before you, you may perceive what a variety of symptoms accompany the development and march of inflammation of the spinal marrow, according to the nature, seat, intensity, and duration of the malady. Let us then pass to the diagnosis of myelitis.

On reflecting upon the numerous lesions of sensation and motion which successively present themselves during inflammation of the spinal marrow, you might think it an easy matter to form a correct diagnosis of the disease, and distinguish it from all other organic affections, but this is not the case. It is by no means easy to determine, in all cases, that the inflammation is situated in the marrow alone, or to discriminate its accompanying symptoms from certain analogous phenomena that occur in the course of other maladies. There are several circumstances which may lead you into error; let us hasten to point out the leading ones. In the first place, the osseous tissue composing the bodies of the vertebrae may be the part affected, and yet it may be impossible to apprehend the affection externally. Here, then, it requires the greatest attention, and no small degree of medical skill, to determine

whether the early symptoms depend on a true inflammation of the nervous pulp of the chord, or on a similar affection seated in the bony canal surrounding it.

There are cases where the phenomena of inflammation of the spinal chord are belied, if we may use the term, by other maladies of a different nature, where the functions of this part of the nervous system are notably deranged, without any trace of organic change existing after death. This is a fact upon which you may rely with certainty. I have seen many examples of it myself, and therefore speak with more confidence than if my assertions were founded upon the testimony of others. I have witnessed many cases in which paraplegia had existed for a considerable period of time, yet I was unable to discover any trace of organic lesion in the spinal marrow, although I examined the nervous substance, the membranes of the chord, and the bones which compose the canal, with the most scrupulous attention. It may seem strange that so grave a lesion of motility as paraplegia should exist for a length of time without leaving behind it any change of structure in the organ which regulates voluntary movement; but such, I repeat, is often the case. The same thing is seen in the brain. As we advance with the present course you will have occasion to see many other examples, and to convince yourselves that in nervous diseases the true cause of the functional disorder but too often escapes the researches of the most experienced anatomist. On the other hand, we have grave and extensive lesions of the brain, which declare themselves by no symptom whatever. We have cited cases of ramollissement, of suppuration, occupying a considerable portion of the nervous substance, and yet the phenomena of sensation and motion were absolutely unaffected. These cases deserve to be compared and contrasted with the former; they show the immense difficulties that surround us in every step we take in the study of nervous disorders, and point out the necessity of observing with minute care the most trivial points, in the hope of one day arriving at the solution of questions which at present are beyond our comprehension.

In numerous cases of myelitis the symptoms are so equivocal, so slightly marked, as to escape our notice altogether. In many other cases we have phenomena, which, however grave, we cannot attribute to any permanent organic change of structure. Thus we have seen an hysterical female who remained paraplegic for several days, and then suddenly recovered the use of her lower extremities. In other cases the patient becomes blind, or has an obstinate contraction of one or more limbs, and yet these symptoms will disappear more suddenly than they were produced. Again, look at the paralysis that sometimes accompanies

poisoning by lead, or what is called "colica pictorum." Here certainly we have no injury of the spinal marrow. In these, and many other cases, the lesion, whatever it may be, escapes discovery; it is in vain that you will seek to explain the functional derangement by an organic change. Unfortunate is he who obstinately persists in such a path. Truths that are familiar to others will escape his notice, or be rejected without examination; the search after a chimera will distract him from more solid pursuits; he will remain for ever at the portal of science; he may knock, but will never enter.

Dr. ESQUIROL relates a case in which the lower extremities were completely paralyzed during life, and what do you think he found on examination of the body? He found two cancerous masses occupying each anterior extremity of the cerebral hemisphere. Here, certainly, according to the received ideas, the lesion should have occupied some portion of the spinal marrow. This is a remarkable case; we find the brain usurping, as it were, the functions of the chord, and giving rise to a lesion of movement which is especially connected with diseases of this latter organ.

Another observation, equally worthy of attention, was published a short time ago in the bulletins of the *Anatomical Society*. Here the patient also suffered from paraplegia; the lower extremities were paralytic. On examination after death, the seat of the disease was naturally sought for in the spinal marrow; but the nervous substance was every where perfectly healthy. It was observed, in opening the body of the patient, that the bones were remarkably friable, and this led to further researches, which revealed the true seat of the disorder. The heads of both thigh-bones were completely destroyed, and hence the pseudo-paralysis, as we must call it, depended not upon a want of nervous influence, but on the simple circumstance that the limb was incapable of being moved, because the upper part would not stir. We merely notice this case to show, how necessary it is in medicine to observe everything with the strictest accuracy; for although pathological anatomy may not give the key to all the functional derangements that prevent themselves in the course of disease, yet we should never neglect to pursue it with ardour, and scrupulously examine every circumstance that may tend to throw light on their nature and causes.

Simulations of Myelitis.

In speaking of the diagnosis of myelitis, we mentioned that certain affections simulate in a very close manner diseases of the spinal chord: it is only within the last few years that this part of the subject has been studied in a regular manner, particularly in England and Germany, where

Messrs. GRIFFIN, TEALE, LABEL, HINTERBERGER, and ESS, have sought to generalize the facts which have been observed, and reduce them to certain principles. Let us enter into some details upon the subject, which is not without interest, especially as you will not find it touched upon in any of the works in your hands; indeed the subject is one new to myself, and I am indebted for my information to the analysis of the works of Messrs. GRIFFIN and ESS, published by the *Gazette Medicale*. If you wish to refer to these, you will find the analysis of Mr. GRIFFIN's work in No. 18 of the journal for 1835. The notice of Mr. ESS's was published a very short time ago in No. 46 of the same journal.* The gentlemen whose names we have just quoted, describe an

"Irritation" of the Spinal Marrow,

whose principal characteristic is to produce a symptomatic irritation in some other part or organ of the body. It is not inflammation, but a disease *sui generis*; in a word, what we call "irritation;" and leaves no trace of organic change after death. Let us see how they establish the existence of this malady. Suppose the patient is affected with palpitations of the heart, weight and constriction about the pericardial region; a feeling of suffocation, frequent nausea, fainting, &c.; they exercise pressure along the spine, and when they come to that portion of it which corresponds to the irritated part of the spinal marrow, they pretend that all the symptoms are aggravated by the pressure. When the stomach is the organ chiefly affected, pressure over the spine increases the nausea, the vomiting, the pyrosis, the pain in the hypochondriac region, and other signs of gastric irritation. If it be the head, the cephalalgia and nervous pains are considerably augmented. Whenever phenomena of this kind are witnessed, that is to say, whenever according to Dr. ESS "a sensibility of a greater or less portion of the spinal marrow to external pressure, coincides with a corresponding pain in some other organ, which we can augment at will by that pressure, the disease consists in an irritation of the spinal marrow, whose seat is indicated by the tenderness of the rachis." According to Mr. GRIFFIN, it is not necessary that any tenderness should exist over the region of the spine. If pressure excite pain in the distant organ, the point of the spine at which this phenomenon commences, is the part affected, although it may not itself be the seat of any lesion of sensibility.

All this may be very true, but it remains to be verified by further observation. I must confess that to me the idea of pre-

* Dr. ESS's paper is number 44, of *Bull's Magazin* for 1835.

ed upon a single part of the spine increasing, at will, ~~vomiting~~, ~~headache~~, or other disorders in a distant part of the body, especially when the spinal marrow does not exhibit any symptom of disease, — all this, I say, appears to me to partake a little of romance. However, we must examine the subject more carefully before we can judge. In medicine, facts are not to be rejected because they may seem a little extraordinary.

The observations of the same physicians tend to establish that a great number of neuralgic affections, attributed commonly to the fifth pair of nerves, really depend on the irritation of the spinal marrow now alluded to. This they establish in the way just alluded to. The patient has, perhaps, a pain in the superorbital region, in the jaw, &c.; pressure over the upper part of the cervical vertebra invariably augments this pain, if connected with spinal irritation; hence the true seat of the disease is to be sought in the spinal marrow, and not in the branches of the nerve, as we have been accustomed to think. In the chest, this affection may give rise to symptoms which simulate phthisis. A cough more or less obstinate is the most common symptom of irritation of the cervical portion of the spinal marrow. The respiration is often embarrassed; in some cases the patient has accessions of suffocation, always increased by pressure on the superior nerves. Many observations also show that several pains existing about the parietes of the chest, and mistaken for rheumatism, depend on this same "spinal irritation" of which we speak. This latter phenomenon is much more probable, and is consistent with what we know of the effects of chronic myelitis. A disease of common occurrence in practice, one that you will frequently meet in certain females, is neuralgia of the mamma; this affection they attribute in a great many cases to irritation of the spinal marrow, and we can admit it ourselves amongst the causes.

Again, Messrs. GRIFFIN and ENN speak of a peculiar pain in the region of the sternum, which is always aggravated by pressure over the spinous processes. Three days ago I had occasion to see a case that one would have been inclined to arrange under this class. A gentleman called upon me at my house for advice; the only symptoms he presented were, a well marked sense of tenderness in the skin covering the sternum, together with an habitual dyspnoea. I examined the pulmonary and circulating organs with care, and could discover no trace of disease. My head was just then full of the doctrines of Mr. GRIFFIN, and the fact that irritation could not, of course, ~~therefore~~ ~~passed~~ ~~my~~ ~~fingers~~ ~~upon~~ ~~the~~ ~~bone~~, ~~pressing~~ ~~upon~~ ~~the~~ ~~bone~~ might be modified; ~~how~~ ~~it~~ ~~occurred~~; how-

ever, the case I now mention is merely a negative fact, and proves nothing against the facts established by Messrs. ENN and GRIFFIN. In the abdomen this irritation may simulate several maladies, such as vomiting, colic, various diseases of the uterus, &c.; but as we said before, all this remains completely to be verified before we can admit it into the science: moreover, it is only an extension of the facts which we have noticed when speaking of myelitis and its symptoms. But it is probable that some forms of asthma may depend upon inflammation of the spinal marrow; yet there is still a vast distance between the two ideas. So much for the doctrine of "spinal irritation." Let us now resume the

History of Myelitis.

The duration of this disease is very variable; sometimes it may terminate in a few days; at other times it is prolonged for a considerable period, and may last for eight or ten years. It may terminate in a cure; but whenever inflammation of the spinal marrow is well marked, the disease is grave, and the prognosis unfavourable. In cases where death results, this latter termination may arrive in a different way: 1st. By extension of the inflammation upwards towards the brain: we have already noticed the tendency of myelitis to propagate itself upwards. 2nd. By extending to the respiratory organs, when the patient dies asphyxiated. 3rd. By implicating the heart; and 4th. Where none of these three organs is affected: the patient sinks gradually; he wastes away; the exposed parts of the body submitted to pressure ulcerate, and he dies in a state of complete exhaustion. A certain number of patients affected with acute inflammation of the spinal marrow go off in this way, without any of the great functions having been implicated during the course of the disease.

Treatment of Myelitis.

Upon this point we shall be very brief. The principles are exactly the same as for encephalitis. When accompanied by symptoms of reaction, you must take blood from the arm: if the fever be mild, you may content yourselves with an application of leeches or cupping-glasses along the spine, repeated according to circumstances. In cases of chronic myelitis, a good deal of reliance may be placed on cutaneous revulsives, particularly on moxa, or the cantry. Some physicians prefer applying douches before they act on the skin; while others direct their attention chiefly to the intestinal canal, and give purgatives, or laxative remedies, according to the patient's habit, or the object they may have in view.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DISEASES OF THE JOINTS.

Delivered in the Session 1835-6.

BY MR. TYRRELL.

LECTURE I.—DISEASES OF THE HIP-JOINT.

GENTLEMEN,—I intend to-day to address to you some observations on diseases of the joints. I have under my care at present many of those cases, and as the histories of several of them have been collected, I shall briefly relate the particulars, subsequently commenting on them, in order that you may trace the progress of diseases affecting the articulations so far as you are thus afforded the opportunity of doing so. Perhaps no subject in surgery is more important. They are productive of extreme distress to those who are the subjects of them, and the surgeon cannot be too careful in investigating them, and in distinguishing the means of cure. To four cases, in particular, I shall now direct your attention.

Case 1.—The first case is that of a patient with disease of the hip-joint. The hip is as frequently affected as any other joint, and perhaps its diseases are of more importance than the affections of any other joint. There is a man in Abraham's Ward, named Edward Carpenter, aged 56, from Bermondsey, who was admitted on the 8th of October, under my care. He stated that he had been regular in his habits, and that ten days previous to his admission, while lifting a sack of seed weighing about three hundred pounds, he experienced a sudden and severe pain in the left hip, extending to the loins, which obliged him to discontinue his work. On the following day, the pain still continuing, he obtained relief to some extent from cupping upon the buttock, according to the directions of a medical man to whom he applied. Pain in a short time was felt also in the knee, extending down the inner side of the leg, as far as the malleolus internus. Blisters were applied at this time, but without much benefit.

On admission he had a dull aching pain, principally situated at the anterior and inner part of the knee; and this pain was more particularly aggravated towards the evenings. Pressure on the groin produced severe pain. The left buttock was somewhat flattened. Pressure over the posterior part of the hip produced only trifling pain. Upon further investigation this limb appeared to be rather longer than the other: this seemed to arise chiefly from the obliquity of

the pelvis. There was a slight wasting of the limb. Every movement of the thigh produced some degree of pain. The pain of the knee was not increased by flexion or extension of the leg. The sleep was disturbed by the pain at night. His general health was pretty good.

I directed an occasional aperient to be given, of senna and salts, and ordered a moxa, of about the size of a shilling, to be applied to the left groin, about an inch to the outer side of the femoral vessels. I further ordered that he should have a grain of the acetate of morphia, with a view to allay the pain and to procure rest, and that he should keep his bed.

13. The report to-day was, that he had rested better at nights, and the pain of the knee somewhat diminished. The slough of the moxa, though partly, had not entirely, separated.—Next week the account was that he complained of pain on the inner side of the knee, extending down to the ankle. Pressure did not produce so much pain. The discharge from the moxa was trifling. I found at this time that he had been used to a certain quantity of stimulus, and as his general powers were failing, I directed that he should have a pint of porter daily, in addition to the medicine which had been ordered.

27. The moxa is discharging freely, and the pain is greatly relieved. He can move the limb without difficulty. The limb appears now to be of the same length as the other; sleeps well at night; the appetite and general secretions are good; bowels open.

30. He is not quite so well. The pain in the knee has become more severe. He has had but little rest at night, and the moxa has ceased to discharge. Probably that, and a change taking place in the weather just at this time, would account for the aggravation of symptoms.

November 3. Pain in the knee severe, particularly on the inner side. Pain in the hip, upon pressure on the anterior part, but not much when pressed posteriorly. I directed another moxa to be applied, in consequence of the aggravation of the symptoms, to be placed a little lower than, and anterior to, the first, which was a little more distant from the joint than I could have wished.

11. Up to this period he has been progressively recovering. The pain in the knee is but trifling, and pressure on the hip produces no pain. There is slight numbness down the inner side of the leg, but only very trifling symptoms remain to indicate any mischief in the joint.

Case 2.—Septimus C., aged 19, residing at [illegible], an intemperate habit, was admitted on the 8th of October, 1835. He stated that

about five months, whilst at work, he experienced a rather severe pain in the right knee, which obliged him to discontinue his labour for a time. His pain was relieved by rest, so as to enable him to resume his work; but he had not entirely got rid of it. In the course of the second day after he had returned to his work, the pain came on more severely in the knee, and he then applied for medical aid, and had blisters placed on the knee, but without any beneficial effect. On his admission, he complained of an aching pain on the anterior and inner part of the knee. I examined the hip-joint, and found that pressure on the groin produced pain; sudden abduction of the limb also produced pain. There was no appearance of the limb being longer than the other, but there was a little flattening of the buttock. As his tongue was not clean and his rest was disturbed, I gave him a small quantity of calomel with half a grain of opium; and the symptoms being trifling; I ordered an emplastrum lyttar to be placed on the groin.

14. The pain in the knee is somewhat relieved; he rests well at night; complains of headache. He was now ordered to repeat the blister, as the former had closed. I had only directed that it should be dressed with simple ointment, or a poultice. A week afterwards he had no pain, except on pressure being made over the anterior part of the hip-joint. But six days afterwards there was a relapse, and he complained of pain in the knee, particularly on the outer side of that joint. Pressure over the anterior surface of the hip-joint gave rise to pain. Any movement of the hip whatever, was attended with uneasiness. I now directed a moxa to be applied to the groin. At this time there was no indication of any disturbance of the general health. Still I have no doubt that that disturbance of the general health had commenced which was afterwards observed.

Nov. 3. Pressure increases the pain. He says he has a general numbness of the foot. It is now quite clear that he is labouring under the full effect of febrile irritation, having, as he states, caught cold.

4. He has still more general symptoms of fever; severe pain in the head; skin hot, tongue furred, bowels open, pulse quicker than usual, and he has a cough. He was now directed merely to take a little effervescent mixture.

5. Passed a bad night, and complains of great soreness about the epigastrium. He now took a dose of rhubarb and calomel, and was likewise ordered to take the house medicine, as the former did not act. A blister was ordered to be applied to the back, and a decoction of house medicine; the cough has been distressing; he has had

but little rest; the soreness of the epigastrium continues, but the skin is moist; pulse a little softer, and the tongue getting clean. In consequence of the cough and pain, I directed him to have some of the Dover's Powder, and to take a drachm of the spiritus aetheris nitrici, a drachm of the sirup of poppies, and ten drachms of the camphor mixture,—a medicine calculated to act in some degree as a diuretic, and also to keep the secretions of the skin and bowels a little excited. Next morning it was found that he had passed a better night, but he still complained of pain in the knee, which was increased upon any motion of the hip. Pressure over the anterior and inner part occasioned more pain. Twenty minims of Ipecacuanha Wine were now directed to be added to each dose of the medicine.

29. The rest is much disturbed by the pain in the knee, and the cough is very distressing. Yesterday there was a good deal of pain in the left hypogastric region. There is pain in the epigastrium. The breathing is rather hurried; pulse 84, and very compressible; skin cool, and bowels open. I directed that he should take a small quantity of mercurial medicine, and that there should be a blister applied over the left hypochondrium. This is the case as it presents itself at present; the local affection is aggravated, and the case is a good one as illustrative of points which I shall presently note.

Case 3.—The third case is one of chronic inflammation of the fibrous capsule of the hip-joint; it is the case of Thomas Lachey, aged 11, residing in the city, admitted October 7th, into Abraham's Ward. He states that about four months ago he experienced a sudden pain in the left knee, but from no particular cause of which he was aware, and that it always increased towards evening, and after taking exercise. For this he was admitted into *St. Bartholomew's Hospital*, when he had two issues placed upon the hip, just over the trochanter major. Those issues having relieved the pain, he was discharged as cured. In a short time, however, the pain returned with increased violence, and in about a week afterwards he was admitted into this hospital complaining of pain of the anterior part of the hip upon pressure over the trochanter major. Any motion of the joint increased the pain. His rest at night was disturbed, but his general health was pretty good. From the severity of the disease and its duration, I directed the moxa to be employed; and from the feebleness of the general powers, which were rather below par, I ordered that he should have some porter in addition to the ordinary diet of the house. The affected limb was longer than the other.

13. Very much relieved. The affected

limb is still a little longer than the opposite limb. Pressure produces slight pain.

21. The lengthening of the limb is but trifling; the pain has subsided, and he is much better.

29. I found he could walk without pain; there was now no lengthening of the limb; the left buttock had nearly regained its natural size, and he was on this day presented as cured.

Case 4.—The next case is one also of chronic inflammation of the fibrous capsule of the hip-joint. Sophia North, aged 26, a housemaid, living at Farnham, in Surrey, was admitted into Queen's Ward on September the 3rd. She states that about four months ago she received a blow on the left hip, from a fall. The part in a short time became swollen, and she experienced considerable pain in the joint, and also at the anterior and inner side of the knee. The pain was of a dull character, and disturbed her rest. Leeches and blisters were applied, and the blisters were kept open, but she derived no advantage from them. Upon her admission she complained of pain of the anterior and inner part of the knee. The pain in the hip was more severe than it had been, and was increased by pressure over the trochanter major. Her general health was much deranged. I ordered that a moxa should be applied over the trochanter major, which gave but little relief. I then directed that a second moxa should be applied to the groin, which relieved her considerably.

Oct. 4. There is less pain; she sleeps better at night; perspires towards morning; the left limb is nearly an inch longer than the right; the buttock on the affected side is flattened, and the general health is impaired.

13. Much improved. To take the decoction of sarsaparilla twice a day.

20. Little alteration.

24. Pain a little greater; passed rather a bad night; the limb apparently is somewhat smaller than it was upon her admission.

28. Pain rather severe, but it does not disturb her rest; there is evidence of additional weakness, from copious perspirations; the discharge from the moxa has ceased.

Nov. 5. Rests tolerably well at night, and the moxa is nearly healed.

11. Pain in the knee yesterday, and increased by the slightest motion of the hip-joint. No pain in the knee to day. Can bear pressure better on the posterior part of the hip, but when pressure is applied anteriorly, it produces some pain. I ordered that a second moxa should be applied.

Diagnosis, Pathology, and Treatment.—These cases all have reference to diseases of the same articulation, and three of them present very nearly the same symptoms. In the first case we find that inflammation was produced in the hip-joint by a violent strain.

We can account for this, when we know that the muscles of the thigh are attached to the fibrous capsule of the joint, their tendons being connected with the capsule itself; so that by violent exercise, such as raising a heavy weight, there might be laceration of the tendons of those muscles, and of the fibrous capsule itself—a very probable cause of such inflammation. We find the pain extending to the loins, probably from some slight strain of those parts, and not as being connected with injury to the hip. After inflammatory action had been set up, and simple means had failed to relieve the patient, he applied here, and we find that he had pain at the anterior and inner part of the knee. This pain is increased towards evening, and pressure produces an aggravation of it. Now, as to the situation of the pain, that is a point of importance. The fibrous capsule of the hip-joint is very extensive, but not so extensive as the mucous or the serous membranes. We know that in inflammation of the peritoneum, the pericardium, the pericranium, and so forth, inflammation extends very quickly along them. But if you take the capsular ligament of the joints, you will often find organic thickening taking place at one part of the ligament, while the other parts remain unaffected; and the pain of the anterior part of the joint denotes that the morbid affection is confined to that particular part. This is indicated by the sympathetic pain which affects the knee; and it is upon the anterior and inner part of the knee that the patient feels the pain. You can account for that by recollecting the anatomical structure, and the distribution of nerves to those parts;—the division of the anterior crural nerve, and the saphenus major and minor, one of which is continued to the foot, and the other is lost above the knee, on the inner and anterior side. It is of much importance to attend to this, because the closer in contact with the affected part that the remedies can be applied, the more likely are they to be of service. Frequently you will find that there has been an indiscriminate use of applications, or abstraction of blood, over the posterior part of the hip-joint. You generally find that blisters or moxa are applied there, which are not likely to do one-sixth of the degree of good that they will do if applied to the groin, near the seat of the disease. It becomes, therefore, of much importance to ascertain accurately the symptoms, and whence they proceed.

Next, there is flattening of the affected buttock. This is the case in all the patients. Taking a posterior view of the affected and the sound parts, from the loins to below the knees, you would see the flattening of the buttock on the affected side, and the division between the two parts, as if being lost. You can account for this obliquity of the pelvis, and account for

lengthening of the affected limb, the crista of the ilium of the sound side being an inch and a half higher than that of the affected side. As soon as the capsular ligament becomes affected, we have sympathetic affection of the knee, and sometimes sympathetic affection of the muscles at a great distance from the part which is the immediate seat of disease. The muscles of the leg become affected, so that its power is much diminished. The condition of the glutei muscles gives rise to this flattening of the buttock, when the patient is in an erect position, occasioned by the want of contraction that results from the adhesion of the integuments over the affected part. It is, therefore, from the loss of the natural power of the muscles to contract, that you have that appearance. On the sound side the proper muscular contraction takes place. The affected limb is frequently said to be longer than the other; but the fact is, that a person who is the subject of an affection of the hip is always endeavouring to relieve the affected side, and for that purpose he is continually throwing the weight of his body obliquely upon the sound side. The one crista ilii may be thrown an inch or an inch and a half higher than the other; and even if you put the patient into bed, in the recumbent position, you will still find a slight degree of difference in the length of the two limbs.

But there is another very important point to be noticed, which gives rise to the apparent lengthening of the affected limb, even when the patient is recumbent; and that is from the formation of the hip joint. The capsular ligament of the joint, which comes from the acetabulum, embraces, as you are aware, the head and neck of the thigh-bone, and owing to its construction this joint admits of motion in every direction,—abduction, adduction, flexion, extension, and I may say, every intermediate motion. We know that the capsule is longer than is absolutely necessary to retain the articular surfaces of the one bone in contact with the other; so that if you were to strip off the whole of the materials from the capsular ligament, you would find that you could draw the head of the femur from the acetabulum, to the extent of about an inch, or an inch and a half. The head of the femur, then, is kept against the acetabulum, in the healthy state, by the influence of the surrounding muscles. All the muscles which pass over the hip-joint have a greater or less influence of this kind, but more especially those which are immediately connected with the joint. Accordingly we find, that if, with forcible means, we pull the two legs, the healthy femur is still kept against the acetabulum, by the tension and influence of the muscles; whereas the separation of the diseased bone from the acetabulum increases the difference in the condition of the two limbs; and that may, as

I have said, admit of a difference in the length of the limbs, to the extent of an inch or more. This is a point referable also to an injury. A patient may have a fall; he may fall heavily upon the trochanter major, and be conveyed immediately to a surgeon, who examines the condition of the limb. The patient is placed in bed, and the surgeon, amongst other modes of examination, tries the length of the two limbs. He is surprised to find a difference of an inch or more in the length of the two; but then he finds that there is free motion of the joint of the affected limb, and not a great deal of uneasiness created by the movements. Now if he was not aware of what I have just mentioned, he might pursue his inquiries to satisfy himself whether there was not really a dislocation; but recollecting what I have stated, he is aware that this occurs from the result of the injury,—that the muscles lose their contracting power for a time, and, as a consequence, allow of the separation of the head of the femur from the acetabulum, upon the application of very slight force.

We have thus an explanation of the pain of the knee, of the flattening of the buttock, and of the apparent lengthening of the limb. We may also explain the diminished size of the affected limb. In the case of such an injury as I have alluded to, we know very well that the larger muscles, those which move the leg, lose their power, and when that is the case, there will be an apparent difference in the circumference of the two limbs, because all muscular fibres in a healthy condition have constantly a tendency to contract. Expose a muscle, or cut it through, as in amputation, and you will immediately observe that there is a strong disposition in the fibres to contract. By sympathetic influence, therefore, the muscles of an injured limb become flaccid, and lose their tendency to contract, therefore the diameter of such muscles will be different from that of sound muscles. There may be the same extent of muscle, but still, if you measure them, you will find that there is a difference in the diameters. However, after a time, or from disease, the muscles actually diminish in size; there is a diminution of the muscular fibres. This becomes very apparent in a case where the disease goes on to ulceration, or even to a more extended stage of disease.

We have seen in each of these cases, that the pain is increased in the knee on motion of the hip-joint, and not increased at all on motion of the knee-joint. These are important points for you to keep in mind. Again, you find, in the second case, that the patient described himself as having experienced an injury of the knee, and he spoke of the plan of treatment that was employed, as having been directed to the knee alone,—blisters and leeches,—but they did not afford relief. Now a surgeon should, in

such a case, immediately direct his attention to the hip-joint, where he would find the true source of the disease. But the point is easily settled in this way. If it be a pain in the knee, and resulting from disease in that joint, it will necessarily be increased by motion of that particular part of the limb. If, therefore, we find, upon putting the finger over the ligaments of the knee, or on pressing the synovial membrane, that the pain is not increased; or, again, if we flex or extend the leg, which may easily be done without moving the hip-joint, we discover that the motion does not increase the pain, then we must immediately look to the hip, knowing that sympathetic pain of the knee is almost the only symptom which indicates incipient disease of the hip-joint. So it was in the case I now allude to. Examination of the knee did not enable me to detect disease of the knee; I therefore proceeded to an examination of the hip, and a superficial examination of that joint enabled me at once to ascertain the disease was there. Again, the situation of the pain affecting the knee is not that which is the result of disease of the knee-joint itself. The pain which has been observed in most of these cases, has been of the anterior and inner part of the articulation; and we find that that denotes the situation of the disease to be of the capsule of the hip-joint, for each patient complained of pain in the knee. When pressure was made about an inch to the outer side of the femoral artery, over the situation of the capsule; but on all parts posterior to the trochanter major and tuberosity of the ischium, when pressure is made, you find they suffer but little. When the pain in the knee results from disease of the knee itself, you will detect that cause by pressure upon the knee, or motion of the knee-joint, as it will then arise from fibrous disease, or disease of the synovial membrane; you will appreciate this more distinctly from what I have to say by-and-by.

The pain in these cases being aggravated at night, is indicative of disease affecting the fibrous tissue. You see this very clearly in inflammation of the sclerotic coat of the eye. You can detect inflammation of this texture very readily, seeing that the surrounding structures are free from inflammatory action, it being alone the seat of disease: and when thus singly affected, we have symptoms, such as I have mentioned, indicative of inflammation of the fibrous capsule of the joint. The same is observable in inflammation of the pericardium, and the same in inflammation of all the fibrous tissues. The patient is perhaps well in the day, but towards morning or evening the pain is greatly aggravated. It is a kind of intermitting pain, of a dull, aching, but not lacerating or lacerating character; quite sufficient, however, to disturb the rest, and to produce exhaustion in that way. Such, then,

is the rationale of the present symptoms, so far as we have tried to illustrate the form of the disease from the descriptions I have given; that is to say, the symptoms I have been relating, point out the situation of the disease and the particular texture affected.

Now as regards the treatment adopted in these instances. We may know, from the observation of circumstances which I shall relate in connection with other cases, that the disease has not extended to the synovial membranes, nor to the cartilages; that it has not extended so as to produce ulceration or disorganization of those parts, but consists simply of slow inflammation of the fibrous tissues, therefore the remedies to be employed are not of a severe kind, constitutionally, nor very much so locally. In the first place we ought to ascertain whether the disease is connected with, or dependent upon, any peculiar condition of the system. We find in most of the cases before us, that the general health is good; there is only one case out of the four related, in which the state of the general system influenced the disease. In two of the others the patients became a little exhausted, perhaps from confinement to bed, and the discharges from the bowels. I was induced from this circumstance to give them a quantity of such stimuli as they had been used to. But as to the local applications, or management, the first, and perhaps, the most important object is, that the patients should be kept at rest. They will find out the position which is most comfortable for themselves. Usually their comfort is increased by having some support under the ham; a small pillow, for instance, between the ham and the bed, and keeping the limb flexed. They will themselves move the pillow as they move the position of the limb. It is not necessary to confine or restrain the motions of the joint entirely. Merely moving the limb in bed may be sufficient for the comfort of the patient, and not likely injuriously to influence the disease. We find that the best mode of relieving the inflammation of the fibrous tissue, which is generally a sub-acute disease, is by resorting to counter-irritation; and we know that counter-irritation to a distant part from that which is affected, and to which you can make no immediate application, is often productive of good. For instance, we find blistering the head or neck in diseases of the brain, productive of beneficial results. So in pneumonia, or inflammation of the pleura, we find blistering the chest do good. Again, blistering the abdomen in peritonitis, or even in enteritis, is advantageous. So that applying counter-irritation to distant parts has a good effect as regards the diminution of the disease, wherever it is; but it is always better, wherever you can, to apply counter-irritant as near as possible. This is the case as possible. This is the case as possible.

area of inflammation of the brain, or of the membranes of the brain. A blister applied to the surface of the back is infinitely more effectual than one applied to the nape of the neck. Again, if we apply a blister to the anterior part of the chest, where the parietes are thin, we effect more good than by applying it posteriorly, where the parts are very thick.

I have directed your attention to the situation of the pain in these cases. If the pain be in the anterior part of the knee, you will find the disease to be at the anterior part of the capsule of the hip joint. If it be in the ham, the patient will experience more pain behind the trochanter; and in such a case, instead of employing the moxa, as we have done in all these cases, in the groin, I should apply them on the posterior part, between the trochanter and the tuberosity of the ischium, over the posterior surface of the capsule of the hip.

When the symptoms are very slight, I have often found a blister on the surface produce all the effects to be wished for, combined with attention to the secretions, and rest. If the disease, however, has been of longer duration, and you have reason to suppose it has proceeded to some extent in the fibrous tissue, it is better to resort to the more severe remedy of the moxa. The moxa is the description of counter-irritation which we now usually employ, and a very good mode of exciting counter-irritation it is. I have known patients who have had the moxa applied, and have had issues formed by nitric acid and by potassa fusa, who have given the preference to the moxa, though one might be disposed in the first instance to say that they would rather object to the moxa, and be content with the other. Still, any of these will have the same beneficial effect.

It is not my practice here, and this is the result of experience, to keep the moxa open by the use of any extraneous matter, so as to form what is usually denominated an issue; nor to keep a blister open. The cases I have related are, three of them those of adults, and one the case of a boy; but this is a very common disease at an early period of life, more common than at a more advanced age. Children at the age of two or three years, immediately on beginning to make progression up to the age of puberty, show a disposition to the setting-up of such disease. In such children it is not an uncommon practice to employ a perpetual blister, as it is called. A blister is applied, the cuticle is raised, and then an ointment, composed of the savine ointment and unguentum lyttæ, is applied to it, morning, noon, and night, for the purpose of exciting a discharge. A discharge is produced in that way, but greatly at the expense of the patient. The irritation produced by the moxa, is such as to

make a greater call upon the constitution than the pain which previously existed from the disease, and therefore weakens the patient most amazingly. I have found that in such cases a repetition of blisters is infinitely better than keeping one perpetually open. If it be a disease that will not yield to a blister, or a repetition of blisters, it is better to employ the moxa, as the irritation of the moxa is not attended with pain, nor does it make the same call on nature that a large blister does, which is kept continually open.

The same reason I have against the continuation of an open blister, is applicable to the continuation of an issue; for if in the case of an issue you use beads, or beans, or peas, there is a great drain on the constitution, a great irritation kept up, and, in fact, an aggravation of the disease. In the ordinary cases, such as I have detailed to you to-day, the use of the simple moxa, allowed to heal, and then applying it again, if need be, is much better than introducing any extraneous matter for the purpose of keeping it continually open. It throws off a slough, and yields a certain discharge, which is as much as these cases require, independent of attention to the secretions, and any other necessary local treatment.

In one or two of the cases we have had, we have thought it necessary to procure rest by artificial means, by morphia or opium. The quiet produced in that way is favourable to the restoration of the natural state; and your medicines or local remedies have a much better opportunity of doing good if the patient be kept quiet, than they have where the rest is disturbed, which it usually is from his sufferings.

The treatment, so far as regards these cases, has been beneficial; one case has been presented cured, and two of the others may be considered as convalescent.

In one of the cases which I read to you, we find that the cure has been interrupted by general disturbance. The patient, as he states, caught cold, and has got rather a severe febrile disease upon him. You must suppose that sometimes local disease becomes aggravated during the prevalence of fever, which is not connected with it. This is the case here. The fever is not sympathetic, but it has been induced by cold, and therefore induced by a cause which is entirely independent of the disease for which the patient came in. The fever, however, has had its influence on the local disease; the boy is not strong, he is rather of a scrofulous habit, and the general powers have been lessened by this attack on the general system; the consequence is, that the local affection has become aggravated, and will continue so till we have subdued the febrile symptoms, and rallied the general powers, by appropriate remedies. At present he is under the influence of such remedies, merely,

as are calculated to check the influence of the fever; he is not in a situation to bear tonics, but as soon as he is they will be given, and you will find the local symptoms will again be subdued after the fever has been overcome, and he is restored to better health.

I am afraid the time will not allow me at present to go into the other cases, but they will be more valuable for observation hereafter, as they will then show more of the process of cure.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON A CASE OF

CHRONIC GASTRITIS.

Delivered in the Session 1835-36.

By DR. ROOTS.

The first case, of which I shall now speak, gentlemen, is a case of chronic or sub-acute gastritis occurring in Luke's Ward, in the person of Henry Free, who was admitted on the 1st of October. He was thirty years of age, and by trade a hatter, and he stated that he had drunk very freely of spirits, chiefly of rum, but that he had been generally healthy up to about three weeks before his coming into the hospital, when, after a long walk, and getting into a state of perspiration, he was seized with shivering, followed by heat and sweating, with pain, swelling, heat, and redness of the right leg. This swelling of the leg it appears was treated by incisions and fomentations. He took at the same time, according to his account, some aperient medicine, and under this plan of treatment he appeared, or at least the leg appeared, to have rapidly recovered. As the leg got better he began to complain of sickness, more especially after taking food, which sickness was attended with some degree of tenderness about the epigastrium, and a sensation of burning heat at the back of the throat and fauces. These symptoms he found were very much increased by taking any stimulant into the stomach. The gastric symptoms had gradually increased in intensity up to the time of his admission, and then he complained of severe paroxysms of hiccup, occurring every five or ten minutes, attended with pain in the epigastrium, and occasionally by the ejection of a clear fluid, of a bitter and saline taste. He also complained of considerable burning sensation along the whole course of the oesophagus up to the back part of the pharynx,

with great tenderness after taking food, frequent eructations, and sometimes vomiting. This case was taken, as I am detailing it to you, by the clinical clerk, who states that there was some degree of tenderness over the region of the stomach. His appetite was bad; he slept badly, on account of the hiccup, which disturbed him very much during the night; pulse 94, rather sharp and hard; his bowels were usually moved once a day; the tongue was morbidly red over the whole surface, having on some parts aphthous points, and in others small, irregular, and irritable ulcers.

Now, when I myself examined him, I found that there was not only considerable tenderness on pressure at the epigastrium, but increase of heat there, and the man was considerably emaciated. He was directed, therefore, to be bled to the amount of ten ounces, to take two minims of hydrocyanic acid, and half an ounce of mucilage, in half an ounce of plain water, every four hours. The diet to consist of arrow-root and water, and sago and water.

3. The report of this day states that the blood was much buffed and cupped; pain and heat in the stomach somewhat diminished, as was also the hiccup; still sufficient hiccup, however, to prevent much sleep. Still, also, pain at the epigastrium, though it was considerably diminished. Aphthae and ulcers of the tongue less irritable; pulse now ninety, and softer, the bowels open, the motions dark.

5. No hiccup since the evening of the 3rd, but he still complains of a burning sensation extending up the throat, and he yet has acid eructation after food. Still tenderness, also, over the epigastrium; tongue not quite so red; the small aphthous spots have nearly disappeared, and the ulcerations are looking more healthy. Bowels generally open every day, pulse 94 again, and rather sharp and hard.

6. I saw him again to-day, and directed twenty-four leeches to the pit of the stomach, and ten grains of the carbonate of soda to be added to each dose of his medicine, — the hydrocyanic acid and mucilage. As I did not think his bowels were sufficiently opened, and as I did not like to order aperient medicine, I directed that a common injection of gruel should be thrown into the bowels, night and morning.

7. Much better since the leeches were applied; no more rising in the throat, and the sensation of heat has nearly subsided. No hiccup since; tenderness over the epigastrium much less; the aphthous spots on the tongue have disappeared, and the ulcers are cicatrizing. His bowels have been opened by injections every morning, and the motions were free.

9. Still improving. The burning sensation and tenderness at the back part of the pharynx, and the burning sensation along the whole course of the oesophagus, are much lessened.

I thought, some degree of heat, I directed eighteen more to be applied.

10. The leeches have relieved the tenderness considerably. There is no hiccup, no uneasiness after food, and no acid eructation; tongue much more healthy, and the ulcers cicatrizing; bowels have been opened twice very copiously; the two motions contained a little blood, the result, apparently, of some little irritation occasioned by the injection pipe. Pulse 96, rather small, but still accompanied by some degree of sharpness. He was directed in consequence of the little bleeding, and as his bowels were sufficiently open, to omit the injection.

12. The affection of the stomach much relieved; appetite much better; no tenderness over the epigastrium, and no further uneasiness after taking food. But at this time the left ankle became swollen and painful, and somewhat hot and red. A dozen and a half of leeches were consequently applied there, and afterwards the liquor plumbi subacetatis dilutus was constantly employed, with directions that he should take in the morning half an ounce of castor oil, and on the 13th the swelling, and tenderness, and heat, had in a great measure subsided. On the 16th he was still more improved, and he was directed to take his medicine only three times a day. This on the 15th was reduced to twice a day, with an occasional dose of castor oil. There is no uneasiness of stomach, no heat of throat, no sickness, no acid eructation after food; the appetite much improved; getting quite well; pulse 85, rather small, but quick. On the 20th he was nearly quite well, but as there seemed to be some degree of debility about him, I directed two grains of sulphate of quinine to be taken twice a day. On the 23rd he was ordered some beef tea.

27. Being now perfectly well, he was presented, with, I should say, no disease remaining.

Now this was a very plain straight-forward case. The man was clearly suffering under chronic or sub-acute inflammation of the mucous tissue of the stomach. There are two forms of the disease, the acute and the sub-acute, or chronic. The acute form is not, I believe, very frequently met with. I have only seen two examples of pure acute inflammation of the mucous tissue of the stomach since I have been in practice. One of these occurred in a young lady the near relative of a medical gentleman at Camden-town. The disease ran its course and proved fatal. The other was the case of a poor man in Somers-town to whom I was called in the latter stage, and which supervened on a severe attack of English cholera some days ago. The post-mortem examinations of these cases proved them to be acute inflammation of the mucous tissue of the stomach. The disease does not often oc-

cur in the acute form, we frequently meet with the affection in the sub-acute or chronic form; and the disease advances so slowly, that it may be readily overlooked, and only discovered when the mischief is beyond relief. Generally speaking, however, strict attention to the symptoms will enable you to detect it when it does exist.

The ordinary termination of the chronic form is generally in ulceration, or thickening, or softening, of the mucous and sub-mucous tissues. The ulceration may consist either in a considerable number of minute ulcers, or in one of considerable size, affecting either the mucous tissue or the follicular glands of the stomach. As the process of ulceration goes on, the surrounding parts thicken, and, ultimately, perhaps the ulceration extends through the sub-mucous to the muscular tissue, spreading even to the serous tissue; and if inflammatory action have not existed to a sufficient degree to excite adhesion to some neighbouring organ, the ulceration may extend through the peritoneal coat, and allow extravasation of the contents of the stomach into the abdominal cavity. Many such instances of the progress of ulceration, from the chronic inflammation, have occurred, without previous suspicion that such a condition of the stomach existed. Such extravasation would set up acute inflammation of the peritoneum of the abdomen generally. Sometimes, however, nature prevents this by adhesion to the liver, the spleen, or sometimes the colon; still of course the disease will ultimately prove fatal, though without extravasation.

The ordinary symptoms of chronic inflammation of the stomach are, a feeling of heat extending from the stomach along the oesophagus to the pharynx; thirst, diminished appetite, nausea, and vomiting. Commonly, also, I believe, you will find tenderness on pressure at the epigastrium, sometimes, as in the case I have read, of a severe character, but the inflammatory action may be of so low a character as necessarily to be accompanied by increase of heat not sensible to the touch.

In the early stage, the symptoms are very often only those which are common to dyspepsia. I do not, of course, admit the existence of such a disease of itself as dyspepsia, difficult digestion. In point of fact, that must be dependent upon some cause, or a variety of causes, often, in different cases; but we understand commonly by the term dyspepsia, functional derangement of the stomach, unaccompanied by inflammatory action, or by any change in the tissues. Let us see, however, what are the ordinary symptoms of dyspepsia, and you will find how nearly they approach to those of chronic inflammation of the stomach. You often have great acidity, eructations, flatulence, and oppression after taking food, frequently with some

degree of pain in the stomach. These are common to chronic inflammation of the stomach, in which, very often, the patient complains only of pain after taking food,—that pain, too, frequently ceasing entirely as digestion is completed, the patient in many instances saying to you, “I am quite well; I only know that I am hungry; I take my food; I only know that I am ill for such a time after taking food.” In other cases the pain is much more prominent, extending often to the back from the stomach. Again, however, I would impress on you, that actual pain, unless you use pressure, is frequently denied, though patients will confess that there is a sensation of weight or oppression about the stomach; and occasionally you will find all these symptoms attended by pyrosis,—by the ejection of a clear, sometimes viscid, sometimes quite thin fluid, to the amount of from half an ounce to an ounce and a half, sometimes tasteless, sometimes acid, and sometimes both acid and bitter. Generally, however, as the disease advances, the symptoms become more urgent; the heat in the stomach is more distressing, the countenance becomes pallid and anxious, the vomiting more frequent, and occurring after every ingesta. The pulse at the same time is generally small, sharp, and occasionally accompanied by some degree of hardness. The tongue also most commonly exhibits some evidence of the disease. I say *most commonly*, because the tongue is not *always* a faithful indicator of inflammation of the mucous membrane of the stomach, though generally it is red nearly all over,—very often white at the back and centre, but morbidly red at the point and the edges,—sometimes covered by small aphthae, and, as in the case related, by minute ulcerations also. But I again urge upon you, that you must not, because the tongue appears natural or white, conclude that gastritis does not exist. I have seen several examples of well-marked gastritis, where there was nothing in the tongue to indicate that fact. Generally, however, it is a tolerably good guide.

As to the causes of chronic gastritis, abuse of diet, eating imperfectly-digestible substances, the abuse of spirituous liquors, and protracted errors in diet, are all likely to be exciting causes. Suddenly drinking a large quantity of cold fluid, the surface of the body, perhaps, being much heated, or, more likely, the nervous system being much exhausted, has been not an unfrequent cause of inflammation of the stomach.

With respect to your diagnosis, it is probable that you will understand all that I wish you to comprehend on this subject, by going at once to the treatment. In inflammation of an organ so essential to life, antiphlogistic measures must invariably be employed, both in the acute and in the sub-acute or chronic form of the disease. Bleed-

ing, generally and locally, are measures of primary importance, whether there is much activity in the inflammation. Never hesitate in such a case to take blood from the arm; let nothing prevent your doing that, unless you are satisfied that the disease has been prolonged to such an extent that the powers of the patient will not justify that measure. Depend on it also, that you will be much more likely (I speak now of the sub-acute form) speedily to subdue the inflammatory action by one or two general bleedings, than by relying upon local bleedings alone, and more especially where vomiting is urgent. You will remember, that with respect to the man whose case I have related, I did not hesitate to take blood from his arm, and that it was bled and cupped, and that the symptoms were thus somewhat relieved, the venesection not being required to be repeated. The subsequent application of leeches freely to the epigastrium was sufficient. But if the symptoms had not given way, if the vomiting, the hiccup, the heat of the stomach, had continued to be as urgent as before, I should have directed a second, perhaps a third, and perhaps a fourth abstraction of blood from the arm, before I began to rely on leeches alone.

In conjunction with bleeding, you will find counter-irritation of considerable advantage, but to this I would not resort until the activity of the inflammation was much diminished by general or local depletion. There can be no objection to occasional mustard cataplasms, because these leave spaces perfectly free for the renewed application of leeches. Therefore if you suspect that you shall have frequently to repeat the leeches, do not apply a blister; leave that until you feel pretty certain that you will not have speedily to reapply leeches. Do not understand me to coincide with some who I know have imagined that the inflammatory action of the mucous membrane of the stomach may be increased by a blister. I have never seen any such effect. In treating chronic inflammation of the mucous tissue of the stomach or bowels, I have, almost invariably, during some stage of the treatment, used blisters, and without ever having had occasion to regret their adoption.

As to medicines, if the vomiting be urgent, and there is much irritability of the stomach, I believe that the best thing you can give is the hydrocyanic acid, in doses of from one to two minims every two, three, or four hours, or even less frequently, according to the urgency of the vomiting. I believe, too, that it is useful to combine the hydrocyanic acid, as I did in this case, with some mucilaginous substance. *Cham water* is a nice soft application to the inflamed surface. The aphthae about the tongue and

ceedingly distressing, and a little gum water will often allay the irritation.

If I can possibly do without purgatives, more especially the nearer the inflammation approaches to the acute form, I rather abstain from them in the early stage, confining myself to the use of injections; but if obstinate constipation takes place, and the injections are not sufficient to produce what you may think requisite, then I would suggest, as the best purgative by the mouth, some castor oil. Too frequently, however, that will not be retained, and if so I should prefer a full dose of calomel, combined, perhaps, with a grain of opium; not, however, giving mercury with the slightest idea of its producing a beneficial effect on the inflammation of the mucous tissue. This, I am quite sure, from experience, would increase it; and I would also advise you to avoid opium if possible, because it only tends to produce greater constipation, and when it is simple inflammation, rather aggravates that condition. The hiccup (the diaphragm sympathizing with the stomach) is sometimes very distressing, and you may occasionally be driven to the exhibition of opium, but I am quite sure that you can only give it, with propriety, as a means of deriving a temporary respite from the distressing effects of the hiccup, which it is far better to endeavour to lessen, indirectly, by diminishing the inflammation of the stomach. But supposing opium seems to be absolutely necessary; then, before giving it by the stomach, I would prefer throwing it into the rectum, in the form of injection, thirty, forty, or even fifty minims, in a small quantity of starch or gruel.

You will remember, too, that during the early part of my treatment in the case of this man, on the second or third day—I added to each dose of the hydrocyanic acid and mucilage, ten grains of carbonate of soda. The acid eructations appear to be caused by a morbid secretion from the mucous and follicular glands, and which secretion, unneutralised, becomes an additional source of irritation in the stomach. The carbonate of soda, then, was given for its chemical effect, and its exhibition was attended with advantage.

The diet under such circumstances cannot be too simple. Chylification is evidently very imperfectly performed, and it would be absurd to task the stomach with food in large quantities. Nature would soon show the impropriety of it by vomiting the ingesta, with an increase of all the distressing symptoms. If the inflammation be very urgent, nothing but a little cold water should be given, or perhaps the best thing would be a small lump of ice placed in the mouth, to be thus slowly dissolved, and allowed to trickle down the stomach. The patient I am generally deriving great relief from the reduction in this manner, of the heat which

extends from the stomach into the pharynx. Plain cold drinks, in fact, are most grateful, though, if the symptoms be less urgent, there is no objection to allowing the patient, as I did in this case, a small quantity of arrow-root, or sago, in water. Every stimulant ought to be most carefully avoided. This man himself stated, that everything he took that was "strong," meaning beer or spirits, aggravated his symptoms. You will find it of great importance to attend to this in private practice. You will frequently be called to cases which will puzzle you to decide whether they really arise from some slow and insidious inflammatory action in the mucous tissue of the stomach, or are merely the result of functional derangement, brought on probably by some intemperance in eating or drinking. Take it as a rule, in which you can never err, that if there is much heat of stomach, much tenderness in the epigastric region, and, more especially, an increase of heat there on pressure, you will be right in treating the case antiphlogistically, immediately debarring your patient from every stimulating article of drink and food, and applying leeches to the pit of the stomach, or if the pulse warrants it, abstracting blood from the arm. Supposing that you commit an error in diagnosis, and that it is only functional derangement (and I admit that sometimes it is difficult accurately to distinguish), you can do your patient no harm by the restriction of his regimen, the application of a few leeches, and employing counter-irritation; but you may do infinite mischief, under the idea of the case being merely one of a weak condition of the stomach, by giving stimulants, and tonics, prescribing carbonate of ammonia, allowing brandy-and-water, advising an increase in the daily quantity of his wine, and permitting him to live a little more "generously."

There was another case admitted at about the same time, in Anne's Ward, which I did not designate as *gastritis chronica*, but as *vomitus-cum-hysteria*, because I did not believe, though some of the symptoms were present, that it arose from actual inflammation in the stomach. I rather ascribed it to that peculiar irritation of the stomach which we often see in hysterical females; and the mode of treatment pursued, verified, I think, the diagnosis. As considerable pain was complained of (though there was no increase of external heat), upon pressure of the epigastrium, I thought it right to apply some leeches, two or three times, and afterwards a blister. There was here some slight degree of redness at the point and edges of the tongue, but much less than in the man, therefore, as a precautionary measure, I applied the leeches; but I found, after a time, that there existed so much of that peculiar morbid condition of the sentient extremities of the nerves, which almost universally accom-

panies hysteria, that the same degree of tenderness was complained of on pressure over the whole of the abdominal and thoracic regions. Considering, however, that there might be some insidious inflammation going on, which this would be the best means of relieving, I applied the leeches, knowing that the loss of a small quantity of blood could do no harm to a girl in her condition. But the next day, believing that there could be no inflammatory action in the stomach, I ordered her some creosote, which, upon increasing the dose from one minim to three, speedily allayed the irritability of the stomach. This quite convinced me that the disease could not be of an inflammatory nature, because I never yet saw creosote taken into the stomach where there was any thing like inflammation existing, without its producing either increase of vomiting, or increase of pain, or heat in the stomach, speedily after it had been taken. I was, in fact, confirmed in my original opinion, that this was a case of hysterical vomiting. I may allude to it again, in order to say a few words with respect to the advantage of creosote—at least, to the degree of advantage which I have myself found in its use—in gastric affections.

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.*

TUBERCULAR MENINGITIS.

Child five years of age, of scrofulous constitution; sudden disappearance of an old affection of the scalp; for the two succeeding months headache, retching by irregular accessions; dulness; diminution of the intellectual faculties, and of motility; alternation of diarrhoea and constipation; pain in the abdomen; gradual wasting, and then constant headache, vomiting, followed by stupor, and incomplete paralysis of the limbs on the right side of the body.—Leeches behind the ears and to the temples; blisters to the neck and lower extremities.—Death; tubercular infiltration of some portion of the pia mater; granulations beneath the arachnoid, the plexus, and the peritoneum.

CASE.—Anne Camusat, five years of age, was transported to the hospital, from the Rue d'Angoulême, on the 30th of April, 1835. The parents of the young child, who themselves enjoy excellent health, and do not labour under any tubercular affection, inform us that she has never had convul-

sions during her infancy, and that she has been subject to placid swellings of the neck, eruptions of the scalp, and ophthalmia. About two months ago a suppurative of the scalp, which had existed for the last two years, disappeared suddenly, and since that period the child has frequently complained of pain in the head; she has become dull, apathetic, and ceasing to take pleasure in the amusements of her age. At the same period she experienced pain in the abdomen, was alternately constipated and affected with diarrhoea, and became gradually thin, a circumstance attributed to jealousy; during the three first weeks of the month of April the child coughed a good deal, but the cough has disappeared within a few days.

April 29th. Constant headache; the prostration is more marked than for last few days; appetite diminished; on the 30th bilious vomitings.

May 1. We found the patient in the following condition:—Face pale and thin; answers only by monosyllables to the questions put to her, and points to the frontal region as the seat of the pain; the eyelids are closed, and the patient avoids the light; she cannot maintain the upright posture, but can raise up the limbs freely enough; the latter do not present any spasmodic movements; the sensibility of the skin is not remarkable, and is equal on both sides of the body; pupils normal; the sight is weakened, but still preserved; the face exhibits alternations of paleness and redness; the skin is moderately warm; pulse 72, intermittent; the respiration is slow and unequal, 16 in the minute; the tongue moist, covered with a slight whitish fur; the vomiting has not returned since the 30th; tumefaction and tenderness of the abdomen; constipation for the last four days.

From a consideration of the patient's history, and the ensemble of the symptoms which presented themselves, viz. frontal cephalalgia, sensibility to light, slowness and unwillingness to answer, the stupidity, the diminished sensibility of the integuments, the slowness and irregularity of the pulse and respiration, the constipation, &c. we ventured upon diagnosing "a meningitis." However, the existence of this affection seemed doubtful to the physician of the hospital, who contented himself with ordering an *infusion of mallows*, and a *poultice to the abdomen*.

During the day the dulness and tendency to sleep persisted; these were interrupted in the evening by low cries; the alternations of flushing and paleness were now well marked.

May 2. Same sleepiness as before, no answers to the questions we address; eyes fixed; conjunctivæ injected; sensibility of the skin obtuse; movement of the limbs very strongly before we can reach them; pulse 60; respiration 20; constipation persists; urine

* The present paper forms a continuation of the cases and remarks which appeared at pages 429 and 430 of the present volumes of THE LANCET, under the above title.

sion of urine involuntary. (*A blister to each leg.*) During the day and night the patient did not articulate a single word, or put forth a single cry; she does not seem to be conscious of what passes around her; and from time to time is affected with a trismus which prevents the introduction of fluids into the mouth.

May 3. The stupor is more profound; the pulse has risen to 90; respiration continues at 20. A more active treatment was now thought advisable; four leeches were applied to the temples, and four behind the ears; sinapisms were placed on different parts of the lower extremities; the little patient does not recognise her parents.

4. Pulse 108; inspirations 16; incomplete paralysis of the limbs on the right side of the body. *Four leeches behind the left ear.*

5. Patient is in nearly the same state as yesterday; no answers can be obtained from her; excretions involuntary; pulse 90, intermittent; inspirations 24. *A blister to the neck.*

6. The patient is not so stupid as on the former days. The eyes are now open. She distinguishes objects, and answers by signs to the questions addressed to her. When asked to point out the seat of pain, she carries the left hand to the head. The right hand still continues incapable of moving. During the day the amelioration seems to progress very considerably. The child has recognised her parents; asks to drink, with a clear, articulate voice, and answers several questions addressed to her. The suppuration of the blister on the neck is kept up. Sinapisms are applied to the inferior extremities. The patient is allowed some milk and broth.

7. The intellectual faculties present the same phenomena as yesterday; but the incomplete paralysis of the limbs on the right side still persists. The pulse is now much more accelerated; the respiration has become embarrassed; deglutition is difficult; pulse 130; inspirations 40.

8. To day the pulse cannot be counted, from its great frequency. The patient still answers a few questions. She asked to drink once in the course of the day, and then gradually sunk until midnight, when a convulsive fit terminated life.

Body Examined Thirty Hours after Death.

Body emaciated; members relaxed.

Head.—The volume and parietes of the cranium do not present any thing remarkable. The dura mater is healthy. The great cavity of the arachnoid does not contain any serosity. Underneath the arachnoid lining the convex portion of the left hemisphere, we perceive a number of small round bodies of a tender yellow colour, hard as cartilage, and not larger than a millet-seed in most cases. Some, however, attain the size of the seeds with which birds are

commonly fed. These bodies, clustered together along the traject of the vessels, form small irregular plates or patches, which when examined by a magnifier, after having been detached, appear evidently formed by a reunion of small granulations. Upon separating the convolutions we find some of them adherent together on the convex surface of the left hemisphere, these adherences being produced by the pia mater, which is infiltrated with a yellow, consistent, steatomatous matter. On the right side of the surface of the brain, we find some granulations, a few patches of much less extent than on the left side. On the lateral surfaces of both hemispheres, the granulations are disseminated, but they again become confluent in the fissure of Sylvius. The pia mater does not contain the slightest trace of purulent infiltration: it is merely infiltrated, in the intervals of the granulations, with a little serosity. The membranes lining the base of the brain are intact. The ventricles do not contain any serum. However, the cerebral convolutions are flattened, and the cortical substance is often of a light chocolate colour; the medullary substance moderately injected. The brain is, generally speaking, a little less consistent than in the normal state; but does not present any marks of ramollissement at any point. We cannot discover any tubercle in the substance of the brain, which was completely divided by very thin slices. The pons varoli, the cerebellum, and its membranes, are intact.

Chest.—Both lungs are free from adhesions with the parietes of the thorax, but underneath the pleura which covers them, we perceive a multitude of small granulations analogous to those found underneath the serous membrane of the brain. In the parenchyma the tubercles are crude and much disseminated; the bronchial glands are also tubercular: the heart and its appendages healthy.

Abdomen.—Several convolutions of the intestinal canal adhere together by means of ancient false membranes studded with tubercles. We observe granulations underneath the serous envelope of the liver, spleen, and intestines in general. The stomach contains some residue of indigested aliment. On the anterior wall we observe the traces of two or three cicatrized ulcerations, round which the mucous membrane is pale and of good consistence. The interior of the rest of the intestinal canal does not present any thing remarkable.

Remarks.—This case presents several circumstances worthy of attention. Let us endeavour to seize the most remarkable. In the first place, let us notice the slow and gradual manner in which the inflammation of the brain was developed. This circum-

stance has been pointed out by several writers, particularly by ABRACOMBE, but it was impossible to explain the reason of the insidious manner in which the disease so often commences and goes on, before the fact was established by recent researches at the *Hopital des Enfants*, viz., that in a *great majority* of cases denominated "hydrocephalus," "acute meningitis," "meningo-encephalitis," &c., the inflammation of the brain, or its membranes, is either connected with, or dependent on, the formation of tubercular granulations in the cellular tissue of the organ.

This fact, to which we shall have occasion to refer more fully at a future period, is one of immense importance in the history of cerebral disease, and gives the key to various other phenomena which have hitherto remained obscure, or totally unexplained—for example, the hereditary tendency to hydrocephalus, its frequency in families subject to scrofula, its attacking successively many members of the same family, the great length of time during which the premonitory symptoms may last, &c. In the case now before us, the first symptoms of cerebral disease appeared two months before the acute attack; the patient, moreover, was evidently scrofulous; and here let us remark, that the duration of the premonitory signs, together with the history of the patient's life, previous maladies, &c., affords the best, perhaps the only means of distinguishing tubercular meningitis from the simple uncomplicated form. The transition from the chronic to the acute stage took place on the 29th of April, when the headache became suddenly augmented, and was followed by bilious vomiting on the 30th.

The connection of these two symptoms, acute headache and vomiting, without any apparent lesion of the digestive organs, is of the utmost value in the diagnosis of meningitis. We have not yet made an analysis of the cases we possess to determine this point, but we may affirm with confidence that they exist in five-sixths of the cases. Constipation is another symptom which frequently accompanies meningitis. In the present instance, the influence of the brain on the intestinal canal was sufficient to suspend the habitual diarrhoea under which the patient suffered, producing in its stead a degree of constipation sufficient to indicate the use of active purgatives.

But the symptom which we would lay the greatest stress on, is the state of the pulse at the time of the patient's admission. It was seventy-two on the third day of the disease, and (if we reason from the analogy of many other cases which we have observed) was not probably more accelerated during the two first days. This is a point upon which a grave error exists, even in the writings of the very best authors upon diseases of the brain; it is a doctrine received almost universally, that in the commencement of meningitis the pulse is feeble or accelerated; that the pulse *falls* as coma supervenes, and rises again shortly before death; indeed, we heard M. ANDRAL profess the same doctrine but a few hours before the present remarks were written. The present case is sufficient to demonstrate the contrary fact, and we possess ten or twelve other cases in proof, which we could bring forward were it necessary. In a great many cases of tubercular meningitis, the pulse is slower than natural at the very commencement of the disease; it preserves this slowness for one or two days, then mounts to eighty or ninety as coma supervenes, and gradually becomes accelerated, with the other symptoms of cerebral compression, until the patient's death, when it often reaches 140, 150, or 160. Instead of finding the pulse accelerated during the first two or three days of meningitis, we have frequently seen cases where the artery gave seventy, sixty, or only fifty, pulsations in the minute, and this at a period when the only symptoms of the disease were, headache, followed by vomiting, a very slight drowsiness, and irritability on touching the patient; with these symptoms we cannot admit the idea of effusion; besides, the slow pulse (as in the present instance) has been frequently observed where no effusion whatever existed in the ventricles. In many other cases, certainly, it does happen that the circulation is accelerated at first, then falls a little, and mounts again; but this may occur equally without effusion as with it, and, moreover, does not present itself so often as the case in which a slow pulse manifests itself long before the supervention of coma and insensibility.

The point of symptomatology we have now stated, is one to which we call the attention of those who have a disposition of studying extensively diseases of the brain.

We are persuaded that it is one of very great importance in the diagnosis of meningitis, and that in conjunction with severe headache, followed by sympathetic vomiting, it is sufficient to establish the existence of a malady which has hitherto remained obscure. Perhaps as much from the inaccurate manner in which it has been observed, as from the real difficulties that accompany its investigation. In fact, we are not acquainted with any other disease whose general symptoms simulate those of meningitis, in which his remarkable slowness of the pulse is to be observed.

A third circumstance worthy of notice, was the recovery of the intellectual faculties, and the power of speech, at an advanced period of the disease. This has been pointed out by several writers, who judiciously warn us against being deceived by this apparent amelioration. We have had an opportunity of witnessing this phenomenon more than once, not only in cases where the inflammation occupied simply the surface of the brain, but where the meningitis was accompanied by very considerable effusion into the ventricles.

Finally, we may notice the coincidence of tubercular deposits in all the other great cavities. This is an important fact in the history of tubercular meningitis. We have never observed (nor are we aware that any such case has yet been recorded) an example of tubercular meningitis, without, at the same time, finding a deposit of tubercular matter in the bronchial glands, the lungs, the mesenteric glands, or underneath the peritoneal lining of the contents of the abdomen. In two cases we have observed tubercles in the kidneys. This, we repeat, is a capital fact. The coincidence of hydrocephalus (in our view the same disease as meningitis, the presence of serosity having little or no influence on its march and symptoms in a scrofulous constitution) was long ago suspected, and even announced, by Drs. PARCIVAL and CRYNE, and several other of the best writers on this disease; but the fact was never demonstrated in a rigorous manner, until the researches made within the last three years at the *Hopital des Enfants Malades*, by Messrs. GRUBARD of Philadelphia, RUFF of Martinique, CONSTANT of Paris, and ourselves. Since that period we have observed a consecutive series of more than forty-five cases of acute menin-

gitis terminating in death. Nine-tenths of these presented a greater or less trace of tubercular affection of the meninges, and in all there was at the same time a deposit of tubercles in the cavities of the chest or abdomen.

P. H. GREEN.

TREATMENT OF FRACTURES WITHOUT SPLINTS.

TROUGH FOR THE LOWER LIMBS.

To the Editor of THE LANCET.

SIR,—I entertain no doubt that your readers have been strongly interested by the letters on the treatment of fracture, recently published in THE LANCET by Mr. Radley, of Newton Abbott. For one, I freely confess that the simplicity of his statements, and the highly practical character of his reasoning, have excited a very convincing influence upon my own mind; the more so, as I had in the following case, which I submit to you for publication, an opportunity of corroborating, so far as one case can do it, the principle maintained by Mr. Radley, viz. that in fractures of the long bones "splints may be dispensed with."

Case.—Mr. Richard Barker, a stout, elderly gentleman, while out with a coursing party near Cove, in Yorkshire, had the misfortune, in attempting to spring over a ditch (not on horseback) from the top of a stake-and-bound fence, to trip, in the act of precipitating himself forward, and fall, with the right leg bent under him. The tibia was broken across, about three inches below the patella, and what was quite as bad, the parts investing the knee-joint sustained such a violent wrench as to be followed by considerable inflammation and an ecchymosis, extending to the hip. He was fifteen miles from home, and extremely anxious to be nursed by his family, but the limb was carefully and skilfully reduced by Mr. Hill, surgeon of Cove, who, probably with a view to keep the limb steady during the journey in a post-chaise, had applied splints, firmly bandaged. I visited him at his own house on the same evening, about six hours after the accident, and found him suffering dreadfully. A mattress and bed having been laid on the floor of a small back-room, looking into his garden, he was conveyed there and stripped of his clothes, when I discovered that it was highly necessary, from the amount of heat and swelling, to undo all the bandages, for that night at least; twelve leeches were then applied to the knee, and a gin-and-water lotion was directed to be applied to the smoking-hot limb. These soon placed him in a state of com-

parative ease. The broken leg was merely laid in the hollow of a soft pillow, and the foot was kept erect by means of a heavy box, which afforded it a convenient prop.

In the meantime a strong iron rod, lengthened so as to allow it to reach across the room, was hung upon two hooks, at six or seven feet from the floor, so as directly to traverse the foot of the bed. A heavy piece of mill-board, eighteen by twenty-four inches, after being soaked in warm water, was then doubled upon itself, so that its sides approached each other within about ten inches, so as to form a trough, nearly a foot deep, into which was carefully spread a nice soft thin pillow, having a many-tailed bandage beneath. The sides of the trough kept the foot upright, and in preparing it I tore a piece out, to allow the ham to rest at ease; for the board, in a case like this, must be long enough to come quite up to each side of the knee, and project a few inches beyond the toes, and likewise be so deep as to completely receive the foot and rise above it. A piece of very strong tape, two yards long, was next passed under each end of the trough, and kept from slipping by holes bored through the upper corners of the mill-board. After the leg had been laid in this apparatus, the ends of the tape were tied together in one firm knot. A double cord, running through a swivel-ring that was made to slide along the iron rod, was let down and fastened to the knot, and the whole was thereby gently drawn up an inch or two, to clear the bedding, and was tied and made secure. To this he himself added what he called his "bridle," viz. a piece of cord fastened to the trough, and brought across the bed to his hand, so that after a few days he could steer the whole concern with great precision.

Mr. B. soon felt the convenience of this plan; he could turn in bed on either side without affecting the position of the leg and foot, and was enabled to ease nature with comfort and without assistance. After three or four days, by means of a bed-chair, he could sit up in bed to read and write, take his meals, and wile away the tedium of confinement. With the exception of a saturnine lotion, and loose linen rag placed upon the upper surface of the leg, nothing more was required, and the case got quite well in six weeks, and would have done so sooner, had not the inflammation of the knee-joint delayed us awhile. The union is so neat and perfect as almost to defy scrutiny.

The support afforded by the trough on every side, rendered the many-tailed bandage unnecessary, and it was laid aside almost from the first. My patient would now and then ventilate the limb by propping back the sides of the board with a bit of stick, and getting us to draw down the creases of his pillow-slip, so that a plan which will enable a patient to attend to these

small matters is no trifling improvement; for if the creases of the pillow will, in the course of time, not so torment a patient, what is to be said of splints and tight bandaging. The principle of treatment I consider to be the same as that of Mr. Radley, viz. the absence of undue pressure, the convenient access of ventilation, and other kindred means. The trough is, as I have described, by no means a substitute for a splint, but merely a convenient support, without pressure,—at all times the grand desideratum, and, in the case of fracture of the lower limb, an improvement even upon that gentleman's very scientific system of treatment. I remain, Sir, your obedient servant,

HENRY CHARLES SHERWIN,
Surgeon.

Hull, December 8th, 1835.

CASES OF BRONCHIAL IRRITATION

MISTAKEN FOR TRUE CROUP,

AFTER RUBEOLA;

WITH REMARKS ON THE

EXTERNAL APPLICATION OF CROTON OIL
IN CYNANCHE TRACHEALIS.

To the Editor of THE LANCET.

SIR,—I transmit the following remarks for insertion in your highly interesting and useful journal, and remain, Sir, yours, Ac.

JAMES INGLIS, M.D., M.R.C.S.E.

Castle Douglas, December 18th, 1835.

That epidemics are at their invasion more fatal, although less contagious, than at their height and decline, is a fact which long observation has confirmed. Russell on Plague, p. 261. The circumstances, however, are by no means universal, as was exemplified in this district during the recent stay of rubeola amongst us. It appeared, prowling about the country, in straggling cases, nearly five months ago. These became more numerous as the "epidemic constitution" advanced, till at length there was scarcely a family in which some members were not affected. It was not however until on the decline that the disease, which heretofore had been remarkable for its mildness, assumed an alarming aspect. Instead of running its course in its usual period it became more irregular, the rash not appearing until the fifth, sixth, or seventh day of the eruptive fever, and then appearing only perhaps on one cheek, remaining an hour or two, and again subsiding, or making its appearance, first on the lower extremities, and then on the face and upper extremities.

or perhaps on the same. Several years ago, when rubella was the principal organ which suffered, were the lungs. At that time the thoracic inflammation ran so high, that the abstraction of blood in large quantities was necessary, even in infants, and in many instances the regular pneumonic sputa were observed. The present epidemic is attended more by tracheal irritability than pulmonary, and the symptoms approximate those of croup. In only two cases, however, have I seen what might be called *regular croup*, and in them the "tussis clangosa" was well marked. In innumerable other instances there was an assimilation to it, and I believe that many such have been magnified, from mere bronchitic irritation, into formidable and successfully treated cases of croup. Of such is the following instance:—

Case 1.—H. C. a girl, *æt.* 8, was seized with measles, and treated accordingly. On the seventh day from the invasion, the eruption had faded, but the other symptoms became aggravated, the cough was more severe and urgent, the respiration difficult and sonorous, the pulse of considerable strength, and there was much pain of the trachea and upper part of the chest. A dozen leeches were applied, and, the bowels being torpid, calomel and jalap were administered. The leeching alleviated the respiratory symptoms, but severe abdominal pain, and tenderness on pressure over the umbilical region, quickly supervened. As the powder had not acted, an enema of oil was given her, which was soon returned, with very slight effect. Ten leeches were now applied to the abdomen, after which she experienced great relief, and had several copious stools. On the following day she continued to improve, until the evening changed the scene, when I was suddenly called, as the father expressed it, "to see the child die." On entering the room, I found her, indeed, apparently near death; the head, thrown back, was tossed from side to side; the countenance was anxious; the breathing so laborious as to threaten instant suffocation; and the pulse upwards of 160. I immediately bled her from the arm until an impression was made upon the pulse, and the symptoms having abated in some degree, a blister was put on the chest, extending up the trachea to the chin. Next morning she was much better; the blister had risen well, but, the bowels being slow, and having experienced the greatest benefit from croton oil, I applied two drops of it to the blistered surface, and this not only acted as a counter-irritant, but also had the desired effect upon the bowels. From this attack the child in a great measure recovered; but being of a scrofulous habit of body, and being much weakened through the loss of blood, *œdema* of the feet and legs appeared about ten days afterwards.

The anasarca speedily became universal, the respiration was greatly impeded, the resonance of the chest and the respiratory murmur became faint, whilst the sub-crepitous or mucous r le left no doubt but that the lungs, too, were *œdematous*. The child died in a semicomatose state, probably from effusion into the ventricles of the brain; but a post-mortem examination could not be obtained, from the prevailing vulgar prejudices against it.

In this case, some of the symptoms assimilated croup, but the cough though severe never had the pathognomonic sound, nor was the blood drawn in the slightest degree buffed. It was simply a local irritation.

The following case, whilst it is a contrast to the former, exhibits also the good effects of croton oil as a remedial agent in regular croup:—

Case 2.—I was called to see A. F., a child *ætat.* 3 years, three days after the subsidence of the rubeculous rash; her breathing was loud and sonorous; the inspiration difficult; the head thrown back; the eye suffused and watery; the arms thrown out from the body nearly at right angles, whilst sometimes the hand was suddenly raised to the throat, indicating the seat of suffering; the pulse was 180. These symptoms, together with the well-marked crowing cough, left no doubt as to the nature of the disease. Calomel and James's powder were immediately given, and a dozen leeches were applied to the upper part of the sternum and on each side of the trachea. Immediately after the wounds had ceased to bleed, an effective blister was applied, and more calomel and antimonial medicine was exhibited, by which two scanty greenish stools were passed during the night. Early next morning the dyspnoea and cough were nearly the same as on the preceding night. The blister had risen well; on the denuded surface I put two drops of croton oil. This acted freely on the bowels, and produced a marked irritation, which I did not regret, although it suppurred copiously; for, from the time of its application, the symptoms became less severe, and she made a rapid recovery. The croton oil seems to keep up its action on the bowels for several days after its application.

It is necessary to diagnose between these two kinds of irritation. In the one, depletion carried to a considerable extent is called for, even when the croton oil has been employed; in the other, more confidence is to be placed in, and less danger results from, local counter-irritation, as the detail of the next case will show.

Case 3.—M. C., four years of age (sister to the first-mentioned girl), was seized with measles; but the mother knowing the disease, as at that time raging, to be of a very mild nature, did not call medical advice

until the eruption had faded, and the tracheal irritation had fairly set in. The case resembled, as nearly as could be, that of her sister's, only the cough, if any thing, was more severe. As this was one of the first cases of that nature which had occurred, croup was dreaded, and she was in consequence freely depleted by leeches, and other antiphlogistic remedies were employed, by which the tracheal and thoracic symptoms were certainly overcome. But what was the result? When I called in the evening the little patient was fast slipping out of existence, in a low comatose state, with a small quick fluttering pulse. I immediately ordered her a strong beef-tea injection, which was retained about half an hour. This was ordered to be repeated every two hours. After the fourth she began to revive, the pulse got fuller and more moderate, and she was soon out of danger, but the complete recovery was slow. I am persuaded that had not these enemata been used, she would soon have been past all human aid, and *that* principally from the error committed in mistaking bronchial irritation for cynanche trachealis.

Before concluding, I may remark that children at the breast appear to be less liable to be affected by epidemics than those of stronger and maturer years. This, whatever may be its cause, appears to be a wise provision of nature; for neither could the infant bear with impunity a sharp attack of the disease, nor could the remedies requisite for its removal be employed with safety. The almost invariable answer of a mother, when asked regarding any one of her children which may have escaped some epidemic, when the rest of her family has been attacked,—that “it was suckling at the time,”—first led me to notice the fact; and I find that others also, on recalling to remembrance long-past experience, accord with the truth of the assertion. A brief case or two will suffice to show that there is at least some cause for this observation. The first is that of a woman, who, during the full blush of the eruption of measles, was delivered of a living full-grown child. She had a quick accouchment, and made a favourable recovery. It was her fourth child. Ere the measles had subsided the child was put to the breast, and continued to enjoy uninterrupted health, without even the slightest rubiculous spot.

The next case is that of a Mrs. R., who, having occasion to enter the house of a person labouring under typhus fever, caught the infection, went through the disease, and suckled her infant all the time, which remained unaffected; whilst a little sister, a husband, and a son, were all seized. And there is now a family under my charge, three of whom have been for the last three weeks affected with typhus, whilst the child in the cradle, in the same room, beside them,

remains uncontented. Other similar cases I might mention, but I have already trespassed sufficiently in occupying so great a portion of these valuable pages.

ANEURYSMS OF THE THORACIC AORTA.

To the Editor of THE LANCET.

SIR,—I was lately requested to make an examination after death, of the annexed interesting case, the particulars of which, with a few detailed circumstances, in reference to the patient's history, I offer for insertion in your valuable publication. I am, Sir, your obedient servant,

CHARLES J. H. RAY.

Tonbridge, December, 1835.

Jeffrey B., *etat.* 52, of a plethoric, unhealthy appearance, by trade a sawyer, and accustomed to hard labour, in the performance of which he had habituated himself to large drinkings, was, about twelve years since, suffering from a protracted pneumonic attack, that produced a troublesome cough, to which he was afterwards almost constantly subject. With this exception for the following ten years his health was tolerably good, or until he was accidentally struck by a heavy piece of timber on the upper part of his chest, which projected him forcibly against the axle of a waggon, near the centre of his back. At the time, he was informed that no fracture had resulted, but he was bled freely, and attended medically. From this occurrence to the period of his decease he always complained of much uneasiness in these situations, describing what he felt as a constant, dull, gnawing sensation, oftentimes distressingly aggravated. He had persevered in the use of the warm-bath, large doses of iodine, colchicum, and opium, the latter only appearing to be serviceable, by its composing influence. Cupping, also, and many varieties of counter-irritation, had been freely prescribed, but without benefit. From last September his sufferings increased considerably, and during his coughing, small portions of dark coagulated blood were frequently ejected. He was unable to exercise the left arm, to rest on the left side, or in a horizontal position, and could ascend the stairs only with great difficulty. On the 12th of November he felt much easier, and whilst exerting himself rather more than usual, coughed up a large quantity of blood, frothy in appearance, and of a bright red colour. This was followed by a state of coma, which continued for several hours. He was immediately bled, and stimulant means were administered, but death terminated his sufferings in rather less than

two days from the presence of this circumstance.

Autopsy, 20 hours after death.—The whole body presented, externally, a pale sallow aspect, and appeared slightly distorted on the left side. That side of the chest was evidently much distended, and afforded a solid resonance on percussion, whilst on the right side a perfectly natural sound was distinct. Immediately on dividing the cartilages of the ribs, on the left side, a large quantity of serous fluid escaped, and within this cavity was contained upwards of a gallon of blood, about one-third of which consisted of firm coagula. The superior lobe of the lung on that side had, from the pressure, collapsed towards its root, but the inferior lobe apparently occupied its usual extent of surface, although so much altered in structure and appearance that it almost entirely resembled the spleen; in its interior was formed a cavity that might have contained two fluid ounces; and the pleura, on its posterior surface, was closely adherent to the body of the descending aorta, near the situation of the sixth rib. From this vessel, between the sixth and eighth ribs, a large aneurysmal swelling had existed, which had also become connected to the inferior lobe of the lung; its gradual expansion from within outwards had completely absorbed at least two inches of the seventh, and about half an inch of the eighth ribs, commencing at about an inch from their articulations with the corresponding vertebra, and the fibrinous aneurysmal coagula were firmly embedded in this remarkable depression. The heart was of ordinary size and appearance, unusually flabby, and perfectly evacuated. The right lung was healthy. The whole body of the arteria innominata formed another vast aneurysm, which appeared to commence just before the origin of that vessel from the aortic arch; while its extent terminated at the bifurcation, nearly opposite the sterno-clavicular articulation of the right side. Its size was that of a large orange, and on its anterior aspect the parietes were ulcerated, and irregularly detached, to the extent capable of admitting a small egg. This large fissure was in immediate contact with the sternum, and from a mutual pressure had caused a considerable absorption of its substance, centred by two deep and distinct depressions, either of which was capable of admitting a sixpence, and near to the sterno-costal articulations of the first and second ribs on the left side. On attempting to raise the sternum, after a division of the cartilages, it was broken transversely in this situation, and exposed a curious state of the surrounding bony structure. The abdominal viscera were generally healthy.

INJECTION OF THE NITRATE OF SILVER

IN

GONORRHOEA AND LEUCORRHOEA.

To the Editor of THE LANCET.

SIR,—Having been the humble means of introducing to the notice of the profession the nitrate of silver as a local remedy in leucorrhœa and gonorrhœa in the female, and being interested in ascertaining whether the experience of others was likely to confirm the opinion I had entertained of it, I felt great satisfaction in observing so favourable a report as that contained in your journal of last week from the *North-London Hospital*. Dr. Elliotson, in his clinical lecture on a case of gonorrhœa in a female, when speaking of astringents and specifics given internally, remarks, "There is, however, a local application which is, I believe, recommended by many practitioners,* and which has, I think, by far greater power over gonorrhœa and leucorrhœa than any other local application, where there is no inflammation, and that is the nitrate of silver."

I shall make no comment on the above passage, except to observe that it affords me much pleasure to find the remedy favourably spoken of by so distinguished a member of our profession as Dr. Elliotson. My principal motive in addressing you, is to remark on the exceedingly weak solution which Dr. E. says he begins with, namely a quarter of a grain to the ounce of water. I need scarcely observe that I have used the nitrate of silver in those diseases of females in a variety of forms, and I have never found a solution of three or four grains to the ounce to create any painful sensations which have induced me to discontinue its use, or even to diminish its strength, unless, indeed, there existed excoriations, or a highly inflamed state of the parts; and as an instance of the extent to which its strength may be increased, I may notice the fact of a patient now under my care who has used it for a period of three years, in the proportions of seventeen grains to the ounce of water; this being the only remedy which has kept leucorrhœal discharge in check, and which I have no doubt has arrested the progress of organic change.

Permit me to suggest the necessity of avoiding the common pewter syringe, as, when used, a decomposition in the solution takes place. The short straight syringe I consider quite a useless instrument. The ivory or bone syringe,—my invention some time ago,—and which may be purchased at

* In a clinical lecture, published in THE LANCET of Aug. 11, 1832, Dr. Elliotson ascribed the proposal to employ this astringent in vaginal discharges, to Dr. Jewell.—ED. L.

most of the surgeons' instrument-makers (in the sale of which I have no interest, direct or indirect), will, I think, be found, from the material and shape, a convenient and efficient instrument, and may be used for injections of any kind. I have the honour to be, Sir, your obedient servant,

GEO. JEWELL.

Sackville-street, Dec. 22, 1835.

OBSTRUCTION OF THE NOSTRIL.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will insert the following letter, and the remarks which I have subjoined to it, in your journal. The letter is addressed to me as the history of his case, by a patient. I am, Sir, your obedient servant,

S. PLUMBE.

Southampton-street, Dec. 14, 1835.

"Dear Sir,—As it appears that my case may possibly be instructive, I beg to hand you its history up to the time at which I consulted you. Previous to the attack which it describes, I had served during twenty-four years in India, and had never experienced severe illness of any kind.

"Shortly after a trip to Brighton, in August, 1834, I experienced a sensation of cold in my nose, with a catarrhal discharge, which soon afterwards became thick and offensive, causing me much annoyance. In December it became much aggravated, and in the subsequent May a partial obstruction of the right nostril took place, and increased daily. Shortly afterwards the left nostril became similarly affected for a short time, though only at intervals. The right nostril now speedily became quite impervious, and I found myself unable to draw air through it, or to expel air from the lungs by that passage. I experienced also great pain over the root of the nose, in the direction of the frontal sinuses.

"At about the latter end of May I consulted a surgeon at Brighton, and afterwards sought advice elsewhere, without any favourable result. I was recommended by one to use an injection of nitrate of silver, and by another to try one of tincture of kino, and a variety of other similar applications, all of which I patiently tried without effect. Other surgeons assured me that the constant sanious discharge from the nostrils, which excoriated my upper lip, and which had rendered me uncomfortable in society to an extent which I am hardly able to describe—might be got rid of by treating it as a gleet affecting the mucous membrane of the nose. Accordingly I used balsam of

copaiba and cubeba both locally and internally. Subsequently I was directed to use the golden filament, and to thrust it up the nostril by means of a camel-hair pencil; and, as a last resource, to give a trial to the injection of chloride of soda; and, finally, with the hope that the disease really existed in the antrum, I had made up my mind to the extraction of a molar tooth. Sea-side leisure and pursuits did me no good, either as regarded my general health or the local affection. I am, your obedient servant,

C. S.

"To S. Plumbe, Esq."

Remarks.—The case of this gentleman is, so far as my experience goes, one which the profession will consider rather singular and instructive, for although suffering for so long a period, the sequel is, that by the most simple means he has been restored to a state of perfect health, in the course of a few days. On examining the nasal passages, I found the right perfectly closed by the contact of the Schneiderian membrane at the point of union of the vomer with the cartilage and the ala, with the osse nasi, a fissure presenting itself there, instead of the open nostril. A probe was introduced on the first day, with some pain. On the second day a small pledget of lint was passed through an eyed probe, and introduced, with a little pain, and some blood was discharged. The quantity of lint was increased from day to day, and, finally, the probe reached the throat, and gave the opportunity of applying the black lotion to a part of the ulcerated surface. The day after, the probe passed into the throat, and, to use the patient's expression, "hurt the root of his tongue." He could then pass a little air, by great exertion, through the nostril, and some minute flakes of curdy matter were blown out. The sanious discharge continued for two or three days, the nostril being still half obstructed, when the patient, by a forcible effort, expelled a large mass of curdy matter, which I take to be the inspissated pus,—the ulcerated surface having been pouring out a healthy secretion of matter, but the passage before and behind having been so closed as to prevent the egress of any but its most fluid parts. Whether this view of the case be correct or not, a very large lump of the substance described was blown out, with little effort, into the patient's handkerchief, and he recovered within a fortnight, by the application of the black lotion, with a camel-hair pencil. The right nostril is now even larger than the left, and the patient's health is better than it was since the first attack.—S. P.

SOUNDS AND MOTIONS OF THE HEART.

REMARKS ON THE REPORT OF THE DUBLIN COMMITTEE OF THE BRITISH ASSOCIATION.

To the Editor of THE LANCET.

SIR,—The committee, appointed by the *British Association for the Advancement of Science* to examine into the nature of the heart's movements, and the causes of its sounds, have, after a series of experiments, arrived at some conclusions which are confirmatory of views which I have long since advocated in the pages of *THE LANCET*, and at other conclusions which are at variance with those views, and which I have been induced to quote and comment upon, from a desire to arrive at truth on a subject, which, to use the words of the committee, "from its importance, whether in a practical point of view, or as an object of philosophical inquiry, is deserving of further investigation."

The following quotations are from the report of the committee, as contained in the *Dublin Journal* for September 1835.

"Section 3.—*Conclusion 5.*—If the interval between two successive beats be regarded as divided into four equal parts; two of these parts may be allotted to the duration of the ventricular systole."

A similar opinion was advanced by Laennec, and since by Dr. Hope, but it has met with unanswered objections in *THE LANCET* of January 12, 1833, which contains the detail of an experiment by which the time from the commencement of the first sound to that of the second sound was carefully measured, and found to be a fraction less than one-third of the time, instead of two-fourths, as maintained by the committee.

"*Conclusion 6.*—The ventricles, in their systoles, approach the front of the thorax; and, by their contact and pressure against it, produce the impulse or beat of the heart."

In the natural state of the parts the ventricles must always remain in contact with the parietes of the chest, and can neither recede from nor approach them. If the ventricles did recede from the parietes, they would cause a vacuum between their anterior surface and the parietes; and this is so much at variance with physics and common sense as to be unworthy of a moment's consideration. In their deductions, the different experimentalists on the heart's motions have not contemplated the effect of cutting away a portion of the parietes of the cavity containing the heart. They have drawn their conclusions from changing one of the terms of

their proposition, and without making any allowance for that change. They have altered the mechanical relations of those parts whose motions they were about to examine; except as regards duration and succession, we might as well examine into the manner of the progression of an animal, having previously broken one of its legs, and set down its awkward gait for its natural movement.

If the above-mentioned alteration in the mechanical relations of the heart, and of the parts which enclose it, were allowed for, the results of their experiments would, I think, agree entirely with my description of the heart's movements contained in *THE LANCET* of February 8, 1834.

"Section 4. *Conclusion 3.*—That the first sound is connected with the ventricular systole, and coincides with it in duration."

That the first sound is connected with the ventricular systole had been long established; but that it is of equal duration will not, I think, be generally admitted; particularly as that duration is stated by the committee to be two-fourths of the time of one beat, in which case the duration of the heart's first sounds would be twelve hours out of twenty-four.

"*Conclusion 4.*—That the cause of the first sound is one which begins and ends with the ventricular systole, and is in constant operation during that systole."

On what ground is it stated that the cause of the first sound is of equal duration with the sound itself? There is no necessity for this. The sound of a drum is of longer duration than the blow which caused it; a harp-string vibrates long after the finger has struck it; and though the shock of the sudden tension of the ventricular valves be instantaneous, yet the vibrations excited by the shock of sudden tension may continue.

"*Conclusion 7.*—That it is produced either by the rapid passage of the blood over the irregular internal surfaces of the ventricles, on its way towards the mouths of the arteries, or by the bruit musculaire of the ventricles, or by both these causes."

Passing over the inaccuracy of stating the bruit musculaire to be the cause of the first sound—i. e. one sound to be the cause of another, I have merely to observe that the muscular sound of a powerful muscle bears no comparison in loudness to the heart's first sound; and if the passage of the blood over the internal surface of the ventricles be the cause of the sound, why does not the entrance of the blood during the diastole of the ventricles cause a similar sound? For be it remembered that the Committee state the duration of the systole to be two-fourths of the time of one beat; and, consequently, two-fourths only remain for a fresh supply from the auricles. Then, in both cases, the velocity of the blood being nearly equal,

why attribute a sound to the exit of the blood over a comparatively smooth path, when its entrance over a comparatively rough path causes no sound. Both of the above explanations are at variance with analogy, and they are equally so with pathology, for the loudness of the sound is, *ceteris paribus*, in the inverse ratio of the quantity of muscle; and when a bruit is heard, consequent upon the passage of blood over the surface of the ventricles, or of their orifices, the sound is so different from the true first sound, that it has become a diagnostic mark of functional or organic derangement of the heart.

The experiments of the Committee afforded no results which at all invalidate the opinion that the heart's first sound is caused by the auriculo-ventricular valves, and the only argument they advance against that opinion is contained in the following conclusion:—

"5. That it does not depend on the closing of the auriculo-ventricular valves, at the commencement of the systole; because such movement of the valves takes place only at the commencement of the systole, and is of much shorter duration than the systole."

The conclusions of the Committee afford, throughout, evidence that they consider the first sound of the heart to be a continued and equal sound; otherwise there has been a great omission in their not having stated the instant of its greatest intensity.*

The nature of the first sound is, however, a matter for the ear to determine, and not for argument; but I think I shall be generally supported in the opinion that it is an abrupt sound, and not continued and equal, as described by the Committee. If it be a continued sound, how could Magendie have supposed it to be the result of a blow, or an impulse of the heart, against the parietes of the chest?

My answer to conclusion 4 applies equally to conclusion 5; and I have merely to add, that the first sound occurs at the instant in which the valves close,—that the closure of the valves inevitably causes sudden tension of the valves,—that the sudden tension inevitably causes vibration of the valves,—and, therefore, as all sounds consist of vibration, and as no sound can exist without vibration, nor (within certain limits) any vibration exist without sound; and as, in the healthy heart, there occurs no phenomenon which is calculated to produce so

abrupt and strong a vibration as the sudden tension of the valves. From these facts and reasons I am led to attribute the sound to the valves. I am, Sir, your obedient servant,

E. L. BRYAN.

London, Dec. 16th, 1835.

LONDON PHRENOLOGICAL SOCIETY.

SKULL OF DEAN SWIFT.

At the second meeting for the session of this Society, a paper on the skull of Dean Swift was read by Mr. J. I. Hawkins. This skull was examined at the late meeting of the *British Association* at Dublin, and became the subject of an article in the *Dublin Phrenological Journal*, and other periodicals. Mr. Hawkins, on the present occasion, examined some points of debate which had subsequently arisen respecting it, and endeavoured to show that the real character of Swift was in accordance with the phrenological developments of the skull. The character of Swift in domestic life, and as an author, seems by many persons to have been greatly misunderstood; and amongst other individuals who made the examination of the skull a subject of ridicule against phrenology, was Doctor Macleod, one of the lecturers of *St. George's Hospital*, who adopted the vulgar belief respecting Swift, and strove to show either that phrenology had no foundation in truth, or that the skull was not the skull of Swift. As Doctor Macleod professed to be a medical man, Mr. Hawkins "probably on that account" took up his remarks, and allowed other writers to be answered in the reply which he had to give to the comments of the editor of Messrs. Longman's periodical.

The question respecting the identity of the skull was indisputably settled by Mr. Hawkins. Swift, being a dean of St. Patrick's, was buried in that cathedral. A short time since, some alterations were made in the edifice, which caused the exposure of the coffin of Swift and Mrs. Johnson, his "Stella." The circumstance coming to be known to Dr. Houston, of the Dublin College (whom Dr. Macleod describes in his pamphlet as a "buzzing busy-body"; Dr. H., with "impertinent curiosity," as Doctor Macleod declares, helped to "ransack the coffin," in order to find "a stumbling block for himself and other fools." This "worthy," continued Doctor Macleod, then displayed his "deplorable ignorance and folly," on finding that the skull was a "null one," by suggesting that the "mental powers" of Swift arose from a "diseased activity." (Mr. Hawkins in his paper said "that he remembered no such suggestion falling from Dr. Houston.") At the private examination of the skull, or at the

* Had this been attended to, the Committee must, I think, have been led to admit the explanation of the first sound, as well as that of the second, as first given by Dr. Billing, and first published in *THE LANCET* of May 10, 1832, and since brought forward by M. Roussel and myself, without, however, possessing the slightest knowledge, on my part, of Dr. Billing's Essay, or I should have acknowledged that priority to which, on this point, I consider Dr. Billing entitled.

subsequent public examination," and he believed that it never was uttered.) Doctor Macleod then produced in his pocket a pamphlet to show that almost every faculty of Swift ought, according to the doctrines of phrenology, to have been developed in a directly opposite extent to that which the skull was stated to present.

In briefly analysing the paper of Mr. Hawkins, it will be right to show, first, the grounds for believing in the identity of the skull, which was permitted to be temporarily removed (together with that of Mrs. Johnson) by the present Dean of St. Patrick, the Rev. Henry Dawson, for the express purpose of examination, when, also, drawings and casts of them were taken.—"There is no reasonable doubt remaining," said Mr. Hawkins, "respecting the identity of the skull. Dr. Houston declared that he himself took it from the coffin of Dean Swift, in the presence of several gentlemen. He also took from the adjoining coffin, on the same conditions, viz. that it should be returned in a few days, the skull of 'Stella,' Swift's female favourite, which skull Dr. Houston also produced at the meeting, and a more beautiful and well-balanced skull I never beheld. It was the beau ideal of a perfect female skull, and admirably harmonized with the character of Mrs. Johnson, as given by Sir Walter Scott, and some other of Swift's biographers. In order to satisfy some sceptics as to identity, the skulls, after having been exhibited at the meeting, were taken by Dr. Houston and replaced on their respective veritres, and several of the party ascertained the perfect fitting of the respective bones. Among the gentlemen present were several medical men from various parts of the United Kingdom; and a distinguished member of this Society, to whom I am indebted for this information (having myself left Dublin early on the morning after the public meeting), copied the inscription from the coffin of the Dean. This gentleman further informed me, that when the coffin was about to be first opened, the present verger of the cathedral said to the company—'Now we shall know whether old Richard Brennan told the truth or not. Brennan was formerly Dean Swift's servant, and afterwards was verger of this cathedral, until he became a very old man, and he used to say that the skull of Dean Swift was sawed in two before the interment, in order to take out the brains, and that he (Richard Brennan) held the basin to receive the brains.' Accordingly, on opening the coffin, the skull of the Dean was found sawn in two, to the very great astonishment of the verger, who had his doubts of old Richard Brennan's veracity thus removed. On the day of the public meeting," continued Mr. Hawkins, "I compared the skull with a cast which was a duplicate of the cast which is in the possession of this Society, and which is said to

have been taken from the Dean after death, and I found, by accurate measurement, that the cast belonging to the Society must have been a cast of the skull exhibited at Dublin, after it had been sawn in two, and the integuments had been again drawn over the divided parts. The weight of the plaster had evidently pressed upon the upper piece of the skull, and forced it about an eighth of an inch posterior to the lower portion, leaving a sudden step at the middle of the forehead, or, rather, an inclined plane, formed by the integuments not bending to the sudden falling back of the calvarium. Some persons imagined that this was an enormous wrinkle in the integuments during life, but no phrenologist could be deceived as to the real cause of the irregularity."

Next as to the vulgar opinion respecting the character and qualities of Swift. His *amatory propensities* were supposed by Dr. Macleod to have been little or none, and he referred to the opinion expressed in Scott's biography of Swift, in proof of the supposition. "Scott (quothe the dub) says, his whole intercourse with Stella and Vanessa indicates the very reverse of an ardent or a licentious imagination, and proves his coolness to have been constitutionally inherent, both in mind and person." And, again, "The coarse images and descriptions with which Swift has dishonoured his pages, are of a nature directly opposite to the loose impurities by which the voluptuary feeds his imagination. The latter courts the seductive images of licentious pleasure; but Swift has indulged in pictures of a very different class, and dwelt on physical impurities, calculated to disgust and not to excite the fancy." The anti-phrenologist urged also, that Swift had very little, if any, love of approbation, and in evidence of his statement, he again quoted Scott in the following sentence:—"There were three peculiarities for which he was remarkable, viz., his originality, his total indifference to fame, and the distinguished excellence which marked him in all his undertakings. As a literary man (the proudest light in which he can be viewed, if we except his patriotism, and even of that he was not vain), the careless mode in which Swift suffered his works to get to the public, his refusing them the credit of his name, and his renouncing all connection with the profits of literature, indicate his disdain of the character of a professional author."

The *benevolence* of Swift, said Roderick, was very great, as the subjoined words of Scott testify:—"The Dean's real and discriminating charity aimed at a better reward than popular applause. Even in his latter years, when habits of economy had assumed the appearance of parsimony, they could not overcome his principle of benevolence;" and, again, "he was charitable and benevolent

to the extreme limits of a moderate revenue."

The *ideality* and *wit* of Swift were said by the anti-phrenologists to have been remarkably great, and his "Gulliver," his "Tale of a Tub," and his "Battle of the Books," were pointed to in evidence. His powers of *imitation* they declared to have been very small, Swift being, they said, the most original of all authors. His power of *language* they considered also was extremely limited, because he "seldom used any but his vernacular tongue," and employed words only as "a means to an end." His faculties of *comparison* and *causality* they regarded as remarkably great, on the ground that he was "the finest and most subtle reasoner" that ever entered the field of politics or controversy.

These opinions were placed in array by the anti-phrenologists against the following extract from the table of the developments found in the skull examined at Dublin:—

"Amativeness, large.
Philo-progenitiveness, large.
Love of Approbation, very large.
Benevolence, small.
Ideality, small.
Wit, small (skull thickened here).
Imitation, rather full.
Number, moderate.
Language, large (skull very thin).
Comparison, moderate.
Causality, moderate (skull thickened)."

In opposing the views of the anti-phrenologists Mr. Hawkins drew a character of Swift, which tended to show that his actual propensities and faculties were very different from those described by his opponents, and that they were, in reality, in very exact accordance both with the developments described in the above list, and with the following account of other organs measured at Dublin:—

<i>Individuality, very large.</i>	<i>Order, full.</i>
<i>Form, large.</i>	<i>Weight, full.</i>
<i>Size, large,</i>	<i>Eventuality, full.</i>
<i>Locality, large.</i>	<i>Time, moderate.</i>

"The average of all these," said Mr. Hawkins, "will evidently warrant the opinion that, at the lowest estimate, the term *rather large*, should be applied to the intellectual indication, the lower percepts being *very large*, and the reflectives *moderate*." This remark was made by Mr. Hawkins in contradiction of a statement which became current, that the intellectual developments in the skull were very small, as compared with those which might have been expected in the head of such a writer as Swift. Amongst the biographers of Swift referred to by Mr. Hawkins in his estimate of Swift's character, is "the learned Dr. Beddoes, who, in the ninth essay of his work, entitled 'Hygeia,' has ascribed the vertigo, with all its distressing consequences,

suffered by Swift in his latter days, to habits of early and profligate indulgence; and he has argued upon his conduct towards Stella and Vanessa, as indicating the inflamed imagination, and the exhausted frame, of a premature voluptuary, who still courted pleasures which he was unable to enjoy." The same conclusion Dr. Beddoes was disposed to derive from the tone of gross indelicacy, of which Swift's writings afford so many proofs. Mr. Hawkins also observes that in his biography of Swift, at page 343, Sir Walter Scott, speaking of the impure tone of conversation prevalent in Swift's time, says, "Although Swift's offences of this description certainly far exceeded those of contemporary authors, the peculiarities of his habits and state of mind are also to be received in extenuation of his grossness." Again,—"*his delicacy must have been only occasional and capricious, for his journal furnishes many instances in proof of how little that delicacy influenced his own correspondence with females.*"

Mr. Hawkins also quoted the following passage from Dr. Barrett's Essay on the Life of Swift, to show the gross animal propensities of the Dean:—

"Nothing is more observable in the true and undisputed productions of Swift, than the pains which he seems to take in taking together the most nauseous ideas, and dwelling upon the most indecate images. It is unnecessary for me to bring examples of this strange propensity of his nature; which is the more serviceable to us, because he is almost singular in this respect, and it forms the strong outline that distinguishes him from almost every other writer. In a pamphlet which came out in 1704, called 'Some Remarks on the Tale of a Tub,' he is similarly described."

With regard to the extent of Swift's *benevolence*, Mr. Hawkins observes that Mr. Jeffery, in a number of the *Edinburgh Review* for 1816, says of the Dean:—

"He was neither a very dignified nor a very amiable person. The truth is, we think, that he was extremely ambitious, arrogant, and selfish; of a morose, vindictive, and haughty temper; and though capable of a sort of patronizing generosity towards his dependants, and of some attachment towards those who had long known and flattered him, his general demeanour, both in public and private life, appears to have been far from exemplary. Destitute of temp and magnanimity, and, we will add, of principle in the former; and, in the latter, tenderness, fidelity, or compassion."

Respecting Swift's *love of approbation*, Mr. Hawkins said,—"*I was informed in Dublin as a notorious fact, that in a fit of benevolence, the Dean lent small sums of money to several poor men, with some intention that it might be paid at a certain time; but that shortly afterwards he died, and acquired*

iveness, he instigated legal proceedings against the whole of them, and thereby ruined many industrious men and their families." Scott also says that in Swift's latter days he was "moody, melancholy, and ill-humoured, and absolute on all occasions."

In reply to the allegation that Swift was a man of great self and imagination, and had little imitation, Mr. Hawkins quoted first, the remark of Dryden on receiving some poetical exercises from Swift,—"Cousin Swift, thou wilt never be a poet," which Swift never forgot, or pardoned; and, secondly, Mr. Hawkins referred to the following remarks by Scott:—

"He never attempted any species of composition, in which either the sublime or the pathetic was required of him. But in every department of poetry, where wit is necessary, he displayed, as the subject chanced to require, either the blasting lightning of satire, or the lambent and meteor-like coruscations of frolicsome humour. We look in vain, in his writings, for depth of feeling or tenderness of sentiment; although, had such existed in the poet's mind, the circumstances must have called them forth. The mythological fable which conveys the compliments paid to Vanessa, is as cold as that addressed to Arden or to Miss Floyd. It is, in short, a kind of poetry which affects neither sublimity nor pathos." Again,—*"Yet this grandeur is founded not on sublimity either of conception or expression, but upon the energy of both; and indicates rather ardour of temper than power of imagination. *Pacis in ignis non recusat.* The elevation of tone arises from the strong mood of passion, rather than from poetical fancy." And, to conclude the extracts on this head,—*"But Swift, without ever trespassing into figured or poetical expressions, or ever employing a word that can be called fine or pedantic, has a prodigious variety of good set phrases always at his command, and displays a sort of homely richness, like the plenty of an old English dinner, or the wardrobe of a wealthy burgess. This taste for the plain and substantial was fatal to his poetry, which subsists not on such elements; but was in the highest degree favourable to the effect of his humour, very much of which depends on the imposing gravity with which it is delivered, and on the various turns and heightenings it may receive from a rapidly-shifting and always appropriate expression."**

Respecting the opinion that Swift ought to have had, from his faculties, the organ of language very small, Mr. Hawkins quotes from Mr. Walter Scott the following passages:—"The government of Ireland rewarded his eloquence as much as his learning." Again,—*"His powers of versification were admirably adapted to his favourite subject, satire, which is a handiwork to an inferior poet, as who is master of his*

art wears as a bracelet. Swift was of the latter description; his lines fall as easily into the best grammatical arrangement, and the most simple and forcible expression, as if he had been writing in prose."

Scott also observes that "logic, then deemed a principal object of learning, was in vain presented to the notice of Swift." This fact, said Mr. Hawkins, is in direct corroboration of the declared smallness of his organs of comparison and causality." In concluding his argument against the repeated declarations "that the character of Swift was the very opposite in every respect to the description given of his skull by the phrenologists, Mr. Hawkins said—"It may be remarked that Swift's very large individuality and form, large size and locality, full weight, eventuality, and order, will account for all his extraordinary powers of discrimination; and his very large secretiveness, destructiveness, and combativeness, combined with the above, would give that causticity to his satire, which made him such a pest to his friends."

We need not farther extend our extracts. We have suffered the subject to occupy so large a space in our Journal, chiefly because the skull of Swift has furnished, through misrepresentations and want of information, the most important occasion that has offered for many years to the enemies of the doctrines of Gall; and because, while the science of phrenology is one of great interest to medical men, too many of them have not time to examine the facts on which it is based, for themselves. We do not, ourselves, hold with many of the opinions that are entertained by its disciples, but we cordially concur with ANDRAL, in the general opinion expressed by him in a late address which he delivered as president of the *Phrenological Society of Paris*, at the annual meeting of the Society. A brief notice of the discourse appears in the *Edinburgh Phrenological Journal* for Dec. 1835:—"In this discourse," says the editor of the above-mentioned journal, "Andral endeavours to remove existing prejudices, by showing that Gall's leading ideas are in strict harmony with the principles which have always been followed by physiologists in endeavouring to discover the functions of the bodily organs, and that their truth is established by a body of evidence, direct and indirect, which it is impossible to resist. 'In what I have just said,' observed M. Andral, 'I have only one aim, and that is, to prove that the science of which Gall is the founder must henceforward be included among the *graves and serious studies of physiology.* The question is not now whether Gall or his successors have committed any mistakes in determining the functions of individual portions of the brain: even although none of the organs were yet ascertained, the fundamental principles of the science

' would not on that account have existed the less, and sooner or later they would have led to the accumulation of facts and the filling up of details. But if phrenology be true, do not concern yourselves about its future success, for there is no example of an important truth once fairly launched, having failed to make its way. It must, however, pay the usual tax of entry; some one must be put to inconvenience in its progress, and few people are fond of being set aside. *It has, moreover, the great fault of being younger than those whom it pretends to enlighten*; but let it alone, and it will soon throw all obstacles behind it with 'marvellous force.' We recommend these remarks to the serious consideration of such medical students as are deterred from the study by the influence of our own prejudiced professors. Andral's professional reputation and labours may be put in the scale against those of any of our living teachers."

The efforts of Doctor Roderick Macleod, and his coadjutors, to collect the "usual tax" from the new candidate for admission into the grave and serious field of physiology, form none of those "obstacles" which phrenology need use "marvellous force" to throw behind it.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 13, 1855.

MR. RICHARD QUAIN in the Chair.

ECZEMA.

Dr. Addison exhibited several wax casts this evening in order to illustrate the different forms of eczema. The Doctor congratulated the members on the fact that medical men were now paying that attention to the disease which it well merited and required, for the ordinary forms of the disease had hitherto been much neglected, indeed, he feared, treated with contempt; and the same with cutaneous diseases generally, although there was no class of diseases so little understood, and none more likely from a wrong diagnosis to affect the reputation of a medical man. He still maintained that the work of Wilson and Bateman contained the description of Mr. Thompson's case of eczema, with the exception of the exquisite form of exfoliation. As to vesication existing in the case, he had not the least doubt of it, as it oftentimes required the greatest attention to ascertain, and might escape notice therefore. He did not doubt, in fact, that it was frequently overlooked. Why the exfoliation had proved so exquisite, he presumed, was owing to the vesication not being fully developed, and occasioning an effusion of fluid between the cuticle and the

epithelium, causing a swelling, instead of the general moisture that is almost invariably found on the surface of the skin. Dr. Copland had, with his usual acumen, mentioned at the last meeting the presence of gastro-enterite with eczema, but he (Dr. Addison) believed that it was difficult to say which produced the other, as eczema often arose from local irritation, and was benefited by arsenic and other irritants, which would not, he thought, be the case, if eczema were dependent on gastro-enterite, which he did not, therefore, consider essential for its production. Eczema was often mistaken for erysipelas, but if the vesicles characteristic of the two diseases were observed, the error would be prevented; prothiasis was another form of cutaneous disease, for which it was frequent to mistake it, but reference to the history would always rectify that blunder.

Dr. JOHNSON thought that the novelty of the case narrated by Mr. Thompson, consisted in the periodicity of the disease. Had Dr. Addison met with, or Bateman noticed particularly, this phenomenon?

Dr. ADDISON replied that the statements of patients could not always be relied on, but he believed that about seven weeks was the usual period at which attacks returned, and in one case described by Bateman they returned every month for a considerable period.

Mr. THOMPSON said that had any student referred to Bateman's description of eczema rubrum, he would not have recognised the similarity between it and his Mr. T.'s case. It was far from his intention to deprive the merits of those authors. Since the last report the antiphlogistic treatment had been persevered in, and the patient had with benefit been bled twice; the blood was cupped. The subject here dropped.

Dr. JOHNSON informed the Society that it had to regret the loss of another member Mr. Mart, who had been carried off very suddenly by hemoptysis. He was seen for to see him, on Friday, at seven a.m., in consequence of the hemorrhage, but was unable to attend until five p.m. In the meantime Mr. Lambert was requested to see him and he bled him. The blood drawn was cupped, the first hemorrhage did not exceed a cupful, and throughout the day the sputa was only tinged. At his Dr. J.'s visit, the pulse was somewhat accelerated, the secretion becoming more florid, and the cough more troublesome. The friend said that the patient had had a slight cough for two months, with but little expectoration. He ordered a grain of lead with a grain of opium. The bowels were regular, but shortly after one dose was taken the bleeding returned, and proved fatal at nine p.m. Had any members seen or terminating with equal results?

Dr. ADDISON, finding that no post-mortem examination had been seen institute

waived giving an opinion, but remarked that cases of supposed aneurysms were sometimes found to have really been aneurysmal.

Mr. THOMPSON detailed a case which terminated as rapidly, the autopsy displaying an immense vomica, satisfactorily accounting for the result. A similar cause might be developed in the present case.

Mr. HORNE considered it but right to inform the members, in case an opportunity of ascertaining the truth should not be granted, that when he was requested to see Mr. Mart a short time back, it required not much difficulty to discover that his end was fast approaching, and of this he (Mr. H.) informed his friends accordingly; Dr. Clarke, also, under whose care he was from the beginning, had given no hopes of him.

Mr. LAMBERT declared with warmth that Dr. Clarke had not given any such opinion, but quite the contrary, and he (Mr. L.) also believed that his lungs were not affected.

Mr. HORNE intimated that there were gentlemen present who had heard the diagnosis of Dr. Clarke expressed, and Mr. DAVIDSON said that Dr. C. certainly had considered his case irremedial.

MEDICAL MAGNETISM.

After some further remarks from Mr. Verrall, and Drs. Stewart, Webster, and Blondell, Dr. Horne requested Mr. Thompson to report the progress of medical magnetism since the last discussion on the subject.

Dr. SCHMIDT first satisfactorily explained to the Society how Dr. Faraday's name had been used, although not by Dr. S. himself, and also alluded to the statement made by Messrs. Watkins and Hill, who it appeared had now authorized Mr. Davidson to disown on their part all knowledge of the competition in magnets. Dr. Schmidt said (as we understood him) that Mr. Wilkinson of Pall Mall was delegated by Lord Scarsboro' to make the proposal before stated to those gentlemen, that it was accepted by them, and that their failure was attributed to the inferiority of the English steel.

Mr. HALE THOMPSON now stated with regard to the question whether the magnet could produce physiological effects on the human body, that he must answer "yes," although Dr. Ritchie had denied the possibility of that result. As to its remedial efficacy, the time, he believed, had not as yet been sufficient to allow an opinion to be formed at the Ophthalmic Institution. From eight cases of amaurosis presented to Dr. Schmidt, four were selected, but these were not considered without their faults; in all of them some was produced, and great improvement was effected. But this afternoon, through the liberality in lending his magnet, and the skillful manner in which he (Dr. S.) had explained his mode of op-

erating, he (Mr. T.) had certainly produced a more decided physiological effect, by magnetizing a boy, who was received into the *Westminster Hospital*, with concussion of the brain. The pupils were dilated, and on first applying the magnet for three minutes, contraction followed, and on again employing it for five minutes, the same phenomenon occurred, to the complete satisfaction of himself and Mr. Snowden, a gentleman who had acted as house-surgeon to several hospitals. He thought it right to state, that, unknown to Dr. Schmidt, he had been told by Mr. Weiss that he could not undertake to make magnets of equal power to those of Dr. S.

Mr. HOLT stated that his daughter, who had been deaf for many years, and who had been placed in the circle of the magnets five times, had derived considerable benefit from their employment.

Dr. WEBSTER remarked, that out of the four cases which he had witnessed at the Eye Institution, only one received benefit; that of a lady, who affirmed that she could see much better after each application, all other remedies having failed to afford her any relief. In the second case the man saw worse. The other two received no benefit.

The PRESIDENT, before adjourning the meeting, remarked, that it was no unusual thing for amaurotic patients to say that they saw better after any new application was made.

THE LANCET.

London, Saturday, December 26, 1835.

DEPUTIES from the medical schools have been visiting the CHANCELLOR of the EXCHEQUER during the past fortnight, relative to the establishment of the new University. We hope that the whole of these bodies are satisfied with respect to the liberality of the scheme.

Still the draft of the proposed CHARTER is not before the public. Nothing, however, shall induce us to believe that the members of a liberal Government will shrink from placing before the community that document which it is their intention to convert into a law, by obtaining for it the sign manual of the King. The institution of the *Metropolitan University* will constitute an important epoch in the annals of the literature and

science of England. It will also affect, in great measure, the immediate interests of a large body of individuals, the conductors of scholastic establishments in and near London. The conduct, therefore, of the whole business should be as open, candid, and straight-forward, as the object sought to be accomplished is prudent, enlightened, and national. We repeat, however, that there will be no protection against the perpetration of what is unjust, unless a draft of the intended charter be circulated for the inspection of the public.

WHAT species of folly or cruelty can be practised which would not find defenders? A correspondent, who has most unwittingly adopted the signature of "PHILO-HUMANITAS," maintains that the charges advanced by the profession against the Poor-Law Commissioners and the Boards of Guardians are not well founded, or justly advanced; and the writer attempts to establish the accuracy of his position, by referring to the willingness with which medical gentlemen have agreed to become parties to the contracts in the Unions, and by referring also to the powers which the Commissioners can by right exercise, in conformity with the conditions of the Poor-Law-Amendment Act. Suppose we concede all that our correspondent has advanced,*—suppose we allow that the Commissioners and Boards of Guardians possess a statute right to treat the members of the medical profession with disrespect, with harshness, nay, with cruelty,—suppose also that there are a set of mercenary adventurers, who, having no feeling for the character of the profession to which they unfortunately belong, are willing to sacrifice every other object to the promotion of their own sordid and base propensities,—suppose, we say, that all this

* It would be useless to insert the note of "PHILO-HUMANITAS," as he attempts to prove no more than what we have, for the sake of argument, just conceded to him,

is admitted, does the connexion between the Poor-Law Commissioners, the Guardians, and the public, assume no other aspect? Does it present no wider view? Why "PHILO-HUMANITAS," and other writers of his intellectual stamp and caliber, in the blindness and the zeal, or in the muddy-mindedness of their folly, appear to forget the sole—the only object for which the poor-laws were instituted, so far back as the days of ELIZABETH—that of affording succour to the necessitous sick poor. This is an item in the account, which some of our hot-headed, over-zealous disputants will do well to include. The appearance of such a statement may be displeasing to the calculating political economists, and to the more philosophical, but still less generous utilitarians; nevertheless, it is quite certain that the mass of the English community, and, it is to be hoped, a majority in both Houses of the Legislature, will never forget that poor-laws were instituted for the protection of the poor, and that to such protection the poor are as much entitled as is the first lord in the kingdom to his landed estate. On a subject in which the feelings of humanity so strongly and convincingly admonish the mind that all attempts at mystification must fail in accomplishing their object, assuredly the people of this country—of course we refer to the *rate-paying* people—have not become so brutalized as to merge every question of human suffering occurring amongst the poorer classes of society, into a mere matter of pounds, shillings, and pence—in short, of setting up a saving of five shillings on the one hand, in comparison with relieving an afflicted fellow-creature from five days, five weeks, or five months, of bodily torture on the other!

Admitting, then, that the Commissioners and Boards of Guardians may, *by law*, exercise the right of giving to a medical practitioner the smallest coin in the realm, the treatment of the sick poor, at the rate of twenty or thirty pence per week, content that the moral obligation which that law

imposes, is altogether cruelly neglected, and is perverted into a base and unworthy object, which the provisions of no parliamentary statute ever can, or ever did, recognise.

When, therefore, a medical practitioner is insultingly offered a sum of money which is, confessedly, notoriously, an inadequate compensation for the labour which he undertakes, the executive authorities of the Poor-Law Amendment Act thereby virtually disregard the necessities and agonies of the afflicted poor, and they convert an Act of Parliament into a piece of insolent mockery. If the contract system, screwed down to the very last turn, be so exceedingly efficacious in the case of medical practitioners, why would not the same system be equally efficacious in fixing the salaries of the Commissioners and their worthy assistants? This branch of the subject must be mentioned in Parliament. It is really a pity that the Commissioners should be shut out from benefits which they so liberally bestow on other individuals. Why should *they* be encumbered with two or three thousand a year, when other persons might be found, equally competent to discharge their duties, for five hundred pounds per annum? If the contract system is to be pursued, let it be carried out to all functionaries throughout every department of duty in the new unions.

In making contracts with medical practitioners, every person, who is not utterly callous-hearted, will at once admit that the most scrupulous attention should be given to the means which the surgeon may possess of fulfilling the engagement which is enjoined upon him by the moral, as well as the written, obligation of the law. If the Poor-Law Commissioners could but behold in many, as in most, country parishes, the destitute, poverty-stricken, wretched hovels inhabited by the claimants on parochial relief, they would deserve universal execration. They would withhold from the sufferers the only consolation they could receive,—if they

shut out from them their only source of hope and comfort in the hour of bodily affliction and mental agony. The Commissioners may state, perhaps, that they are uninformed on these subjects, and that they consider that their duty to the rate-payers, as well as to the poor, is best discharged by ratifying, in all cases, the lowest tender which is offered by any medical practitioner who has received from one of the public bodies a legal qualification for undertaking the duties of his profession. In such a consideration there is plausibility, but no humanity. On the contrary, as the Commissioners must know, it is not in the power of a surgeon to attend and do justice to many hundreds of poor persons located over a surface of many miles in extent, for a sum of money, amounting, in many cases, to not one shilling a head for the medicines and attendance awarded to each individual. A thrill of horror darts through the blood, when reflecting, only for a moment, on what must be the consequences, the fatal, direful results, of such a nefarious engagement. With a practitioner thus employed there can be no alms giving; *he* evidently is not in a condition to afford extra-official aid to the miserable objects of the law's solicitude. He must indeed himself stand in need of that very assistance which he is made the ostentatious puppet and instrument of giving to others, or he would not, he could not, allow himself to be a degraded tool in the hands of men who appear to be ever occupied in working out the double purpose of destroying the poor, and accumulating insults on the members of the medical profession. The Commissioners and the Boards of Guardians ought to know that the mere testimonial of professional qualification is not a sufficient voucher for the character of that surgeon who undertakes, by contract, to furnish every requisite medical assistance to the parochial poor. Knowledge and skill in such a case are not all that is required; there are principles of honour, moral attributes, of the existence of which the most undoubted and

positive testimony should be obtained before thousands of helpless creatures are placed at the disposal of his tender professional mercies. What evidence of moral character have the Commissioners and Boards of Guardians demanded and received from the medical adventurers with whom the contracts have been ratified in the Unions? The gentlemen of the office in Somerset House will be called upon to place copies of these certificates before the Legislature. The whole of this subject, indeed, we are resolved, shall be thoroughly and searchingly investigated. Instead of treating with practitioners of known and acknowledged respectability, resident amongst the poor,—moving in their vicinage upon terms of benevolent and familiar intercourse with the sufferers,—strangers have been chosen, whose only claims to notice have been,—first, that they carried in their pockets a piece of worthless parchment, called a “diploma,” or “license;” and, secondly, that they would undertake, at less than a hangman’s wages, to reduce, at a rapid rate, the number of applicants for medicines and parochial relief. The Commissioners know, and so do the Boards of Guardians, that they would not treat the horses in their stables, or the dogs in their kennels, in this manner. Not a man of them would send to a veterinary surgeon, or a “dog doctor,” unless experience had given some assurance that the skill of the party would be exercised with honesty of purpose, and with kindness of feeling. A rule, therefore, is adopted by the Commissioners and Boards of Guardians, in the treatment of the sick poor of England, which no man of common sense and benevolence would pursue in the treatment of brute animals. Can such a system be sustained? Impossible! It is too revolting to be tolerated. It is repugnant to the national character of Englishmen; and the Legislature, in its wisdom, will beat down,—crush for ever,—that authority which has been so grossly outraged by the Commissioners, by their insolent assistants,

and by their too-complaisant Boards of Guardians.

When it is recollected that the medical contractors in the Unions are called upon to exercise their curative functions upon not only the most distressed, and most impoverished, but also the least informed, portion of the English community, too much stress cannot be laid upon the dependence which, in such cases, is necessarily reposed upon the humane integrity of the practitioner. In all instances of sickness, the surgeon, the physician, or the apothecary, can, if he be so disposed, conduct himself in a manner which shall deceive his unlearned patient; but in treating the inmates of our parochial work-houses and hovels, the sufferers are absolutely placed at the mercy of their medical attendant,—the *mercy* of a “contractor,” who undertakes the medical treatment of the poor, resident ten miles from his dispensary, at a charge of from one to three shillings for each person—a sum not amounting to the cost of a single set of shoes for the bare-ribbed, half-starved hack which takes him to mock the groans of the sufferer. Have the Commissioners ever paused for the purpose of asking themselves this question,—If medical practitioners are adequately paid in such contracts, what ought to be said of their charges while treating the sick in the houses of respectable private individuals?

If, then, it be confessed that the payment, in the case of the poor, is *not* an adequate remuneration for the duties which the medical attendant is, by law and moral feeling, required to execute, with what show of justice can the Commissioners and their tools insist that the terms shall not be enhanced,—in a word, that a just compensation shall not be awarded? *A priori*, we should say that the practitioner who agrees to undertake the medical duties of an extensive union at an income varying from £50 to 100*l.* a year (including all his medicines), furnishes by the fact of his accepting the very proposal which he makes, the most

Indubitable fact, that he ought to be spurned from the presence of the Commissioners. Such a man, indeed, not only offers to obtain money under false pretences, but at the expense of the welfare, nay the lives, of the most afflicted portion of his fellow-creatures. Such a man must carry the stamp of cruelty upon his brow. There can be no mistaking the characteristic features of such a being. He knows that in cases of fever, of inflammation, of visceral disease, he may neglect his patient with complete impunity; with complete impunity we say, because the mercenary brute is insensible to the throes of conscience. In the eyes of the relatives of the victim he stands exonerated from censure, even from accusation, because they are incapable of forming a notion of his guilt. *They* know not how often the visits should be made,—*they* know not the medicines which should be administered; the practitioner beguiles them with a soft assurance, with a smile of affability, but both emanate from the sanguinary spirit of a vampire.

Nothing can be more narrow-minded or unjust, than to regard the subject of medical contracts in the unions, as being exclusively a medical question. It may suit the purposes of factious and designing writers to restrict the limits of the inquiry within that narrow compass, but we can tell them that it shall be viewed upon a basis not less capacious than are the boundaries of England and Wales. It is strictly a *national* question, involving many of the noblest principles of humanity. As such, we shall again and again discuss the subject in the pages of this journal, and as such we firmly believe that it will be fully considered by a benevolent executive Government, and an enlightened Legislature.

Model in Wax, coloured, of the Otic Ganglion and its Neighbouring Parts. Published by Schlosser, 1835.

A most completely beautiful representation of an extremely interesting part of human anatomy, the modeller has submitted to our

view all but a portion of nature itself. The imitation is so close, so signally striking and true, that the mind is unavoidably turned from contemplating the obvious purpose of the design, to dwell on the marvellous skill of the artist. So nearly animate is the model, that we might almost suppose it to be traced by the hand of Prometheus. Criticism on the production must consist wholly of praise. A more perfect work of art of this description was never submitted to the inspection of the profession.

THE LATE DR. TURNER.

[From an Edinburgh Correspondent.]

ALL the members of the profession here deeply lament the premature death of Professor TURNER; for although he was not one of those brilliant stars whose rays have materially contributed to illuminate the dark paths of medical science, and his fame as a lecturer did not add much to the renown of the University, yet he was a man of considerable intellectual acquirements, a sound and judicious surgeon, and an assiduous and zealous teacher.

Dr. TURNER was educated chiefly in Edinburgh, where he served an apprenticeship to Dr. JOHN THOMSON, and was a contemporary of Dr. GORDON, our eminent anatomist. He commenced practice in one of the East-India Company's ships, and was afterwards elected a Fellow of our College of Surgeons, where he became intimately associated with his old preceptor Dr. THOMSON, who was at that time professor of surgery to the College. On the resignation of THOMSON, Mr. TURNER was appointed to the vacant chair. Some time afterwards, when Dr. THOMSON succeeded in accomplishing the favourite object of his life, that object to which the whole energies of his intriguing spirit had been directed,—the manufacture for himself of a chair in the University, he contrived also to create a chair of surgery for his *élève* TURNER. However much Dr. THOMSON was to be reprobated for the manufacture of those chairs, and the mode in which they were obtained from the Government, no one had any personal objection to offer to TURNER's appointment to one of them, though the object of the creation was palpable enough. The two self-elected professors, backed by their political ally at Holland House, succeeded in making their chairs sources of considerable emolument, at the expense of the unfortunate students in the University, for they contrived to get both the topics on which they lectured, added to the curriculum of "learning" which the pupils were compelled to attend in the Edinburgh School.

Dr. TURNER died, after only a few days' illness, at the 46th year of his age, and scarcely had he taken his lamented departure, that bourne whence no traveller returns, before a successor to the surgical chair of the University became an universal theme of conversation in the medical world of this northern division of the empire. Hardly, however, had the subject been broached, when, to the dismay of some, and the astonishment of others, Mr. LIXTON arrived from London. It is now, however, generally understood here, that the appointment of Sir CHARLES BELL is the alternative which will be consummated; but I am confident that I speak the sentiments of many, when I say that we want none of your London *pures* amongst us. You might as well send us a specimen from Rhubarb Hall, or a dowager from Pall-Mall East, equal, in poetical and in medical talents, to the distinguished individual whom your amiable President inflicted on the University of Glasgow. We are only astonished that a *pure* from one of your great hospitals should think of occupying so unprofitable a situation in Auld Reekie. There are several other individuals canvassing for the chair, and some of them of pretty good pretensions.

December 11th.

INTERCEPTED LETTERS.

"DEAR SIR HENRY,—It is singular enough that a few hours before your letter arrived, I had received the inclosed note, addressed to you from Madame V. You will perceive that she is *very* desirous to have the benefit of your able assistance. I am informed that she has an impression that the 'subordinates' under whose care she now is, do not understand her constitution so well as you do.

"MURRAY consents to publish your oration. It will not occupy more than thirteen pages of long primer type, well spaced, so that he fears that *one* shilling will be more than it's worth. I told him, however, that you did not publish for profit, and that you would distribute many copies gratis—but that he need not throw off more than 150, or 200 at most, for the *first* edition.

"I have had much to do with PARIS. He is one of those old birds that is not to be caught with chaff. I shall, nevertheless, keep rallying him, and driving at him. In the meantime, something under the name of 'Lectures' on *Materia Medica* must proceed in the Strand. We must get some one to act as *pro-tempore* lecturer. I imagine that none of the Fellows will undertake the unprofitable task; but, doubtless, some one or other of the Licentiates, on being asked by a Fellow, would not object to the labour,

though the title must be worn by PARIS, who, I am happy to assure you, will have no objection, for the sake of the College, to be called *professor* at least during the winter. He has made a kind of promise to lecture in January, but you know what *promises* are. He is evidently flattered by your opinion of him, to which I myself added that you thought there was something very imposing in his personal appearance, and that in a *given* he would make a most interesting and impressive lecturer. I have also assured him that he will have numerous invitations to dine with the Archbishop. This pleases him, for no man enjoys a gastronomic fete more than our friend PARIS.

"Nothing is talked of in the scientific world but the new Metropolitan University, and none of us can find out a man amongst our Tory friends, who can approach the Government without a suspicion being created, that would injure rather than help our sacred cause. There are only two individuals whom we can think of employing to discover the secrets. I allude to HOLLAND and BRODIE. They are both, as you know, every body's men. HOLLAND'S habits would enable him to find out something, and BRODIE, who loves to work under-ground, might contribute his aid. I know your dislike to any thing like intrigue, but we *must* employ men of that kind when circumstances demand. The secrecy which is preserved respecting the details, affords us reason to fear that your apprehensions are too well founded, and that all our exertions will not avail to preserve from destruction the rights and privileges of our venerable institution.

"In the meanwhile, however, as a certain quantity of time must be required to carry the diabolical project into operation, we must strive to raise what monies we can for the support of the College. I have kept the Fellows in total darkness about our finances, and none of them know that the building is deeply mortgaged, and our income so diminished. Let us make an effort to get a few more applicants before the licensing system is crushed *by law*. There are several men who have been lately purchasing degrees abroad, who I think would jump at a proposition from our College. The Scotch degree market being shut up, the subordinates have latterly sent to Frankenhansen, or some such place in Germany, for degrees. I will procure a list of these from the city, and, if you approve, will at once propose to sell them our licenses. We must let them understand that the examination will be very mild, simple, and god-like, — just such as CLENNING, who, by-the-by, has regularly come over to our cause, was blockhead enough to bring our Parliamentary Committee here to Oxford.

"As to our College *et cetera*, I have

“Taken the liberty to advise the Fellows that you will, in your usual liberal manner, forward to pay all the expenses of the tea, coffee, &c., and that they will take place the moment that political matters are so settled for the session that you know what ministers and dignitaries can safely be asked on the first night. I hope you will find leisure to compose a paper on the death of some more illustrious personages. To me it is unaccountable how great an interest all your papers create, and how much more people seem to wonder at the mode in which an illustrious man leaves this sublunary world than a man in the humble walks of life. We all look forward to your speech at our meeting on the 22nd, and we are full of anxiety to know more of the reasons why the Ministers have not consulted you in the new University scheme. I remain your dutiful and obliged servant, J. Mc. M.

“London, Dec. 1835.”

“DEAR SIR ASTLEY,—Will you join a deputation from *Guy's Hospital* to the CHANCELLOR of the EXCHEQUER to ask the right honorable gentleman how far the new University scheme will affect our school. Deputations are going from St. Bartholomew's, the Middlesex, the Bricks and Mortar in Webb-street, and several other recognised schools, and we shall be proud of your company from our own. Ever yours,

“B. HARRISON.

“Treasury, Guy's Hospital,
Southwark, Dec. 12th.”

MY DEAR SIR,—I think you will get on better without me; I am very busy in my museum; but Mr. BALDERSON shall go as my representative if you do not object. In truth, however, I think it is a useless mission, for I expect that the CHANCELLOR of the EXCHEQUER will only tell your Majesty, as he may most correctly and wisely, that you ought to know a d—d sight better than he, what a liberal plan will do for all the schools.—I know well enough what it will do for our College. In fact, I have long been convinced that in its present form and constitution it cannot last. I don't speak of its fate with regret. It has had its day, and I may tell you plainly, that I intend, in the present inevitable state of things, to give the Government all the support in my power, in arranging their new scheme. Ever yours, my dear Sir,

A. C.

● Conduit Street, Dec. 13th.”

MAC,—Poor WARREN is dead. I don't know your last why I have gone down ever since I visit him, when I must have well known in how little estimation he held

me. I am aware that WARREN never appreciated my talents as he ought, but that was no reason why he should not reap the benefit of them when he was ill. And, besides, it was just to me that the world should at least suppose him to hold a high opinion of me, for I mean to skim the cream of his practice—such of it at least as is left. I was rejoiced to see, in our last number, the Manchester weaver's notice of the Chapter on Mind, in ELLIOTSON'S Physiology, and I can tell you how to turn it to account for me, who have worked so hard for you. It has struck me that the Professor at the London University is not unlikely to step into WARREN'S shoes, for WARREN was also a liberal, you know, and to prevent this the opportunity occurs of getting up a cry of materialism against ELLIOTSON. It looks rather odd, to be sure, to see the Manchester critic seizing at this time of day upon opinions which have been in so many old editions of the Physiology; but never mind that. It will seem to the public all new, and the way to proceed is this:—Advertise the Manchester article every where in connection with ELLIOTSON'S name. Attract attention to it through the papers. Call it an “Elaborate and Convincing Refutation of the Doctrines of *Materialism* broached in Dr. ELLIOTSON'S Physiology,” or something of that kind—in CAPITALS, well displayed; I'll pay the cost. You know me too well to doubt that. Only do it well; frighten the old women—every body—and raise a proper feeling of indignation in the public mind. These are “no popery” times, and all liberals should go to the stake. In the mean while I shall set every other wheel in motion to forward my object. I have plenty of time to attend to the matter, having given up my appointment of Medical Examiner to the East-India Company, though, by the way, I have sat in the chair so long—ever since I commenced practice (thanks to my uncle, the Governor)—that I leave it not without a pang. By-the-by, some, I find, suppose that the Company will give the appointment to a physician who is practically acquainted with the diseases of tropical climates; but I don't consider that at all a necessary proviso. Indeed, the credit I have earned in performing the duties, proves the contrary, and I believe it will be given to HUME, as the Duke has made interest for him. I can send you no articles at present; but if you are dry in a fortnight, I'll help you with a page or two. In the mean time be assured, that whenever I am away, my patients shall be sent to you; but don't order any *mica panis*, or else write too obscurely for inquisitive patients. Yours at all times,

“F. W. C.

“Brook-street, Dec. 5.”

THE METROPOLITAN UNIVERSITY.

To the Editor of THE LANCET.

SIR,—As the enclosed letter to the Rt. Hon. T. S. Rice relates to a matter of great importance at the present time, I shall be obliged by its insertion in your pages. I am, Sir, yours, &c., JOHN EPPS, M.D.
89, Great Russell-street, Dec. 17, 1835.

To the Right Honorable THOMAS SPRING RICE, M.P., Chancellor of the Exchequer.

Sir,—When Vice clothes itself in the garb of Virtue, she is the more dangerous, because more difficult of detection; and hence, sometimes, even the good embrace her, without being aware, until the consequences of the embrace become apparent, of the hideous being they have acknowledged.

Thus attired is MONOPOLY.

To the hatefulness and the injuriousness of monopoly, the Government of which you were and are now a member, have testified by the measures introduced in various sessions, to destroy, or at least to mitigate, the evils of some of the most extensive monopolies. So that every unbiassed man, looking upon these proceedings of the Government, has come to the conclusion that the necessity is seen, on the part of the Ministry, of abolishing all monopolies, so far as such abolition can be effected with safety.

One monopoly that stands most in need of abolition is exhibited by the Universities of Oxford and Cambridge. These Universities exclude all save those who are of a particular creed, and thus make the honours of literature and science to depend, not upon a man's talent, but upon his religious opinions.

The atrocity of the monopoly thus created is now very generally felt, and a general cry for the abolition of the unsalutary power perpetuating this monopoly, has been raised through the kingdom.

To that cry it has not been possible, on account of the peculiar constitution of the Universities of Oxford and Cambridge, to pay any effectual regard.

What has happened? The evil is felt. Individuals, not content to wait till the removal of the evil shall be effected by the influence of public opinion, acting through the House of Commons, and through that House on the House of Lords, determined to realize the privilege of obtaining the power of conferring honorary degrees without the degrading condition of submitting to a particular creed.

These individuals, instead of going to the Legislature, and demanding that an University should be established in the Metropolis, combined together; and, by subscribing for certain shares, constituted a large proprietary of shareholders, who determined to

raise an edifice, ~~with~~ with the adjuncts of ~~the~~ ^{the} ~~University~~ should be called "The University of London."

The building was raised; the teachers were appointed, and the system of instruction was commenced. Forthwith an attempt was made by ~~them~~ to obtain a CHARTER, not merely of incorporation, but to secure to them the power of conferring degrees.

It seems, moreover, from the nature of the motion of Mr. Tooke, in the House of Commons, on March 26th, 1835, that a royal charter of incorporation had been drawn up and approved of by the law officers of the Crown in the year 1831.

Now, Sir, what would have been the consequence of giving such a charter* to the London University? What but the establishing another monopoly? a monopoly of teachers.

The proof is easy. The object of a college and of all schools is to teach. The skill of the teachers, and the means possessed for the manifestation of that skill, ought to be the only grounds upon which any pre-eminence can be claimed. Each teacher becomes interested in communicating scientific truths in the most clear and comprehensive manner. There is a beneficial, a scientific rivalry, pregnant with advantage. But if there be any exclusive advantages possessed by particular teachers, what is the consequence? To render this apparent, take two lecturers, A and B, both of whom are equally talented. They make known that they lecture. They are equal in talent to instruct, and in the possession of means for instruction. Those anxious to be instructed hear of their intentions, and determine to place themselves under their instructions, some under A and some under B. But, by some contrivance, B has managed to obtain a peculiar and exclusive advantage; namely, that his pupils will be enabled, by attending his lectures, or teachings, to obtain a degree, which the pupils of A will not. Does it not follow that *plus* advantage added to *equal* talent must give B an injurious superiority? And, in addition, does it not follow that this superiority must be injurious to A? And is not the possession of such a superiority a manifestation of the exclusive principle,—a monopoly of the worst character?

Such a monopoly would have been established, had the London University obtained the charter which they sought. But they would have obtained a monopoly of a more glaring character, had the charter sought for been granted.

The senate would have been the examining body. The professors, or the teachers, would have become the examiners of their own pupils.

* This charter included the power of conferring degrees.

It is true, Sir, that the plan now proposed by the Government obviates the latter evil. And in this view of this important matter every enlightened mind must agree with Mr. Hume, that "the Government is in the novel position of taking the lead of them" (the proprietors of the University) in the general liberality of the plan."

What then is proposed by the Government? It may be stated thus:—

1. That a board of examiners, to be termed the University of London, shall be authorized by charter to confer degrees.

2. That pupils from University and King's Colleges shall be admitted to examination.

3. And that any other bodies for education, whether incorporated or unincorporated, may, from time to time, be named by the Crown, and their pupils be admitted to examination for degrees.

Such are the intentions of Government; intentions indicative evidently of the fact, that degrees are to be conferred upon the prosecutors of every department of learning and of knowledge, divinity excepted.

To this no liberally-minded individual can object. But, in developing the intention, one circumstance occurs which mars the beauty of the plan. It is this, that while "the University" can confer all degrees save those in divinity, an excellent exception, the individuals on whom these degrees are to be conferred are not all who may be qualified by their learning and knowledge,—not all who have laboured hard to acquire every necessary information, but those only who have been educated at "any chartered college within the Metropolis."

Now, Sir, is not this giving a positive monopoly to the teachers in chartered colleges? Is not this as much as asserting that the education of students is better within the walls of a chartered college than within the walls of any other building? Is not this a spirit of intellectual consecration of bricks and mortar? Is not this a sacrifice to the god of wealth, because the largeness of the building seems to have some weight in the matter? Finally, Sir, is it not saying to those beginning their studies in London, "Gentlemen, go to the King's College and to the London University (to be called "London University College"; become pupils there, for there you will have talented lecturers: and there, in addition, you will be able to gain honorary degrees?"

But, Sir, it may be said, that the Government plan is not so exclusive as this; for it is expressly stated, in the communication from Downing-street to the Council of the London University, dated Aug. 19, 1835, that "Any other bodies for education, whether incorporated or unincorporated, may, from time to time, be named by the Crown, and their pupils be admitted to examination for degrees."

But, Sir, as is stated, in the preceding

clause, that a particular class of pupils is at once admissible to examination for degrees; and this particular class consists of pupils from University and King's Colleges.

Here, Sir, is given at once a priority to those educational bodies over other schools,—and why? Are they better teachers at these thus styled "Colleges" than at other schools? Personal comparisons would be invidious, and therefore should be avoided. But it may be asked without fear, Is the education at either of these institutions superior, in reference to the production of real medical qualification for medical practice, to that given at the "private" schools, as they are called?

Let, Sir, an application be made to the examining Boards of the Apothecaries' Company and of the College of Surgeons, and let a report be presented from each body, of the pupils passed or rejected, as belonging to individual schools; and I myself, as an individual private lecturer, am quite willing to abide by the result, as a testification of the nature and of the sufficiency of medical education, as given at the private schools.

Is it then just, Sir, that the pupils of any one institution, or of any institutions, should have the priority given them of starting in this intellectual race for intellectual honours, in advance of the pupils belonging to other institutions?

I sincerely believe, from various sources, that it is the wish of Government to act in this matter with the greatest fairness; but is it not apparent that the naming the pupils of the London University College and of King's College is giving an undue priority?

It may be asked, "What then do you propose?"—I propose, Sir, that the Government of this country, recognising the grand truths, that science has no country, that scientific men have generally been those who have received no aids of collegiate education, should declare, that

Literary and scientific honours shall be open to every individual, who can prove himself qualified to possess those honours:

And that, in addition,

Those honours being gained, the individuals gaining them shall have every legal privilege connected with the qualification.

With regard to the latter point, it would evidently be absurd to give an honorary degree as indicative of qualification, and then, afterwards, to require the qualified to pass another ordeal, previous to the realization of the benefits of such qualification.

It is true that such a plan would require the sweeping away, in the present state of society, of many scientific, or rather pseudo-scientific, nuisances; but the gain would be immense; the loss would be nothing.

And what a noble memento of the Government such a proceeding would be! What a pleasurable satisfaction would arise

in the mind of yourself, a member of such a Government, in contemplating the fruits of such a labour! And finally, what a thought to console at the close of an honourable life,—“I have been an instrument in removing a mighty barrier to the diffusion of education and enlightenment amongst the people.”

Trusting, Sir, that you are capable of appreciating the high behests connected with the decision of Government on this important question, I have the honour to remain, your obedient servant,

JOHN EPPS,

Lecturer on Materia Medica and Chemistry,
and Director of the Royal Jennerian and
London Vaccine Institutions.

METROPOLITAN UNIVERSITY DEGREES.

REPLY TO THE LETTER OF “A KING'S COLLEGE STUDENT.”

To the Editor of THE LANCET.

SIR,—I did not expect that the suggestions which I offered in THE LANCET of Dec. 5, respecting the conditions of granting degrees in the New Metropolitan University, would have met with the opposition which “A King's College Student” has offered them. I did not expect to be so hastily dignified with the title of “opponent,” by a gentleman who is already in possession of those advantages which I merely suggested should be extended to others. But, Sir, as he has appealed to the public to decide which of us is right, I am induced to reply to his remarks, and shall then leave the subject with perfect confidence in your hands, satisfied also in what manner the public will ultimately decide on the question. My opponent takes occasion to reprove me for calumniating a body of men who are “*not yet called into political existence.*” How can I have effected that impossibility? However, the commencement of my letter shows that I did not refer to any set of men, but to a proposed system, which I conceived to be objectionable. But I proceed to his objections.

Certificates of moral character, he says, are frequently forged. To this I reply, that a written character ought not to be accepted, unless some means are taken to ascertain that it is authentic.

He objects to allowing young men to graduate without having been College Students, because, though it might benefit a few, it would ruin the majority, for many who do now attend lectures occasionally, would not then, he says, attend lectures at all. And suppose students did not attend lectures at all? Suppose they did not study? Why then they would be certain of not obtaining a

degree. In fact, it is more than probable that instead of the new system causing ruin to any one, it would arouse students to a sense of the necessity of profound study, and induce them to seize every opportunity adding to their mental and professional attainments.

My opponent imagines that I think the students who neglect the lecture-room, more profitably employed elsewhere study. Those gentlemen who neglect the lecture-room do so, I should suppose, for far less noble pursuits than those of science. I quite admit the benefits of oral instruction. I merely argue that if a student does, without its aid, obtain as much knowledge as one who is in possession of its advantage he ought to be entitled by law to the same honours, and the same standing in society.

My opponent next says, that a man can not obtain sufficient knowledge from books alone, to qualify him to possess a diploma. I reply, that a Board of Examiners could fully test this. They can test his knowledge of anatomy and the operations of surgery on the dead body, his knowledge of the practice of medicine in the wards of an hospital, his knowledge of chemistry, if need be, in the laboratory.

He says, that the duration of the examination which would be necessary under the new system, would be so long as to render impracticable in operation. I reply that lengthy examination is not impracticable. As it is designed to secure the public against incompetency, the examiners would undoubtedly be fully remunerated for their time and there is no other point than that in question. My opponent himself says, that certificates are often forged (and I know they are often given without being deserved) how then can he support a system in which he would allow certificates to play any part in the conditions of granting diplomas?

His last, his most startling, and his only sincere ground of objection, is based on the supposition that the new system would tend to deprive the graduates, as a body, of the respectability. Why, truly, if respectability consists in the exclusion of all but the rich from literary or scientific honours, the new system most certainly would ensure respectability to the class of graduates; but in as I apprehend, respectability belongs to the mind and not to the pocket, then what is the worth of my opponent's objection? For although he may exult at this exclusive system, although he may feel indignant at the thought of a “farmer's or a tradesman's son” aspiring to the honours of learning and skill, yet I can tell him that farmers' and tradesmen's sons deem it as much their right to aspire to reach the eminences of science and will demand (if they should be prevented from learning from the corruption of the present system to despise them) equal honours with those, who, though rich, possess no great

Attainments. But the "Student of King's College" is liberal enough to say that he has no objection to the low-born being raised by their abilities to eminence in a few instances. And why so liberal as regards a few? Because he cannot help himself. Those few have raised themselves already. My opponent and the "exclusive" party, would grant no opportunities to low-born youths to raise themselves. But when, despite all obstacles, despite all prejudices, genius has broken through the castes of society, and raised itself by force of talent to its appropriate station, they then would "not object to a few poor students" occupying stations in the ranks of titled men of science. Whatever exclusions the rich in society may desire to enforce, nature has made no law which peculiarly fits the wealthy for the purposes of literature and science, but rather the contrary. Arrangements of society which set at defiance the laws of nature, are most iniquitous to God and man. In conclusion, let me express a hope that the "King's College Student" will now perceive that he has advocated some erroneous opinions. It is lamentable to hear a gentleman who professes to be a Student of Medicine, with a desire to obtain eminence in the science, supporting the cause of those giddy creatures whom he describes as forsaking the lecture-room for the excitement of dissipation, and doing so at the expense of ardent students who do not chance to be the sons of wealthy men. I am Sir, your very obedient servant,

A STUDENT.

London, December 15th.

METROPOLITAN UNIVERSITY DEGREES.

MONEY AND CERTIFICATE QUALIFICATIONS.

To the Editor of THE LANCET.

SIR,—In differing from the views of "A King's College Student" as expressed at page 420 of a late number of THE LANCET, permit me to make a few observations on the two great questions of subjecting candidates for medical degrees to a prescribed course of study, and leaving them to follow that which best suits their taste and convenience.

Your correspondent cordially agrees with the proposition, that an unequivocal certificate of good moral conduct should be required; yet according to his arguments for the present system as a means of sustaining the "respectability" of the profession, he would effect this object not by a written statement of morality, but by a plan which, while it affords the aspirant an opportunity to conceal his faults, also to hide, "a multitude of sins." A pocketful of money it is

clear not only opens to a giddy youth an enticing vortex of dissipation, but furnishes him with those "oblivious antidotes," the false certificates, by which he obtains admission to an examination, at a time when, probably, having exhausted his pecuniary resources, exigency compels him to stand the test. To the dread of this test, inadequate as it is, will such an one owe the little knowledge he may be found to possess, and not to any obligation imposed and inevitably exacted by the certificate system. How often does it happen that the candidate, after having squandered away his time, and deluded his friends by the display of certificates of "diligent" attendance on lectures, &c., has recourse to a "grinding," by which he is "crammed" in a few weeks with what is supposed to have taken him some years in acquiring!

Your correspondent's assumption that an expensive education is likely to be obtained only by persons of good birth, is erroneous indeed. Were the degrees given to a student to be measured by the length of his purse, the sons of "farmers" and "tradesmen" would carry much more respect than your correspondent seems to allow them. I recollect the landlady of a small country inn, who was bringing up her son as a "doctor," boasting that he would "come out as big a gentleman as any in the land," because, forsooth, she was plentifully supplying him with that which in her estimation could not fail to effect the object. This feeling, vulgar as it is, will have at least the appearance of truth on its side, so long as illiterate young men can find their way into the profession upon a money qualification.

As my object has simply been to show the fallacy of an hypothesis upon which is based many of the arguments in support of the certificate system (which, from observation, appears to me to work very ill), I here conclude. What alterations are most likely to answer, it is not for me to suggest. This is now, happily, the province of an enlightened body of individuals, to whose judgment, aided by THE LANCET, and the experienced voice of its Editor in the senate, the public may confidently commit the cause he has long so ably advocated. I remain, Sir, yours truly,

A LONDON UNIVERSITY STUDENT
OF MEDICINE AND SURGERY.

December 17th, 1835.

ST. GEORGE'S HOSPITAL.

DISEASE OF THE BONES OF THE ILIUM.

WILLIAM HARDEN was admitted, Sept. 16th, into Winchester ward, when, Sir BENJAMIN BRODIE being out of town, Mr. CUTLER took charge of the case, who at once told the patient that his was not a

fit case for the hospital, and then added that he must take rest and apply poultices, these remedies being of great efficacy in such cases. The case in which this treatment was to be adopted was one of diseased bone of the left ilium, of eight years' standing, with two large sinuses (one leading from the trochanter major, the other from the sacrum), extending to dead bone. Leeches were afterwards applied, and house-physic was given, and on the 25th of September, Sir BENJAMIN first saw the man. We then learnt that about eight years ago he first felt pain in the affected hip, for which a surgeon to whom he applied, also recommended rest, at the same time opening two large abscesses (which have now degenerated into sinuses) and letting out a large quantity of matter. The pain has continued more or less ever since. The hip-joint is nearly ankylosed, but the patient complains of no particular fixed pain in any part of the limb. The thigh of the same side is enlarged, but there is no perceptible difference in the length of the two limbs. He was ordered half a pint of the compound decoction of sarsaparilla, with two drachms of the extract of sarsaparilla daily, and one-eighth of the oxymuriate of mercury in a pill. This plan of treatment (according to Sir B. BRODIE's usual method) will be persevered in for some time, to produce an effect on the constitution.

Oct. 9. The patient has steadily persevered in the use of the remedies until this day, when the oxymuriate of mercury having deranged his bowels, it was discontinued *pro tempore*, and he was ordered the *Infusio of Casaria with Tincture of Kino*, twice or three times daily.

21. He has continued the medicines with much benefit. The diarrhoea is better, and there having been some sero-purulent discharge from one of the sinuses, Sir B. BRODIE laid open a fresh abscess at the upper and outer part of the thigh, from which blood, pus, and putrid coagulum, were discharged. A poultice was ordered to be applied, and the sarsaparilla medicines to be continued. The man's countenance is pallid, unhealthy, and anxious.

DISLOCATION OF THE RADIUS.—A little boy was admitted with this injury about four months since under the care of Mr. KEATE. The accident occurred from his being thrown from a pony. He was brought to the hospital about a fortnight after the accident had occurred, and Mr. KEATE first tried to reduce the dislocation over his knee, but failed. Several other attempts were made, by manipulation, and extension with towels, at various times, but all of them failed; and after the boy had been in the hospital upwards of a month, a consultation was held as to the propriety of making further attempts, and decided in the affirmative. The

boy was then ordered to take nauseating doses of tartar emetic, and to be bled. Neither of these directions, however, was complied with, as he left the hospital, though he returned again on the following day. We then examined the arm (the left) and found the radius dislocated backwards, upon the condyle of the humerus, with much thickening of the parts around, some ligamentous adhesions having, probably, formed around the displaced head of the bone, to such an extent as effectually to prevent reduction. Our prognosis was verified on the boy being again brought into the operating theatre. Extension by pulleys was steadily made for five minutes, but the bone did not move. A towel was then passed over the humerus, to hold it as a fixed point backwards, and the fore-arm being half flexed, the bones were drawn away from the joint in a similar manner, while Mr. KEATE, by manipulation and rotation, endeavoured to move the bones, but to no purpose; some ligamentous adhesions were broken down, but the head of the bone did not move from its abnormal situation. A bandage and a bent splint were then put on the arm, and the boy left the hospital with his father.

WANT OF APPARATUS.—We take this opportunity of remarking that there exists no mechanism in the operating theatre for the reduction of dislocations. One staple only was driven into the wall on this occasion, and that proved to be of no use whatever. The physical force of arms, legs, and towels, was therefore employed. Mr. KEATE and Mr. BABINGTON were antagonists to Mr. HAWKINS, but their strength was soon exhausted. The board-room is the spot generally fixed upon for reducing dislocations, but it was the weekly board-day, and it was not deemed advisable to trouble any of the gentlemen who assemble on these occasions, with an exhibition so well calculated to shake their nerves.

CONGENITAL OSTEO-SARCOMATOUS TUMOUR.—A patient was admitted some time since under the care of Mr. Hawkins, with this species of tumour affecting the external condyle of the left ulnar (congenital, so far, we understood), and the first and second phalanges of the ring-finger of the same side. The finger being removed, Sir B. BRODIE observed, that he had met with a precisely similar case, in which the tumour near the olecranon had been congenital, and the tumours of the finger had supervened, as in the present case. The man has gone on well since. He was very restive during the operation, and something more than a common chair was required to restrain him, but was not obtained.

INJURY OF THE ARM.—William Rose was brought into the admission-room, Sept. 18, 40, admitted with

for the care of Sir B. Brodie. The patient's countenance was extremely idiotic, and had the appearance of his having just recovered from an epileptic fit. The only account then obtainable was, that he had been shot in the head, and he was observed to have a drawing back of the head. In consequence of his distressed appearance he was immediately sent to one of the upper wards to bed. On making some further inquiries into the history of the case, it appeared that about a month since he had been shot in the back of the head over the occipital region, and that some of the shot had been extracted by a medical gentleman who attended him. He has now but little power over his lower limbs; the senses of sight and hearing are very much impaired, and he complains of great pain over the whole region of the head. He was immediately ordered calomel and opium.

Sept. 23. Sir B. Brodie saw him to-day, and ordered the medicines to be continued; a blister to be applied over the back of the neck, and kept open by the green savine cerate.

25. He is quite amaurotic, and his sense of hearing is still very imperfect. The drawing back (opisthotonos) of the head, which was very great when he was admitted, to-day is somewhat less; the blister has discharged freely, but by some mistake it has been dressed with savine and mercurial ointment mixed, and this double mercurialization of the system by blister externally, and the calomel internally, has affected the mouth, and his gums are red and spongy. The head was ordered to be shaved, and the present blister to be dressed and healed, and another put on higher up over the occiput, and kept discharging with savine cerate only. The calomel and opium, which had been given three times a day, were ordered to be given only once daily.

Sir Benjamin Brodie remarked that this case was a very interesting one, and requested his clinical clerk to keep an account of it. In all these cases of injury to the brain, in which opisthotonos had been remarked, in which he had witnessed the post-mortem examination, there had been found a collection of pus about the tuberculum annulare and medulla oblongata. "I have seldom (he continued) observed loss of vision in these cases, but as it is now said that the optic nerves can be traced as far back as the corpora quadrigemina (the testes), and as these parts are all situated near one another, it is but fair, I think, to conclude that there is some deposition of pus in this case. I remember one case of injury of the head in which there was loss of sight, and after death, there was found a transverse fracture of the bones at the base of the cranium, and the optic nerves were discovered to pass on the sphenoid bone.

Loss of the other senses may be present after these injuries, without at all increasing the danger or affecting the recovery of the patient. I have known the patient to be stone deaf and recover; and I have known the nerves of taste to be so vitiated, that sweet things would taste sour, and bitter things sweet, and yet the patients have recovered."

Oct. 2. The same treatment is persevered in, and with very good results. The deafness is less and the amaurosis diminishing. The opisthotonos is nearly gone.

Oct. 10. Since our last report he has had rather a severe epileptic fit, the peculiar phenomena of which it baffled the nurse's skill to describe. He was bled, and took calomel and Epsom salts to affect the bowels, which have been very sluggish. The "head" symptoms remain much the same, without any progressive amendment.

20. He has had frequent returns of epilepsy, for the relief of which Sir Benjamin ordered him to be put on full diet for a few days, but without, as may be supposed, producing any sort of influence on the attacks. His other symptoms are much the same,—certainly not better. The sphincters ani and vesicæ are relaxed; as the nurse says, "he does everything under him." Sir Benjamin thinks that the disease is beyond the reach of medicine, and looks to the pathology of the case with interest.

THE refusal of Mr. LISTON to accept the Chair of Surgery in the University of Edinburgh, does not appear to have been by any means satisfactory to the feelings of some of the magnates in modern Athens. In reply to an article which appeared in the *Scotchman* of last week, the *London Courier* evening paper, of Dec. 19, wrote as follows:—

"The notice which our worthy contemporary the *Scotchman* has taken of an article in last Saturday's *Courier*, relative to the recent appointment of Sir Charles Bell to the Chair of Surgery in the University of Edinburgh, as well as the remarks made upon that article in the Town Council of Edinburgh by one of the members, render it indispensably necessary for us to reassert the accuracy, to the very letter, of that part of the article in the *Courier*, in which it is stated that "as soon as it was ascertained, by reference to Mr. Liston, who has lately settled in the metropolis, that he would not forego his prospects in London for any of the medical chairs in the University of Edinburgh," the members of the Edinburgh Council resolved to elect Sir C. Bell.

"Mr. LISTON, we have reason to believe, received the first intimation of its being the

wish of certain members of the Council to bestow the vacant Chair on him, when he was recently in Edinburgh, to which he had been called soon after the death of Professor TURNER, to perform an operation of no trifling description. The truth of our assertion, however, does not depend on verbal conversations, but on the unerring testimony of written documents, which passed between members of Council and Mr. LISTON, and which have been in our hands.

"Sir CHARLES BELL's friends seem to us to have acted injudiciously, and to have shown more sensitiveness than discretion in originating this discussion. Whatever may be the respective merits of Sir CHARLES BELL and Mr. LISTON, we certainly never meant to institute, in the columns of the *Courier*, any comparison between these eminent professional men, either as public teachers or as skilful and able surgeons. We merely stated facts known to us, and whatever might have been our private opinion as to the result of the election, had Mr. LISTON as well as Sir C. BELL been in the field, we neither assumed nor insinuated that Mr. LISTON would necessarily have been elected to the chair, had he been willing to accept it. His decided refusal made the election of Sir CHARLES BELL "the fittest individual, who was willing to accept the situation," unanimous, and of course without opposition.

"We are surprised that the report of the Town Council proceedings on this occasion, does not contain what was said by one of the members of the Town Council, in answer to the speech remarking on the article in this Journal, nor other details of the discussion which we understand took place. We hope that at the next meeting of Council, the Member of Council to whom we have

alluded, will present Mr. LISTON's letter of his declining to be a candidate for the Chair.

In the press, and speedily will be published by John Murray, Albemarle-street, "Oratio ex Harveii Instituto, habita in aedibus Collegii Regalis Medicorum Die Junii 25, 1835, Ab HENRICO HALFORD, Regis et Reginae Medico, praeide."

Clinical Illustrations of the more Important Diseases of Bengal, with the Result of an Inquiry into their Pathology and Treatment. By William Twining, M.R.C.S.L. Second Edition, two vols., 8vo. Calcutta. Parbury and Co., London, 1835.

CORRESPONDENTS.

WE must use the letter from *St. George's Hospital*, respecting the Street School, for our private information. We cannot publish it without permission to append the name of the writer. The anxiety to obtain pupils at new establishments, is not unlikely to lead to many concessions of gratuitous admissions at the outset of their career.

T. H. B. The paper will be inserted. Our arrangements have not hitherto allowed it to appear. In the proposed communications, brevity should, where it can usually be observed.

WE have not yet had time to consider the propositions contained in the letter signed *A Consulting Surgeon*—nor yet to print some long communications from correspondents both in town and country, forwarded for insertion in our columns.

The proposition of a *King's College Student* could not, we are sure, be carried into effect without loss to the *speculator*,—at least not at present. We could cite numerous instances in proof of the correctness of this opinion.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain. Ins. Dcls.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Dec. 7	36.25	28.25	29.89	29.88	—	N.E.	The whole of the week fine and seasonable, with rain on the 8th.
8	37.	33.25	.84	.54	0.125	N.W.	
9	26.25	38.	.84	.57	—	N.W.	
10	30.	16.50	30.10	30.03	—	E.	
11	29.50	17.50	.03	29.97	—	S.E.	
12	33.50	26.	.05	30.02	—	N.E.	
13	37.50	26.50	.05	.05	—	E.	

Dec. 15th, 1835.

THE LANCET.

VOL. I.]

LONDON, SATURDAY, JANUARY 2, 1836.

[1835-36.]

LECTURES ON DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

BY M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE VI.

ANEMIA OF THE BRAIN AND CEREBRAL HEMORRHAGE.

GENTLEMEN,—We have now traced the history of two of the great divisions under which we arrange diseases of the central part of the nervous system, viz., congestion and inflammation. We shall now, therefore, pass to a consideration of the accidents connected with anemia, and then terminate this part of our subject with cerebral hemorrhage, or apoplexy.

Anemia of the nervous centres is a disease which is especially remarkable in this point of view, that it often gives rise to phenomena which very closely resemble hyperemia, and yet it is evidently a matter of the utmost importance to distinguish these two opposite states from one another. In practice, you will frequently have to ask yourselves this question, "Do the functional derangements of the nervous system which present themselves, depend on too great an afflux of blood to the brain, or are they connected with a condition quite opposite, viz., anemia?" It is unnecessary to say, that hyperemia and anemia will require different modes of treatment; let us, therefore, enter into a few considerations on this latter disease; and first, for the

General Characters of Cerebral Anemia.

Anemia of the nervous centre is characterized, as its name would lead you to suppose, by a marked pallor of the sub-

stance of the brain. The gray substance is much more pale than in the normal state; it contains a less number of vessels, and thus approaches in its general appearance to the white or medullary portion of the brain. In some cases the organ looks as if it had been macerated in water for a considerable time; and BILLIARD relates that he has sometimes found the cortical substance of the hemispheres so completely decoloured and pale, that the surface of the brain resembled a mass of modelled wax. The state of the nervous centre just described, may exist alone, or become complicated with other changes of structure. In some cases it has been observed to coincide with a peculiar hardening of the cerebral mass; in others the brain is softened, and does not present its usual consistence; however, we now propose to examine anemia in its simple form, when it exists alone, and without any complication.

Its Symptoms.

Anemia may be confined to the brain itself, or coincide with a similar state of anemia in the rest of the body. Thus we have frequently occasion to observe it after the occurrence of considerable hemorrhages; or it may be a consequence of chronic or acute disease. The influence of the latter cause is often seen in children affected with acute gastro-enteritis, at the termination of which we observe symptoms that seem to announce a state of irritation in the brain, while, on the contrary, the organ is anemic, and presents, after death, an extreme degree of paleness. Sometimes, however, anemia of the brain may occur without any disorders which indicate a diminution in the general quantity of the blood, or a deterioration of its quality. Here the disease is confined to the brain alone, and depends on causes peculiarly influencing the circulation in that organ.

Anemia gives rise to the existence of certain symptoms, whose connection with it as a cause we can prove upon living animals. If we bleed an animal to such an extent as suddenly to deprive him of a large portion of blood, we give rise to a series of symptoms that, under other circumstances, we might easily attribute to excitement of the

nervous system, and the animal is seized with general convulsions, and these become more and more intense in proportion as the brain becomes empty. In the human subject we observe the same phenomena. After traumatic hemorrhage, copious loss of blood in uterine hemorrhages, &c., the patients are frequently attacked with nervous delirium, convulsions, and other symptoms, which we have pointed out when treating of congestion. Hence we establish this general rule, most important in practical application, that a diminution of the normal quantity of the blood gives rise to the same symptoms as hyperemia, or an increased quantity. Look at the digestive organs: a difficulty of digestion coincides equally with an increased injection of the mucous membrane of the stomach, and with an abnormal paleness of this same membrane. In the latter case, as in the former, digestion is troubled, because the organ no longer receives the quantity of blood necessary for the normal accomplishment of its function. In the lungs, dyspnea is equally produced, either by an hyperemia more or less considerable of the pulmonary tissue, or by the fact that the air, in penetrating the vesicles, does not find enough of blood to vivify. In the centre of the circulating system we may observe a similar phenomenon; thus the heart is equally affected with palpitations when it is distended with an over-quantity of blood, and in the opposite condition, when its cavities are imperfectly filled by a poor and impoverished fluid.

These examples we might multiply infinitely. The nervous centres furnish us with a great number. We may therefore, I say, lay it down as an established principle, that the brain, like the other great apparatuses, presents specific symptoms when it ceases to be stimulated by the normal quantity of blood. Let us briefly enumerate these symptoms. They are, 1st, Those connected with the intelligence. Delirium is a common symptom of cerebral anemia. Dr. PAPAVERNE, an ex-interne of the *Hopital des Enfants Malades*, has published several cases of children affected with the most violent delirium, and dying in this state. After death no other lesion could be discovered in the brain, except a complete decoloration of the gray substance which appeared confounded with the white.* We observe the same delirium in persons accidentally submitted to a forced abstinence, or in patients weakened by a former malady, and kept on too severe or prolonged a diet. In these cases we observe functional disorders, resembling closely those depending upon congestion, but certainly in no way connected with that state, for they gradually disappear as the blood is regenerated, and under the influence of a generous

and wholesome alimentation. Examples of this kind are chiefly seen in children, or in individuals endowed with what is called a nervous temperament. You have already seen how hyperemia and inflammation of the brain are often produced by increased stimulation of that organ. We may produce the same effects, or, rather, give rise to the development of exactly similar functional disorders, by withdrawing the quantity of any stimulant to which the brain has been accustomed.

A remarkable case of this kind has been published by a German physician, Dr. HANSERANDT. It illustrates perfectly the point we have just advanced:—A man, given excessively to drinking, was thrown into prison for theft, and of course reduced at once to the prison diet, bread and water. After a week or two living in this new fashion, the intellectual faculties of the prisoner commenced to show some symptoms of trouble; his strength and flesh declined at the same time; finally, he was seized with delirium, which, at first tranquil, became afterwards more and more furious; the patient cried out from time to time in the most agonized manner, and thought he was constantly surrounded with horrible figures. The physician called to attend him in this dangerous state, having informed himself of his previous habits, suspected that the cause of his mania and other symptoms consisted in the abstinence from spirituous liquids which he was compelled to observe; he therefore ordered a small quantity of brandy to be given twice a day; the effect of this change of regimen was soon obvious; the cerebral accidents gradually disappeared, and the patient recovered his flesh and strength, and continued to enjoy perfect health during the remaining period of his detention.*

The faculty of movement is also more or less disturbed, in consequence of cerebral anemia; thus, we have already noticed the convulsions which supervene after copious hemorrhage, or in animals from whom a large quantity of blood has been designedly abstracted. The sensibility is sometimes modified in a remarkable manner; the least stimulant produces effects infinitely more rapid and energetic than we observe in the normal state of the economy. In several cases of anemia, it is not rare to see a marked exaltation of sensation. If we place a blister on the skin, the sensibility is awakened at once, acute pain is produced in the part, and the whole system partakes of the excitement. This is a point to which you should pay attention in practice. When your patient's strength has been considerably reduced by sanguineous emissions, be particularly cautious and reserved in the employment of cutaneous stimulants; a

* Journal Hebdom. de Médecine, Dec. 1825.

* Journal des Progrès, Dec. 1825, p. 349.

single blister, a stimulant may be enough to produce a degree of local disturbance or general excitement which you may have great difficulty in mastering.

Treatment of Anemia.

We have now laid before you the prominent characters of anemia as connected with the central organ of the nervous system. It remains to say a few words on the treatment of this disease. The analogy between the symptoms of hyperemia and anemia has been frequently alluded to. Your first care must, therefore, be to distinguish between them. Having once satisfied yourselves that the nervous symptoms under which the patient labours, depend not upon congestion of the brain, but on anemia, the indication is a very simple one. You must employ every means in your power, by which the normal quantity and quality of the blood may be restored; in a word, you must make new blood. Be careful above all things not to attribute the phenomena of cerebral anemia to any other cause, or you may commit the most fatal errors in practice. Thus, for example, when a patient in the last stage of typhus fever, after twenty or thirty days' suffering, after strict abstinence &c., is seized with delirium and other cerebral symptoms, are we at once to conclude that he has congestion or inflammation of the brain? Certainly not. Support your patient under these circumstances with moderate cordials, light nourishments, &c., and you cure. Bleed him, and you hasten the fatal termination.

CEREBRAL HEMORRHAGE.

We have now studied several morbid conditions of the brain; we have next to take up a subject to which more interest is attached than perhaps to any of the questions that have hitherto occupied our attention; we have to investigate the nature, symptoms, and treatment, of cerebral hemorrhage. This disease, as you know, has been long known under the name of *apoplexy*, a term employed to indicate a sudden loss of motion, sensibility, and intellect, supposed to depend upon effusion of blood into the brain, but I think that

We cannot preserve the word "Apoplexy" any longer in the Science.

It is too vague; it does not indicate with precision the material change in the organ, but, like all other similar terms capable of various interpretations, it lends itself to every theory, and in the end serves no real purpose but that of covering our ignorance. But observe how many different affections of the brain give rise to the same symptoms, *viz.*, sudden loss of consciousness, &c. See how the effects of simple congestion, of cerebral softening, of cerebral emolliement, &c., are equally covered under this generic term.

On the other hand, hemorrhage into the substance of the brain (the essential anatomical character, remark, of apoplexy) may take place without producing the ensemble of symptoms compressed under the word apoplexy. Thus we may have hemorrhage of the brain without loss of intellect. We may observe loss of intellect, and derangement of sensibility, while motion remains intact. You will see this presently. We therefore, I say, must reject the term apoplexy from medical nomenclature, because it refers to various forms of injury in the brain. We reject it, because it represents identical symptoms depending upon various and quite different causes.

Situations of Cerebral Hemorrhage.

Hemorrhage of the centre of the nervous system may occur at any point of the cerebro-spinal axis. However, it has been observed more frequently in the substance of the hemispheres than in any other part. Again, there are certain portions of the hemispheres which seem much more subject to this accident than others. Thus, from an examination of a large number of cases of cerebral hemorrhage, we find a great majority to take place in the nervous pulp, on a level with, and outside of, the corpora striata and optic thalami. One or other of these latter parts may be attacked in an isolated manner, or both together; but it would appear that the striated bodies are much more subject than the thalami to effusions of blood. Again, the hemorrhage may exist beyond the points we have just mentioned, or in the mass of nervous matter called centrum ovale. Finally, in some cases the effusion of blood does not take place in the interior of the brain, but at its surface. The blood is shed between or on the convolutions, and then represents an uniform layer, spread over an entire hemisphere; or it may be confined to a single lobule.

There are, again, other parts of the cerebro-spinal axis in which effusion of blood may take place, but much less frequently than in those we have now spoken of. Thus, hemorrhage occurs in the substance of the pons varolii, or in the prolongations which it sends off to the cerebrum or cerebellum; or, finally, in the substance of the latter organ itself. Apoplexy of the cerebellum is, however, a very rare disease, and here, as in the cerebrum, the effusion may have its seat in the median lobe, or in one of the lateral hemispheres. The medulla oblongata also presents us with examples of hemorrhage, and the spinal column in any one point of its extent.

The central parts of the brain, properly so called, are much less frequently the seat of hemorrhage. Thus it has been observed but seldom in the inferior part of the centrum ovale, and in the septum lucidum in

particular. Authors sometimes speak of another species of hemorrhage, viz. that which takes place in the interior of the ventricles; but these also are rare. We certainly find blood effused into the cavity of the ventricles in many cases of apoplexy; but if you examine with care, you will find the blood has made its way from the nervous pulp surrounding them; or, for example, when the septum lucidum is broken down, the blood may traverse that space, and pass into the other ventricle; both cavities will then appear full of blood, but there is almost always a communication between them and the accidental cavity formed by the effusion of that fluid into the substance of the brain. The hemorrhage may take place in the tissue of the pia mater, which envelops the cerebral convolutions. This form of effusion has been called by M. SERRES "meningeal apoplexy;" it is a very rare variety, and when we have occasion to observe it, we generally find at the same time an effusion of blood in the brain. The fluid finds its way into the membrane from the apoplectic cell, in the same manner as it does into the ventricles. Sanguineous effusions into the centre of the nervous system differ considerably in extent in different cases. Sometimes the cell is excessively small: so insignificant that it would scarcely contain a pin's-head. In other cases the hemorrhage has been abundant: the cell is vast, and occupies nearly the whole of the hemisphere. The number of these apoplectic cavities is as various as their extent; we may find but a single one; sometimes two or more. In some cases, on the contrary, the brain appears, as it were, riddled with an immense number of these hemorrhagic cavities, which have been formed either at the same time or successively, one after the other. Certain effusions of blood exist frequently alone; for example, those seated in the different parts of the hemispheres; but others, on the contrary, do not occur unless we have effusion somewhere else. Thus in by far the greater number of cases where blood has been found effused into the substance of the cerebellum, an hemorrhage has at the same time been discovered in some one part of the cerebrum; and this is perhaps one of the principal reasons why apoplexy of the former organ is so little known, why we are so imperfectly acquainted with the history and symptoms of hemorrhage of the cerebellum.

The Appearance of the Effused Blood

varies much, according as we have occasion to examine it at a period more or less removed from the instant of its effusion. In recent cases, the blood is generally of a blackish colour and liquid consistence; at a later period, it resembles currant jelly, surrounded by some blood still quite fluid. Still later it becomes more solid, yellowish, or

whitish, and at length loses entirely its normal colour and appearance. If we seek

The Source of the Hemorrhage.

the part from which the hemorrhage takes place, we find two different sources. 1st. In some cases it is effused from the capillary vessels, and on examination we are unable to determine the exact point whence it has proceeded. 2nd. A vessel of some magnitude may have been ruptured, and given rise to the effusion. In this latter case, we can frequently discover the injured vessel on the surface of the apoplectic cavity, but it is right to warn you that in some other cases the ruptured artery has been found very far from the neighbourhood of the effusion, with which it is connected by a pedicle that might easily escape notice.

The Blood once Extravasated from its Vessels, what becomes of it?

This is a question of some interest in the history of apoplexy. It may remain unchanged until the death of the patient, or, under other circumstances, it may gradually diminish, and eventually become absorbed. In this latter case nature performs an extraordinary and beautiful operation, which commences with the removal of the effused blood, and terminates in the cure of the patient. We have already noticed the changes that take place in the blood contained in an apoplectic cavity. At first dark and fluid, it gradually loses its colour and consistence, from the absorptive of the more fluid parts. At length we find that nature has prepared an apparatus for its more complete removal. The coagulum is now contained in a rounded or irregular cavity, whose parietes are lined by condensed cellular membrane, forming a yellowish cyst, very analogous to a serous cyst. This cyst secretes a kind of serous fluid, whose use appears to be to penetrate the coagulum, separate the different parts of the blood, and render it more easily absorbed. Still later, upon examining the cyst, we find nothing but serum or a gelatinous fluid in its cavity. The parietes are connected together by a number of fibrous bridges that pass from one side to another, and intercross in various directions. The effused blood is now completely absorbed, but nature does not rest here; she now commences the task of removing the cyst; and the latter having enjoyed for a certain time its provisional existence, is gradually effaced, until no trace remains of the original accident, except a simple linear cicatrix, or a cicatrix with puckering and depression of the cerebral substance.

It was only within the last few years that the series of transformations we have now briefly described were followed up in a connected manner, by Messrs. RIGAUD, BOURG, and others, although the possibility of linear cicatrization in the brain was known, and the process alluded to, two centuries ago.

A modern author, however, has distinguished two ways in which the blood may be affected with regard to the nervous substance. He has sought to establish two forms of cerebral hemorrhage. In one there is laceration of the brain, with a greater or less loss of substance. In the other, the cerebral pulp is not injured; the blood is simply effused between two layers of the cerebral fibres. In the first case, accompanied by laceration, where the nervous substance is completely broken down, we may ask ourselves if the nervous pulp can be so far reproduced as to transmit volition &c through the injured part. Dr. FOVILLE thinks not. But the possibility of such a regeneration seems established by the experiments of M. SERRES. Besides, do we not know that a divided nerve may unite, and continue to transmit nervous influence as before the injury took place?

Period when Cicatrization is completed.

We cannot lay down any fixed rules upon this point: the time varies considerably in different cases; sometimes the process of cure is very rapid, at other times it is tediously prolonged. In some cases, after a lapse of five or six months from the first appearance of cerebral symptoms, we find that the coagulum has been removed, and nothing remains but a trace of cicatrix: in other cases, on the contrary, the serous cyst of which we have spoken has been found many years after the occurrence of the original accident.

We have hitherto been occupied with the contents of the apoplectic cell, and the manner of its removal. Let us now examine the

State of the Brain in the immediate vicinity of the Effused Blood.

The vessels may present nothing particular, or have undergone an important modification which it is necessary to mention. In several cases of cerebral hemorrhage we find the vessels ossified in a high degree, or so friable, that the least effort is sufficient to rupture their parietes; and you know that in aged persons, who are peculiarly subject to sanguineous effusion of the brain, this state of the vessels is very common. The vessel may give way on the wall of the apoplectic cell, or at a certain distance from it, and in that case the hemorrhage may result from the rupture of a great vessel on the surface, or at the base, of the brain. M. SERRES has seen a case produced by the rupture of the basilar artery, not far from its bifurcation: the blood here made its way into the ventricles. The nervous pulp itself may present certain alterations in or around the apoplectic cell. It may be absent, or we may find it broken down, lacerated, and presenting no other trace of organization than some kind of vascular tissue. Now we may ask, is this ramollissement pre-existence, or was it consequent to the hemor-

rhage of the brain? I am inclined to think that in a great many cases the effusion of blood is preceded by a certain degree of softening of the nervous pulp. The proof is this,—in many cases we can follow, in the softened portion of the brain, all the degrees by which a simple injection of blood is transformed into a more or less extensive effusion: we see the latter commence by a number of small red points, which gradually unite, multiply, and enlarge, to form, in some other portion of the softened mass, a true apoplectic coagulum. However, we should distinguish this species of ramollissement from others of a decidedly inflammatory origin.

Let us now examine the state of the nervous tissue around the seat of the hemorrhage. In some cases the cerebral substance immediately around the cell may be in its normal state, but this is rare; in others the pulp is more or less coloured and injected, and bears marks of having been the seat of irritation. In other cases, again, the coloration of the nervous pulp seems to depend entirely on imbibition of the blood: the parts surrounding the coagulum are the seat of a true ecchymosis; hence it may present a great variety of colours, bright red, red, pale, yellow, &c., according to the vicinity of the cell, in a word, the cerebral substance may present all the shades of coloration which we observe in ecchymosis of other parts of the body.

The nervous tissue surrounding the effusion may be in a state of true ramollissement. This change, as M. LALLEMAND has demonstrated, may take place before the effusion, or it may succeed it, and then give rise to quite another order of symptoms. When the effusion is recent, the nervous substance around it may present several modifications: it may, as we have just remarked, be more or less softened; it may be infiltrated with purulent matter: finally, in some cases, we find a very considerable induration, which many authors attribute to chronic inflammation, in the immediate vicinity of the apoplectic cell.

Let us now leave the environs of the effusion, and consider the

State of the Cerebral Mass in general.

We frequently find in the brain, marks of very considerable congestion, and this is a circumstance of importance to observe, for many of the subsequent symptoms depend more upon the degree of hyperemia which thus occupies the nervous centre, than on the actual hemorrhage itself. As the work of cicatrization goes on after the absorption of the coagulum, this congestion may be repeated at uncertain intervals, and it requires the utmost care and watchfulness on the part of the physician. When very considerable hemorrhage has taken place into the substance of the brain, the opposite

hemisphere to that affected may also become compressed, and that in two different ways. 1st. By the congestion of one hemisphere, giving rise to an increased bulk, and acting directly upon the other, which it compresses. 2nd. By the passage of blood through the lacerated central parts, from one hemisphere to the other. These circumstances have an influence on the appreciation of the signs of cerebral hemorrhage, and are therefore not to be neglected.

Now let us inquire in what state do we find the membranes? They may remain altogether intact, or be infiltrated in a greater or less degree with blood, serum, &c., and thus become a source of complication of the symptoms. When the hemorrhage is of long standing, the membranes may exhibit other lesions connected with the duration of the primary affection. Thus the pia mater covering the convexity of the brain, may be infiltrated with serosity: or we may find a very considerable quantity of serum in the ventricles: this latter is a case which we sometimes meet with in practice. A patient has been attacked, perhaps several years ago, with apoplexy: the first symptoms pass off, but a new set is slowly developed. You now recognise chronic hydrocephalus. The patient dies, and on the autopsy you find, together with the traces of an ancient effusion of blood, a considerable quantity of serous fluid in the ventricles of the brain. We have now to occupy ourselves with

Causes and Times of Cerebral Hemorrhage.

But here our task is short. They are the same as for cerebral congestion; the only differences depend upon different degrees of intensity, and varieties connected with individual peculiarities. We shall therefore refer you to what has been said during the lecture on congestion, merely adding now and then a supplementary remark. You remember that we studied at some length the influence of temperature on the development of cerebral congestion. We have made a similar statistical investigation for hemorrhage of the nervous centre, and found that it is more common in winter than during any other season of the year. Thus of 177 cases which we examined with this view, we found that 60 occurred in winter, 42 in spring, 40 in autumn, and only 35 in summer. You see, then, that the disproportion between summer and winter is very considerable.

We have also asked ourselves whether cerebral hemorrhage is not more common at certain periods than at others: we cannot doubt this. From a statistical calculation made in London by HARRISON, it would follow that during the 17th century apoplexies went on gradually increasing from the commencement of the century to the middle; acquired greater intensity after that period; and became more and more fre-

quent towards the end, when they had attained their maximum. A similar calculation was made in Paris, during the same time, on a very large number of cases, and gave an exactly similar result: the number of cases towards the end of the century exceeded that observed towards its commencement, in a very remarkable manner. Here you see an example of what we stated in our introductory lecture, that diseases of the nervous system are influenced by the different circumstances under which man is placed in society at different periods. What we have just said establishes the greater frequency of cerebral hemorrhage in latter times than at a period not so very far removed from the present. We have now to consider the

Influence of External Agents in its Production.

With respect to this point we have little to add to what has been already said in the lecture on congestion. We shall only subjoin, by way of supplement, that the abuse of spirituous liquors, and the frequent administration of narcotics, are often causes of cerebral hemorrhage, as well as of congestion. Another question is the following: What influence do the different states of the nervous centres exercise in the production of cerebral hemorrhage? May they be regarded as an exciting cause? Certainly, different acts of the brain, such as powerful emotions, violent passion, excessive head-pain, acting upon the central nervous organ, — all these may produce apoplexy. However, we shall add, that simple congestion and its symptoms, without effusion, are more frequently the effect of the causes just mentioned, than actual hemorrhage into the nervous substance.

The Influence of the Digestive Organs in the Production of Cerebral Hemorrhage.

is the next point we have to consider but here we can only repeat a remark which we have just made; derangements of nutrition act in the same way for hemorrhage as for congestion; they may become a cause of either disease; however, they rarely produce actual effusion of blood in the brain, unless the individual has been predisposed to this accident by an original peculiarity of constitution. We have next to examine the

Influence of the Circulation.

Some authors have endeavoured to show that any considerable diminution of the caliber of the aortic arch cannot take place without exercising a corresponding influence on the brain, and favouring the development of apoplexy. This is possible, but I do not know that it has been established in any thing like a satisfactory manner. We are not without examples in the occurrence, of the more or less complete ob-

teration of the great vessels of the heart. We have, indeed, a certain number of cases in which the arch of the aorta was completely obliterated below the point from which the great cephalic arteries are given off. The records of medicine furnish us with four authentic cases. Now out of these four we find only one, a single one, of a corresponding influence having been exercised on the brain; it is that published by Dr. REXNAC, of an individual, ninety-two years of age, who died presenting the symptoms of hemiplegia of the right side of the body. On examination of the body after death, traces were found of an old effusion into the substance of the hemispheres, and the arch of the aorta was found completely obliterated below the origin of the left subclavian artery. This is the only case we are acquainted with showing the connection between an apoplectic attack and diseases of the aortic arch, by which its caliber is diminished. In the three other cases of this kind nothing similar occurred: the brain remained intact, notwithstanding the existence of an organic change by which we might naturally suppose that a great quantity of blood would be determined to the organ. I next mention a case in which the carotid arteries were nearly completely obliterated, and where, of course, the impulse of the circulation in the brain was greatly diminished; yet the patient died of apoplexy. This case destroys the influence of the fact we have just noticed, and, on the whole, it may not be too much to say that the partial aorta attributed by writers to diminution of the aortic caliber in the development of apoplexy, has been excessively exaggerated.

As to the influence of any changes that may take place in the venous circulation, we have nothing new to add to what has been already said on congestion. The causes of the one act equally in the production of the other, though perhaps with a less degree of intensity. It is not often that we see cerebral hemorrhage produced by a simple interruption in the venous circulation, although, as we have had occasion to remark at another time, that the latter cause frequently produces a greater or less degree of congestion. This fact has been submitted to the test of experience. Several physiologists have endeavoured to determine how far a sudden interruption of the venous circulation from the head may influence the development of apoplexy: they have tied the veins which bring back the blood from the centre of the nervous system, but in most cases have not succeeded in giving rise to the expected accidents. The ligation of the great jugular veins has been performed without giving rise to any symptoms of apoplexy, or even of hemorrhage.

Has there been in the constitution any influence in the production of cerebral hemorrhage? Certainly it is impossible to deny

that individuals presenting the character of what is called the sanguineous temperament, are sometimes attacked with hemorrhage of the nervous centres: this is a fact that no practical physician can deny. However, we are compelled to observe that it gives rise more frequently to congestion than to effusion of blood in the brain. Perhaps the most correct point of view in which we can regard it is, as a predisposing cause. We have seen more than one case where the subsequent attack was long announced before its occurrence, - where the hemorrhage was predicated from the temperament of the patient, and the prophecy unfortunately fulfilled: in short, it is impossible to deny the connection between apoplexy and that state of the constitution in which the individual presents the character of having an excess of blood. However, in many other cases, the effusion of blood into the brain takes place in quite an opposite state. Many patients of a pale appearance and exsanguineous temperament, have been equally attacked by the disease now under consideration. Hence the absence of a plethoric temperament by no means guarantees against an attack of apoplexy. Indeed a case has been published in which the patient was struck with cerebral hemorrhage at the very moment he had lost a large quantity of blood from another source; the state of general anemia was here unable to counteract the tendency to effusion in the brain, which took place at a time when we cannot certainly suppose any great impetus of blood towards the cerebral organ.

Some authors have spoken of the occurrence of hemorrhage in pregnant or lying-in women. They consider the act of accouchement, and the state which precedes it, as exciting causes of apoplexy; but the cases of cerebral hemorrhage during labour are rare, very rare; if there existed any real connection between apoplexy and labour, we should observe the former much more frequently than we do. The number of lying-in women is, as you know, immense; the cases of cerebral hemorrhage during accouchement are few; hence I think its occurrence at that period completely accidental, and not to be attributed to the state of the system in childbirth. In some women the hemorrhage takes place within the first few days after accouchement; here, also, for the reasons which we have just given, we think the apoplexy is a mere coincidence.

Is the Influence of the Sex felt in the Development of Cerebral Hemorrhage?

Are males more subject to this disease than females, and if so, in what proportion? JOSEPH FRANK used to say, "inter decem apoplecticos unam numerare soleo feminam." But this proportion is much exaggerated; apoplexy is a disease more frequently seen in females than you may be

led to expect from the aphorism of FRANK; indeed, any of you who have been in the habit of attending at *Salpetriere* must be already aware of this. JOHN PETER FRANK published a statistical account of 1241 cases of apoplexy observed at Vienna, in which the sex of each individual was noted. Of these 1241 cases, 637 occurred in persons of the male sex; the remaining 604 were females. Here, you see, is a great difference, from the result of JOSEPH FRANK'S observations. A French physician, M. FABRET, has made a similar calculation on a larger scale: he has collected 2297 cases of cerebral hemorrhage, and found that 627 of the individuals so attacked were women. This proportion, again, differs sensibly from that of PETER JOHN FRANK, but is far from approaching the relation of one in ten, laid down by JOSEPH FRANK. The next point we have to examine is, the

Influence of Age

in the production of cerebral hemorrhage. Are apoplexies more frequent at an advanced period of life than at any other? Certainly so; the result of investigations made by M. ROCHOUX, and others, have placed this beyond any doubt, and show that after the age of 50 these hemorrhages become common, and acquire their maximum of frequency in a period between that and 70 years of age. In childhood and up to the period of 35, they are rarely observed. These results are perfectly in accordance with the aphorism of HIPPOCRATES, which indicates the greater frequency of cerebral hemorrhage at an advanced period of life. M. ROCHOUX, in particular, has occupied himself in the solution of this question. He has made a relevé of 61 cases, and found them distributed in the following order, viz. from 30 to 40 years of age, 10; from 40 to 50, 7; from 50 to 60, 13; from 60 to 70, 24; from 70 to 80, 12; finally, between the age of 80 and 90, he observed only a single case. The conclusions at which he arrives from the above numbers is, that the maximum of cases of apoplexy occurs in the fifteen years which are comprised between 55 and 70; that after this latter period the tendency to cerebral hemorrhage seems to diminish; and, finally, that it is equally rare before the age of 30 or 35 years. The rare occurrence of cerebral hemorrhage at the two extremities of life seems thus established; however, we are not without examples of apoplexy at a very early period of existence. I myself saw a young boy, thirteen years of age, who died rapidly under the symptoms of effusion of blood in the brain; after death I found an enormous coagulum in one of the hemispheres. M. BRUNET gives the case of a child, four years of age, who died in a similar manner. SENN has published one that occurred in a child three months old; and,

finally, M. BISHOP, in his work on the diseases of children, speaks of an infant who died in an apoplectic state three days after birth. On examining the body, an effusion of blood was found in the left hemisphere of the brain, near the corpora striata.

We shall continue the subject at our next meeting.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DISEASES OF THE JOINTS.

Delivered in the Session 1835-6.

BY MR. TYRRELL.

LECTURE II.—DISEASES OF THE KNEE-JOINT.

Termination of former Cases of Disease of the Hip-Joint.—At our last meeting, gentlemen, I detailed to you the history of four cases of disease affecting the fibrous capsule of the hip-joint, giving the progress of each case up to the date of the lecture, all of them, with the exception of one case at that period being in the house. The third patient, a boy, had been presented cured at the time I delivered my remarks, and since then two of the other patients have likewise left the hospital. The patient in the second case, Septimus Carter, in whom the local disease was complicated with febrile symptoms, though not yet perfectly well, left the hospital by his own desire, that he might have the benefit of a better atmosphere than he could obtain here, as he resides at a short distance from town. He has now but very slight pain, either of the knee, or of the hip upon pressure in the groin; he can move about with tolerable freedom; in fact, his sufferings are hardly to be considered of any importance, and I am sure that by rest, and improvement of his general health, if he be not guilty of some imprudent act, he will gradually recover.

The fourth case was that of a woman in Queen's Ward; and in this instance I have not so favourable a report to make. She was twenty-six years of age, a housemaid, and the mischief had arisen in consequence of a severe blow from a fall. Although the report states that the secretions have been pretty regular, yet there has been something wrong, constitutionally, which has influenced the local complaint. Her general health does not appear now to be so good as when I last met her, and I think you will generally find that in proportion as the general health improves, the knee does,

he will the local affection be retrograde. To-day she complains of pain in the hip upon pressure being made over the anterior part; but when pressure is applied over the posterior part, she feels a kind of soreness merely. The pain of the knee is not constant; it occurs at night, and upon pressure on the anterior parts. The uterine functions are regular. She has not a good appetite, though the secretions are good and regular. I have given her, in consequence of there being a diminution of the general powers, the *mistura potassæ hydriodatis*. We have applied a fresh moxa to the joint, and I trust at our next meeting I shall be able to give you a more gratifying report. However, so far as all these cases go, they show well the nature of disease of the fibrous capsule, and that the plan of treatment which has been resorted to is likely to be efficacious in the majority of such cases, three of the four cases having been cured, and the remaining case being nearly so.

I shall this morning direct your attention more particularly to cases of disease of the knee. I should have liked to pursue the subject of disease of the hip farther, had I had cases in the house to illustrate how disease affecting that joint attacks the synovial membrane, the capsule, and the cartilages, proceeding to abscess, destruction of the cartilages, and, occasionally, to dislocation; but having no such cases, and desiring to keep these clinical remarks as closely connected as possible with cases under our guidance at the time they are delivered, I shall proceed to speak to you of diseases of the knee.

CASE 1.—Inflammation of the Synovial Membrane of the Knee joint, with Increase of its Secretion.—The first case I shall advert to is one of inflammation of the synovial membrane of the knee-joint, with an increase of secretion from inner surface of that membrane. It has occurred in Thomas Clarke, a carpenter, aged 23, of temperate habits, residing at Kennington. He was admitted into No. 8, Abraham's Ward, on the 22nd of October last. Upon his admission he stated that about twelve months ago, being in the habit of kneeling very much in his business, having been planing boards for floors, he observed a slight swelling of the right knee, unattended by pain, except on exposure to cold. The swelling gradually increased, and more particularly so upon taking much exercise. He had gonorrhœa about two years and a half ago, but the discharge had disappeared about a year and a half before the appearance of the present malady. My inquiries were directed to this point for a reason which I shall presently mention. Upon his admission he complained of occasional pain, increased at night, of a dull aching character, aggravated by motion of the joint, and pressure

between the inner condyle and the patella, or between the internal lateral ligament and the patella; also upon pressure between the ligamentum patellæ and the external lateral ligament. The synovial capsule was distended, and puffed up with fluid, more particularly apparent in the parts I have described, and at each side of the tendon of the rectus. The general health was tolerably good. He was directed at that time to keep his bed, that the limb might be quiet, and a blister was applied to the surface.

On the 27th it says the pain is now of a sharp darting character, occurring at intervals only; and that it may be produced by pressure over, or by motion of, the joint. The swelling is much less. The blister healed under the application of a simple poultice, and another blister was directed to be applied.

31. Pain less, and he can move the joint without increasing the pain.

Nov. 4. Scarcely complains of any pain; swelling nearly gone; rests well at night; appetite good, and secretions regular.

11. No pain on pressure, or motion of the joint; swelling subsided; general health good; secretion regular; presented cured.

Anatomical Structure of the Knee-joint.—As all my remarks to-day will refer to mischief to the knee articulation, perhaps I may be excused in the outset in offering a few brief remarks on the anatomical structure of that part, as our diagnosis must depend a good deal upon examinations conducted on anatomical principles.

This articulation, then, admits of motion in two directions only,—flexion and extension, as they are commonly called; and, consequently, this joint is placed among the anguloid, or hinge-joints. The joint is formed principally between the lower part of the femur, and the upper part of the tibia, with an interposition of fibro-cartilaginous bodies, which aid in forming the joint, and are termed the semilunar cartilages, from their figure. The motions of the joint are restricted principally by bands of fibres termed ligaments—a very strong one on the inner, and two on the outer part; and these are termed the internal and external lateral ligaments. We have, further, a portion of the tendon of the large rectus muscle proceeding from the thigh over the patella, improperly called the ligamentum patellæ, which should be regarded, however, as a continuation of the tendon of the rectus. This is placed more distant from the joint than any we have described, or have to notice, a quantity of fatty matter being placed between it and the synovial tissue. We have abduction, or a throwing of the leg outwards from the femur, prevented by the internal lateral ligament, and we have the motion of turning it inwards prevented by the external lateral ligament. We can

flex the leg to a considerable extent, but can only extend it to little more than a straight line with the thigh. The further extension is prevented by the posterior ligament of Winslow, which is considered by some as a continuance of the semi-membranosus, which contributes to form the inner ham-string. Besides, we have on the inside, two firm bands of ligament, proceeding from before and behind the rough protuberance of bone, on the middle of the articulating surface of the head of the tibia, to the condyles of the femur; and these are called the crucial ligaments, from their being placed across each other. These ligaments perhaps assist in preventing extension of the leg beyond a certain degree, but they will very much prevent rotation of the condyles on the head of the tibia; that is to say, if you attempt to twist the thigh inwards or outwards from the leg, the anterior and posterior crucial ligaments, aided by the other ligaments I have enumerated, will restrict such motions. These are the principal ligaments for the protection and limitation of the motions of this joint; there are some others, but their importance scarcely requires us to occupy our time in adverting to them; nor is it necessary that I should describe to you at present the small ligaments which connect the semilunar cartilages, for they are out of reach when we are called upon to examine the joint.

Now the synovial membrane is within all these ligaments. It covers the articular extremities of the bones, and passes some distance up in front of the thigh-bone, beneath the tendon of the rectus or quadriceps muscle. There is a little interruption, however, to the strict continuity of the surface of the synovial membrane; that is to say, it does not form a perfect sac, because of the attachment of the little process termed the ligamentum mucosum, which proceeds behind the ligamentum patellæ to the condyles, just in the same way as you have the ligamentum teres proceeding from the hip-joint, to be attached to the femur, although nothing like so strong a ligament.

You will find, then, that there are ligaments on the inner, the front, the outer, and the posterior sides of the knee-joint, and that the synovial membrane is necessarily more exposed between any of those particular spots, than where it is covered by the ligaments; this is the case more especially on the anterior part of the joint, where no muscles pass over it, so as to assist in protecting the membrane. In many of the books which treat of the ligaments and articulations, there is no mention made of the fibrous capsule of this joint; but, in strictness, there certainly is a fibrous capsule covering the articulation, although not so distinct or so defined as that of the hip-joint. Thus we have a fibrous expansion, connected with the synovial membrane, be-

tween the respective ligaments which I have described. It is only where there is a greater assemblage of fibrous bands, and where these are more distinct, that they have been divided into separate portions, under the name of "ligaments."

Diagnosis of the foregoing Case.—Well, now, I have mentioned that in the case before us there is inflammation of the synovial membrane, with increased secretion of synovia. How is this distinguished from any other disease? Perhaps when I have related some other affections of the joint, you may understand it better; but, in the first place, I may state that the mere swelling, and the shape of the swelling, were sufficient to satisfy me that it was the disease which I have described, and that it was within, and not external to, the capsule. The swelling appeared on either side of the tendon of the rectus, and a little likewise at the side of the ligamentum patellæ. There is no particular enlargement corresponding to the situation of any of the ligaments. The joint, when examined by touch, gives an impression of elasticity, indicating that the tumefaction arises from the presence of fluid, rather than from solid deposit; and we come at once, therefore, to a knowledge of the disease. But on going into the history of the case, we find that it has been produced by injury. Injury is a great deal more likely to produce disease of the fibrous tissue than of the synovial membrane. The patient has pain, and that pain is increased at night. Now when we look at the intimate connection which exists between the fibrous and the synovial membranes, we cannot wonder that the one should participate in the diseases of the other. It is very rarely, therefore, that we have isolated affection of one of those membranes. We are much more likely to have isolated affection of the fibrous than of the synovial membrane; because the vessels supplying the synovial membrane, pass to it from the fibrous membrane, therefore when disease is set up in the synovial membrane, it extends rapidly to the fibrous capsule. Just so should we find it in the case of inflammation of the dura mater. Seldom does it happen that we have inflammation of the dura mater, without the inflammation extending to the lining membrane. So, again, in pericarditis, the inflammation of the pericardium extends to the serous membrane, and terminates in adhesive deposit. Besides, as to the nature of this swelling, I found that the patient did not suffer much pain when I made pressure over the ligaments, but when I came to make pressure over the parts where the synovial membrane is much exposed, the pain was considerable, and that was an additional reason to satisfy my mind of the nature of the disease.

This is not a very common affection,

either as an idiopathic disease, or as the result of injury, for injury more frequently produces affection of the fibrous structure. I was therefore induced to inquire into the probability of there being any specific cause of the affection; for the disease, as we very well know, which is generally called "gonorrhoeal rheumatism," affects particularly the synovial membrane of articulations. I have been consulted lately upon a case very illustrative of this kind. A gentleman has been for some years the subject of disease of the urethra; and in spite of all he has suffered, he will go on subjecting himself to fresh attacks of disease, and almost as often as he is imprudent, so often has he gonorrhoea. As soon as the inflammation is set up, and almost as soon as the purulent discharge is established, he has affection of the different articulations; the synovial membranes become inflamed, they pour out secretions, and the joints become tumid, just as in the case before us. So that this disease, you will observe, is frequently connected with a gonorrhoeal, or what we may call, if you please, a venereal taint. I therefore made inquiries in the present instance, and proceeded to examine the urethra, to ascertain if there was stricture; and at last, being satisfied upon all these points, and that the disease originated from pressure, and not from any specific influence of this sort, the treatment became simple; mere rest, with counter-irritation, having at once annihilated the disease. A couple of blisters were applied, he recovered the power of motion, without suffering, and was enabled to quit the hospital, in ten days or a fortnight, perfectly well.

CASE 2.—Inflammation of the Synovial Membrane of the Knee-joint, with deficiency in its Secretion.—We have another case, where there is inflammation of the synovial membrane, with a deficient secretion of the synovia, there being an increase of the secretion in the last case. Elizabeth Herring, aetat. 14, a housemaid, was admitted on the 19th of the present month into No. 7, Lydia's Ward. She states that about a month ago, after kneeling, a swelling formed over the ligamentum patellae. Probably she had the disease called the "ganglion patellae." The swelling was attended with much pain; and the joint became more painful towards night. Motion produced rather severe pain. Leeches had been applied previous to her admission, without any benefit whatever; she had been going on in the discharge of her duties as a servant during their application. Upon her admission she complained of sharp darting pain on the inner side of the knee. Pressure on the inner condyle produced severe pain. Any motion of the joint was attended with crepitus, and aggravation of her suffering. Over the ligamentum patellae there

was a slight swelling, which was painful. Her general health was tolerable; she rested well at night, except when disturbed by the pain, which was always worse then. She was put to rest, and had a blister applied to the knee, and afterwards a poultice.

The report of to-day is, that the pain in the joint is less; she has rested better these last two nights, and the swelling upon the ligamentum patellae is diminished. There is some slight crepitus still on moving the patella upon the condyles of the femur.

Whether there be any peculiarity in the form of the inflammation which gives rise, in the one case, to an increase of the synovial secretion, and to a deficiency of it in the other, it may be difficult to say. The same membrane is affected in both instances; there appears from the sufferings of the patients to be inflammatory action going on in both, and both are to be regulated on the same principles. This case has been for so short a period under our notice, that we are hardly able yet to ascertain what will be the ultimate result; but I have no doubt, from experience, having seen many such cases, that it will proceed just as favourably to a cure as the one of which I last spoke.

Other Affections of the Knee-joint.—I have brought these different and somewhat opposite cases forward, to enable you the better to comprehend the points of diagnosis which I have described; and I shall now proceed to the description of two other forms of affection of the knee, which are more rare, and perhaps more difficult to treat.

Besides the structures I have mentioned as contributing to the formation of the joints,—the ligaments, the synovial membrane, and the fibrous tissue,—we have the osseous extremities, which are tipped or covered with cartilages, the cartilages being lined with the synovial membrane. Now the ends of the bones, especially the cylindrical bones, which contribute so greatly to the support of the body, are enlarged. If the extremities of the femur, for instance, were not of greater diameter than that of the rest of the bone, they would be constantly liable to displacement, but Providence, wise in all its works, has, in the formation of the joints, increased the diameter of the ends of these bones; their bodies are of great compactness, and sufficient, under ordinary circumstances, to resist injury, whilst the extremities are exceedingly light, formed of what is called "cancellated structure;" that is, small laminae of bone, intersecting each other, and forming cells, which are lined with membrane, and which probably afford the secretion that we find in the cells of the cancellated structure. This part of the bone also is liable to inflammatory action, which may affect the power of the articulations, and may, indeed, eventually

lead to as serious results as happen from any disease attacking the articulating surfaces themselves.

CASE 3.—*Inflammation of the Osseous Structure of the Tibial portion of the Knee-joint.*—The first is the case of Thomas Lynch, aged 21, living near the Tower, by occupation a footman, and of steady habits. He was admitted into No. 8, Abraham's Ward, on the 27th of August last. He states that about a month previous to his admission, after taking much exercise, he experienced a dull aching pain of the right knee, which increased towards evening, and disturbed his rest greatly. Exercise of the joint increased his sufferings. Two small blisters were applied to the knee, but without affording much benefit. Upon his admission he complained of pain on the inner side of the right knee, particularly at night. At the lower part of the joint, the inner side of the head of the tibia was found to be much enlarged; and upon his placing the foot on the ground, and resting his body on the limb, the pain was increased. He had rheumatic pains in different parts of the body, and his general health was impaired. To procure rest and regulate the secretions, I ordered that he should take a grain of the sub-muriate of mercury, with half a grain of opium, and a blister was to be applied to the knee. By these means he rested, and the pain was somewhat relieved. In the beginning of October, the first blister having healed, a second was ordered, and, the secretions being regular, he was ordered to take the tonic mixture,—the *mistura potassæ hydriodatis*. This is a tonic mixture which I frequently give, not only in such affections as these, but in others, and with great advantage. It contains a sixteenth part of a grain of iodine, four grains of the hydriodate of potass, and a small quantity of syrup of poppies, with a little distilled water, to each dose. The mixture is made of half a grain of iodine, half a drachm of the hydriodate of potass, half an ounce of the syrup of poppies, and half a pint of distilled water; and the patient takes an eighth of this mixture for a dose.

Oct. 16. He had now no pain on motion. The affected limb was rather smaller than the other, for a reason which you will recollect I explained to you at the last lecture,—namely, that where there is disease, and the muscles are not kept in exercise, they lose their contractile power, and become flabby. He now slept well at night; and I ordered him to rub in, over the affected part, night and morning, the *unguentum potassæ hydriodatis*,—an ointment made with a drachm of the potassæ hydriodatis to an ounce of lard.

21. Much the same; joint rather diminished in size.

27. Pain gone; can walk without any in-

convenience. The joint remains a little enlarged, and he was presented well.

CASE 4.—*Inflammation of the Osseous Structure of the Femoral Portion of the Knee-joint.*—The next case is one of inflammation of the cellular structure of the condyles of the right femur. Mary Sullivan, aged 32, residing in Bermondsey, a married woman, of scrofulous diathesis, was admitted into No. 10, Lydia's Ward, on the 19th of November. She states that about seven months ago she received a blow on the right knee, from a fall, which produced considerable pain, but no swelling. The pain continued more or less severe until about four months since, when the joint began to swell, and the pain to increase. She then applied at a dispensary, and was cupped and repeatedly blistered, which, to a certain degree, relieved the pain, but the swelling still continued to increase. In a short time afterwards the limb became very large, and the pain returned with considerable severity. From a continuance of blistering, and the internal use of the sulphate of quinine, the symptoms again subsided, and she discontinued her attendance at the dispensary. About two months ago, the joint, still remaining swelled, became yet more enlarged and sometimes painful, although, until about a fortnight since, she did not experience much inconvenience, with the exception of stiffness of the joint, and pain upon continued motion. At this period she unfortunately struck the knee again, when the pain returned with violence, and has continued violent ever since. At the period of her admission, she complained of a dull aching pain over the whole of the joint, which was particularly severe at night. The motions of the joint, which are very limited, increase the pain, which is more particularly referred to the inner side of the knee—to the situation of the internal lateral ligament, pressure over which aggravates the pain. The condyles of the femur are greatly enlarged, and the patella appears to be sunk down and impacted between them. The general health was good, the appetite was good, and all the secretions were natural. Her general powers, however, are very much below par. She was ordered to have the house-medicine, and the same form of tonic as that which the last patient took,—the *mistura potassæ hydriodatis*; but instead of mixing it with water, as a vehicle, she was to take it in the decoction of *sarsaparilla*. She was likewise directed to have a blister applied over the surface of the knee.

21. She states that she is better. She says that the pain is less, though still severe at night. The tenderness on the inner part of the joint is less. There is still some pain complained of on grasping the femur above the condyles.

Remarks on the Case.—These are re-

the rare affections; they are, however, more frequent, perhaps, as affecting the articular extremities of the bones which assist in the formation of the knee, than in the articular extremities of any others. Still, I have seen the same disease affecting the elbow joint, and the lower extremity of the tibia, the ulna, and the radius. It appears principally to arise in persons of scrofulous habit.

Diagnosis and Pathology.—From the histories of the cases, you must see that there might be difficulty in discriminating between the disease of the cellular structure of the extremities of the bones, and that of the synovial membrane. There is a dull aching pain, which is increased at night, indicating an affection of the fibrous structure; but on examining the joint you easily ascertain the seat of the disease. You find, probably, that the patient, as in the instances before us, complains somewhat of pain, aggravated upon pressure over one of the lateral ligaments. The reason is obvious. The articular extremity of the bone cannot be enlarged without separating in some degree the attachments of the lateral ligament, and thus putting the ligament upon a stretch which may induce a slight degree of inflammation. But the very figure of the joint will strike you as peculiar, and guide you to the *rationale* of the disease. When the patient is the subject of disease of the synovial membrane, with deficient secretion, he cannot have the joint moved without pain, because the synovia that naturally exists between the opposite surfaces of the bones is wanting, and they grate against each other, producing excessive suffering. Now in the instances of enlargement of the articular extremity of the bone, I have known patients only complain of difficulty of motion, or of pain, when the limb was moved, from what they themselves called “a deficiency of the joint oil,” meaning synovia; but in examining the joint I have found the patella move freely on the condyloid surfaces of the femur, proving that the synovia was not deficient. How is the difficulty of motion of the joint, then, to be accounted for? Why in this way, from the articular surfaces having become altered, in consequence of enlargement, and the deformity thus produced. This is beautifully seen in the case of Mary Sullivan. The disease in her case affected the condyles of the femur; the extremity of the tibia remained as before, but the condyles were enlarged, the patella having sunk down between them, and there become impacted; so that even if she were to recover from the disease, I do not think that she would ever again have the proper motions of the joint. Is it then, from somewhat negative symptoms, or from accurate examination, and a comparison of the sizes of the joints, and of the extremities of the bones, that you have to form a perfect diagnosis.

You thus have all the symptoms explained. Sometimes, when disease of this structure has proceeded for a time, you have the periosteum of the bone becoming inflamed, and in consequence of its being expanded over the whole of the osseous substance, the suffering is extreme when it is pressed upon, just as you have pain in what is called “hydrothalamia,” affecting the sclerotic coat of the eye. When that texture is pressed upon, it becomes inflamed, and is extremely painful. Of course the pain is less, in some degree, where the inflammation of the cancellated structure is slow: the only symptom of the disease then, is difficulty of motion. Where the texture is so delicate as the lining of the cancellated structure necessarily is, and when the inflammation which attacks it is slow, the disease is hardly evinced; but when the affection comes on rapidly, you then find, from the enlargement of the bone, and the implication of the membranes connected with it, that the character of the disease is much more decided, and can at once say that it is an affection of the fibrous tissue.

Prognosis.—What is the prognosis? In an instance where the disease has been of slow origin, and of slow progress, it is not likely that the patient will suffer eventually, if proper care be taken, any further than from the irregularity of the joint, and difficulty of motion. Where once enlargement of osseous structure has taken place, you cannot diminish that extent of surface again by any treatment short of operative proceedings. In the first case the patient recovered under the treatment adopted. The size of the joint somewhat diminished, and he was able to walk. Why was this? The head of the tibia was affected; there was a deposit taking place in the osseous structure, the outer shell of the bone gave way, and the periosteum became affected and thickened. You can get the thickening of the fibrous texture of the periosteum reduced, but you cannot get rid of the thickening of the bone; it will remain so during life. In the other case, where there has been much more severity of disease, we shall have much more difficulty of cure. That patient has a scrofulous habit, and weak general powers, which are all favourable to the progress of the local affection. If she can only bear up under the confinement of the hospital, and the atmosphere which she will have to inhale here, I have no doubt that we shall be able to arrest the disease, and to send her forth with the use of the limb; but supposing the atmosphere, and the confinement of the house, do not agree with her, and her general health suffers, it will be prudent to discharge her, in order that she may have the benefit of better air, as detaining her here may cause her to have the more severe form of the disease.

What, gentlemen, will be the progress of

the disease if we do not arrest it? I presume, from the history, that there is a deposition of that curdy sort of matter, which, in scrofulous persons, we see deposited in instances of enlarged glands of the neck, filling, in great measure, the cancellated structure of the bone. If we could cut through the condyles of the femur, and expose the cells, we should probably see some of them broken down, and filled with this substance. But if the disease goes on still further, you will have less of this curdy matter, and in its place a fluid generated, consisting of that serous or indifferent sort of pus which we know to be the result of scrofulous inflammation. When this pus is formed, it will begin to make its escape by ulceration; the cellular structure will be broken down, the denser compact shell of the bone will gradually give way, the cartilages will ulcerate, and we shall have sinuses formed, from the interior of the bone, through which the discharge will take place. Very likely, however, before all this occurs in an hospital, the general health gives way, and we are obliged, with a view to save life, to get rid of the disease by amputation.

Treatment.—The object, however, is to avoid the resort to amputation; and I have, therefore, with a view to preserve the general health in such cases, given such medicine as is calculated to lessen the peculiar disposition to the disease which is termed "scrofulous diathesis." Iodine has a remarkable effect in this respect; and I have combined it with sarsaparilla, which is often necessary. We have also employed the milder forms of counter-irritation; but if we find that a decided improvement does not take place under blistering, we resort immediately, as I shall do in this case, to the more powerful means of moxa, or issues, of which I spoke in my last lecture.

These cases are well worth watching. Instances of the kind are not often seen, but when once seen, and well examined, I do not think you would make a mistake between them and any other affection of the joint. Without knowing such cases, and being aware of them when they exist, you might mistake them for an affection of the synovial membrane, or of the fibrous tissue, and be led to give a prognosis which you could not afterwards verify, and which would be calculated to bring discredit upon you.

In all these cases the utmost you can do is to arrest the inflammation, and put the parts into a healthy condition. You cannot produce an alteration again in the figure or diameter of the bone, which will restore its integrity, and render the joint as fit for the purpose of motion as it previously was. A lameness must always ensue where such an affection has taken place, and has given rise to enlargement of the bone.

Other cases we have under treatment, but I shall not to-day describe them. There

are several cases in which ulceration of the cartilages and destruction of the ligaments have occurred. One or two of these, now under treatment, and they will contribute to form subjects of consideration at our next meeting.

CASE,

PRESUMED TO BE ONE OF

MECHANICAL OBSTRUCTION

TO THE

PASSAGE OF THE BLOOD IN THE ARTERIES.

To the Editor of THE LANCET.

SIR,—The following case (a part of which I read at the *London Medical Society* in February last) I think you will consider worthy of insertion in your valuable Journal. I am, Sir, your obedient servant,

EDWARDS CRISP.

Walworth Road, Dec. 21, 1835.

CASE.—Jan. 31, 1835. I was requested to visit Mary C., *ætat* 22, of healthy parents, residing at Camberwell. She had cholera in March 1831, and says that "her mouth was slightly affected by mercury, but she speedily recovered." I attended her two years since, during a severe attack of pneumonia, after which she had occasional cough, &c. &c. sometime. She has been at service for ten or twelve years, and generally, during that period, was able to follow her employment, but she was occasionally prevented from doing so by headache and hysteria. For the last three or four days she has complained of pain in the legs and arms, with rigors, followed by heat of skin, &c. This morning there is pain in the epigastric region, rather increased on pressure. Pulse small, 90; tongue white, tip red; bowels confined. The menses have appeared regularly, but the discharge has been small in quantity.

R. *Mag. Sulph.* ʒi; *Liq. Ant. Tart.* ʒss; *Aqua* ʒvss. Ft. mist. cujus sumt. ʒ 4tis horis.

R. *Piul. Hydrarg.*, *Ext. Colocynth. C.*, aa. gr. v. Ft. pilule duæ, h. s. s.

Feb. 1. Less pain in the region of the stomach; the thighs and legs very painful; no redness or swelling, but the pain increased on pressure; pulse small and frequent; no sleep; bowels well relieved; motions offensive.

R. *Vini Colchici*, *Liq. Ant. Tart.* aa. ʒss; *Mist. Camph.*, *Aqua* ʒvss. Ft. mist. cujus sumt. ʒ 4tis horis.

R. *Puls. Ipecac. C.*, aa. gr. i. s. s.

2. Much the same as yesterday; slept 100 or three hours; continued of great pain in the legs and thighs; no pain in the epigastric region; tongue red at the tip, with white base; pulse small, 80. The lower extremities ordered to be fomented with a hot decoction of poppy heads, and the following was prescribed:—

R. *Hyd. Sub.*, *Pulv. Antimonialis*, *Pulv. Colchici*, aa. gr. vi. M. et divide in pulv. vi, quorum sumt. unum 4ta quaque hora.

3. Called this morning at one o'clock, and found her suffering from violent pain in the region of the stomach, increased on pressure; frequent vomiting (the first since her illness); no pain in the lower extremities; pulse very small; has fainted two or three times. Opened a vein in the arm, and with much difficulty obtained about ʒvi of blood, after which she expressed herself to be somewhat relieved.

Applicetur *Emplastrum Luteum* regioni epigastricæ, et *Emplastrum Sinapi* pedibus.

R. *Hauft. Suleæ Carb.* et *Acet. Tart.* 4tis horis in actis effervescentiæ.

Eight p.m. Pain less; pulse more expanded; blood capped and buffed.

4. Has very little pain in the region of the stomach, but the legs and thighs are again excessively painful; no heat or redness, and the pain appears to be confined to the integuments; bowels relieved. Cont. medicina.

R. *Ext. Papav.*, *Pulv. Rhei*, aa. gr. v; ft. pilula duæ, h. s. s.

5. Fainted once in the night; no sleep; hands and arms cold, with a tingling sensation in the fingers, succeeded by acute pain in the integuments of the arms; pain absent in the legs and thighs, and very slight on pressure in the epigastric region; tongue furred, tip and edges red; bowels open; no pulsation at either of the wrists; the heart and carotids pulsating with great violence.

Rept. medicina efferves., et sumt. *Pulv. Opii* gr. i hora somni.

8. Has remained much in the same state since the last report; very little sleep; pain in the arms and legs excruciating, but seldom occurring in both at the same time; slight tenderness in the epigastrium; no vomiting; sounds of the heart rather louder than natural; respiratory murmur distinct in both lungs. The menses appeared on the 5th Feb. and ceased to-day. Says she "observed no change in the symptoms during their continuance." Pulsation absent at both wrists since the 5th. Has continued the effervescing draughts, with a grain of opium and ipecacuanha morning and evening.

R. *Ammon. Carb.* ʒss; *Tinct. Opii* gtts. xx; *Mist. Camph.* ʒvi; ft. mist. cujus sumt. ʒ 4tis horis.

R. *Pulv. Ipecac.* C. gr. x, h. s. s.

9. Took the medicine only once, as it produced vomiting; pulsation ceases about an inch below each clavicle; the dorsal arteries of the feet pulsating forcibly, 90; the heart and carotids beating with less violence than yesterday.

R. *Hauft. Efferves.* 4tis horis, et *Liq. Opii Sed.* gtts. xxv, h. s.

10. Symptoms the same as yesterday; no sleep for the last five or six days. Cont. *haust. efferves.*, et sumt. *haust. Opii* h. s.

Feb. 11. Passed a restless night. Did not retain the opiate draught upon the stomach. The integuments of the right arm extremely painful. Met Dr. Whiting in consultation, who examined the arteries with great care, and found the pain much increased when pressure was made over the arteries of the upper extremities, particularly the right. Dr. W. ordered eight leeches to be applied below the right clavicle; a warm spirit lotion to the arm, with the following;—

R. *Hyd. Sub.* gr. j; *Acet. Tart.* gr. ʒ; ft. pilula 3tia quaque hora sumenda.

R. *Vini Colchici* gtts. x; *Mag. Sulph.* ʒj; *Aqua* ʒx; ft. *haust. ter die sumendus.*

12. No sleep; pain in the right arm diminished; has been very faint since the leeches were applied; bowels moved twelve or fourteen times; motions fluid, yellow, and offensive. On pressing the spinous processes of the upper dorsal vertebrae, she complains of pain, but not more so than when the skin of the back is touched. Says her feet are cold and numb, and she has asked the attendants if the toes are not contracted. On examining the feet I found them quite warm. Rept. medicina, et adde, *Pulv. Ipecac.* C. gr. ii, singulis pilulis.

R. *Liq. Opii Sed.* gtts. xxv, h. s.

13. Slept four hours after taking the draught. Can move the arms without difficulty, but has still slight pain when pressure is made in the course of the arteries. The left foot and leg are extremely painful. On pinching the anterior part of the leg she is not sensible of pain, but complains of uneasiness when the back part is pressed. No pulsation in the dorsal artery of the foot, and rather indistinct in the popliteal; heat of the limb below the natural temperature; the carotids pulsating feebly, and on placing the finger upon them a thrilling sensation is communicated; "bruit de soufflet" observed for the first time over the region of the heart. Cont. medicina, et sumt. *Liq. Opii Sed.* gtts. xxx, h. s.

14. Believe I can distinguish a slight vibratory motion at intervals, in the left radial artery. The patient sleeps for five or six

hours; the right arm is again very painful; the gums are affected by the mercury. She has expressed a great desire for porter. Hitherto her diet has been farinaceous, with beef-tea and broth occasionally.

R. *Ammon. Carb.* ʒi; *Soda Carb.* ʒi; *Tinct. Aural.* ʒii; *Aqua* ʒvi; ft. mist. cujus sumt. ʒ in succo limonis 6tis horis.

Rept. haust. *Opii* hora somni.

15. Symptoms nearly the same as yesterday; no bellows sound over the heart; has taken ʒ of a pint of porter; ordered one pint daily. Cont. medicina.

16. Pain in the left foot and leg so severe that she is frequently screaming; no pulsation in the arteries of the upper extremities, nor in the left popliteal; tongue red and moist; skin often covered with perspiration. The porter to be continued.

R. *Haustr. Sulph. Quinina* gr. ii 4tis horis. Rept. haust. *Opii* h. s. Appl. *Emplast. Belladonnae* cruri.

17. Foot and leg more painful since the plaster was applied: no pulsation in the left popliteal, but very distinct in the femoral; pain much increased when pressure is made in the course of the arteries; slight pulsation in the left brachial and radial arteries (beat synchronous with the heart). Dr. Whiting saw her again this afternoon, and recommended twelve leeches to be applied to the left groin; the foot to be fomented with hot spirits and water, and a large blister to be applied to the lower part of the abdomen. Dr. W. thought that by pursuing this plan of counter-irritation we might prevent the spreading of the disease to the larger arteries. The *Belladonna* plaster to be removed.

R. *Ammon. Carb.* gr. iii; *Quinina Sulph.* gr. i; *Syrup. Simp.* ʒss; *Aqua* ʒx; R. ft. haust. ter quotidie sumendus.

R. *Liq. Opii Sed.* gttss. xxv, h. s. s.

18. Pulsation absent in both upper extremities, and ceases about three inches below Poupart's ligament in the left thigh; slept for a few minutes at intervals during the night; pain excessive; the foot and fore part of the leg of a purplish colour; the cutaneous veins distended with dark blood; the tips of the toes cold, and the foot rather below the natural standard; perspiration profuse over the upper part of the body; has been very faint since the leeches were applied; continues the porter; hot fomentations to the foot. Rept. haust. *Quininae* haust. *Opii* hora somni.

19. Foot purple and cold; pain increased; perspiration abundant in the night. Cont. medicina.

20. The foot is not swollen; temp. 84 F.; perspiration profuse; no sleep. Cont. medicina.

21. Pain more severe; slept three or four

hours; temperature of the left foot 80 F., right foot and arm 92. Cont. medicina.

22. During the last two or three days she has complained of having pain in the right popliteal space; yesterday she felt pain and tenderness in the calf of the leg, and, at about eight p.m., a numbness in the foot, succeeded by intense pain, which has continued. On pressing along the course of the femoral artery, the pain is much aggravated; no pain when pressure is made on the outer and back part of the thigh; has also pain when the left femoral artery is pressed, but not so severe as it was on the 17th. No pulsation in any of the arteries of the extremities. The toes and sole of the left foot black; temperature 84; right foot 90. Ordered a blister to the outer part of the right thigh, and eight leeches to the foot.

R. *Pule. Opii* gr. ʒ; ft. pilula ter die sumenda. Rept. haust. *Liq. Opii Sed.* h. s.

23. Slept five or six hours; pain excruciating in both feet, fore part of the left, black; the instep and ankle red; temp. of the former 80; latter 91; feeble pulsation in the left radial and brachial arteries. Rept. *Pilul. Opii* et haust. *Opii* h. s.

24. Slept four or five hours, pain not so violent as yesterday; left foot much in the same state, temperature of the toes 60; ankle 68; right foot 81. Rept. medicina.

25. Pain less; several phlyctenae on the left ankle; pulsation absent in all the extremities. Rept. med.

26. Symptoms the same as yesterday. Rept. med.

27. Feet very painful, especially the left, which looks rather better than on the 23rd; temp. of the sole 70; instep 83.

R. *Haustr. Quinina* 6tis horis.

R. *Haustr. Liq. Opii Sed.* gttss. xl, h. s.

March 6. Since the last report the pain has been excessive; very little sleep; night perspirations; has complained occasionally of pain in the region of the heart; bruit de soufflet very distinctly heard; suffered yesterday (for the first time since her illness) with pain in the right side of the head, which subsided after a few hours. Bowels have acted regularly; motions healthy. The fore part of the left foot in a state of sphacelus, with a red line of demarcation extending obliquely across. Has continued the opium and quinine daily. Ordered yeast poultices to the foot. Cont. medicina.

8. The little and great toes of the right foot black and painful. Rept. med.

16. Removed the phalanges of the two outer toes of the left foot, since which operation she has had less pain; no pulsation in the left arm for the last four days; has taken port wine and quinine daily, with the opium and quinine. Rept. med.

22. Pulsation absent in the extremities since the 17th; bruise the soufflet over the region of the heart; tongue moist and moist; secretions and excretions healthy. No extension of the gangrene on either of the feet. Rept. med.

28. Pulsation absent in the arteries of the limbs, but was perceptible in the left arm, from the 23rd to the 27th. Rept. med.

April 7. Pulsation ceases at about two inches below Poupart's ligament on both sides, and can be felt only at about half an inch below each clavicle; granulations abundant; since the 26th, has been able to take a mutton-chop daily, with port-wine and porter. Rept. med.

Oct. 1. Her health has gradually improved; the appetite is good; the tongue clean; secretions and excretions healthy. The menses appeared in June, and have continued monthly. During the last two months she has complained of giddiness and occasional pain in the head, with dimness of sight coming on towards evening, but she says that "her health is nearly as good as it was previous to this attack." The pain in the foot has been so intense, that for a considerable time she took six grains of opium daily. Notwithstanding this, the bowels acted regularly. She continued the quinine, with the compound iron mixture, until the 20th of June, since which time she has taken no medicine. The bellows-sound is sometimes heard over the region of the heart; feeble pulsation generally in the left brachial and radial arteries for the last three months; absent in the right arm since February. She says that "this is not so strong as the other, but that she is able to use her needle nearly all the day." Pulsation ceases at about two inches below Poupart's ligament in the left femoral artery; in the right it can be felt as low as the triceps. Has lost the first phalanx of the great and little toe of the right foot; all the phalanges, and three of the metacarpal bones of the left; the two remaining are partly exposed. A portion of the os calcis has exfoliated on each side; the foot is much inverted; the integuments are puffy, and painful on pressure. Is not able to keep the foot down for more than two or three minutes at a time, the pain being excessive, and the skin assuming a leaden hue; is very anxious to have the leg removed: the right foot and leg are generally cold.

5. With the concurrence and assistance of my friends Messrs. Bristowe, Bryant, Hughes, and Beane, I performed the circular operation, below the knee. On slackening the tourniquet, I found that there was very little bleeding from the large arteries. The smaller vessels, however, bled profusely, and it was necessary to use plus or ten of them; but little blood was lost, and she bore the opera-

tion remarkably well. Gave her 35 drops of laudanum. Examined the leg with great care. Slit up all the large arteries, but could find no trace of disease in them; they appeared to be smaller than natural. The veins and nerves also were healthy.

Nine p.m. Complains of great pain in the stump; pulse (left radial) quick; skin hot; thirst, &c.

R. *Mist. Efferves.* 4tis horis.

6. Slept two hours; pain less; a little oozing of blood from the wound. Cont. medicina.

7. Symptoms the same as yesterday. Rept. med.

30. Has gone on well, with the exception of a little sloughing on the tibial side of the wound. The part, however, soon put on a healthy appearance, and is now nearly healed. The catamenia appeared on the 9th.

Dec. 21. A portion of the stump, of about the size of half a crown, not healed; the granulations pale, with sero-purulent discharge. Her health has improved since the last report, and she is able to get from one room to another with the assistance of crutches. The right foot is generally cold; pulsation the same as before the operation. Two gentlemen saw her on the 19th, and thought they could distinguish feeble pulsation in the right brachial artery. I have not myself been able to detect it. The bellows-sound is often heard in the heart and large arteries.

Remarks.—The foregoing case, both in a physiological and pathological point of view, will, I think, be considered to be one of great interest. Opinions will, of course, vary as to the exact nature of the disease, but I imagine it will be generally admitted that there is mechanical obstruction to the passage of the blood, and that the train of symptoms described could not depend upon functional disturbance of the arteries. When I first mentioned the case at the *London Medical Society*, I suggested the probability of a metastasis of the integumental disease (which appeared somewhat of a rheumatic character) to the coats of the arteries, producing conglomeration of the blood, and, probably, a deposit of lymph. This opinion is strengthened by the fact of the frequency of translations in rheumatic disease to the heart and pericardium. The case appears to me to confirm, in some measure, the correctness of Magendie's views with regard to the non-muscularity of the arteries. The result of the amputation proved that blood circulated through the larger vessels, but not in sufficient quantity to call their elasticity into play, and hence no pulsation was produced. I invariably found, when the carotids were greatly expanded, that the heart was beating violently, and that its

pulsations were synchronous with the artery. I also observed that when pulsation was absent in the left radial, the heart was acting feebly. The functions of the brain were scarcely disturbed, although the blood was sent through its vessels with great force. The profuse perspirations, confined principally to the head and trunk, evidently reduced the volume of the circulating fluid, and, after a time, allowed the vessels to assume their natural caliber.

CASE OF COXALGIA,

WITH

LUXATION OF THE FEMUR, ANCHYLOSIS,
PERFORATION OF THE ACETABULUM
BY CARIES,

AND

FATAL PERITONITIS.

By WILLIAM TAGERT, Esq., Surgeon to
Mercer's Hospital, Dublin.

THE subject of the following case, John Tamor, a sailor, was admitted into *Mercer's Hospital*, in November 1834, where he remained until his death, comprising a period of ten months. As the principal points of interest were disclosed by the examination of the body after death, I shall curtail the history and symptoms of the case during the protracted residence of the patient in the hospital. He was admitted with a tumour in the upper and outer part of the thigh, at about the region of the tensor vaginæ femoris. The exact nature of this swelling could not be clearly ascertained at the time by an external examination, nor was it deemed prudent to explore it by puncture. The hip-joint and spinal column were carefully examined by the gentleman under whose care he then was, without his being able to detect any evidence of disease in either. There was no alteration in the length of the limb, or in the form of the nates; the swelling gave him little uneasiness, and soon subsided by rest and suitable treatment. Shortly after admission he was attacked with violent pain, and acute inflammation, of the hip-joint and upper part of the thigh, which, notwithstanding a strict observance of the recumbent position, and the frequent application of leeches, with other antiphlogistic treatment, terminated in a large abscess, which pointed in the inferior part of the groin. This was cautiously opened by puncture, which gave exit to a considerable discharge of pus. However, this was soon succeeded by a fresh collection. In the mean time the pain in the hip joint was urgent in the extreme. About seven or eight weeks after admis-

sion it was ascertained, at the morning visit, that the limb was shortened, with considerable immobility of the foot, too plainly indicating that luxation had taken place. From this period there was a succession of abscesses near the joint, terminating in fistulous openings. The constitution, as may be supposed, sympathized with the severity of the local disease, and wasting discharges, extreme emaciation, total loss of appetite, profuse night-sweats, with the other accompaniments of rapid hectic, brought the patient to the verge of dissolution. The integuments in the neighbourhood of the sacrum, and at the lower part of the back, were sloughing, from pressure, but this distressing complication was completely relieved by the use of Doctor Arnott's hydrostatic bed. His constitution was supported with wine, porter, and nutritious diet, and by a perseverance in these means he slowly rallied. The discharges from the fistulous openings, gradually lessening, at length almost ceased; the head of the bone became firmly ankylosed in its new position, and the recovery of the patient was so far advanced, that he was able, with the assistance of crutches, to move about the ward, and occasionally, in the garden, at the rear of the hospital. About seven or eight days previous to his death, he complained of a deep-seated pain in the right iliac fossa. Pressure in that region increased his sufferings very much. The pain extended from this point over the entire abdomen, which became swollen, and exquisitely tender to the touch. The man had constant thirst, and incessant vomiting, which could not be controlled. His drinks were rejected, apparently without muscular effort, immediately after being swallowed. The countenance was sharp and anxious, and the pulse weak and rapid, with extreme prostration of strength. These symptoms terminated fatally on the 20th of September.

Autopsy.—The body was, generally, extremely emaciated. The abdomen was tumid, and on opening that cavity, there was found considerable effusion of serum, with flakes of coagulable lymph. The peritoneum presented the usual marks of inflammation, being in many parts coated with lymph, and its capillaries being minutely injected. The liver was in a state of hypertrophy, but it was not altered in structure; there was sero-purulent effusion in the cavity of the pelvis.

On making an examination of the hip, the head of the femur could be felt in its new situation, not admitting of motion in any direction. The limb was somewhat shortened, with complete inversion of the foot. Before I proceeded to the dissection of the joint, I wished to ascertain the route of the different sinuses, by making them open with a bistoury, and passing them to their

terminations. There was a small opening in the upper and outer part of the groin, just beneath Poupert's ligament. On passing into it a small flexible bougie, I was surprised to find its course to extend upwards, towards the abdominal cavity. On tracing it I found a long narrow fistulous tract, which traversed the iliac and psoas muscles, and terminated at the spine, where the two last dorsal vertebrae were found extensively carious. Another fistulous orifice was situated at the outer part of the hip. In laying this open upon a grooved director, it brought me, by a tortuous route, to the acetabulum, the bottom of which was completely destroyed by caries, and allowed the director to pass freely through it into the cavity of the pelvis, thus establishing a communication between this cavity and the surface of the body. There was, likewise, a fistulous opening at the outer part of the thigh, lower than its centre, with one or two other fistulous openings of minor consideration, in the neighbourhood of the joint. The glutæus maximus and medius muscles, were much wasted, and intimately adherent to each other, and to the parts beneath, which were altogether changed in structure, being converted into a tough fibrous mass, difficult to be cut with the knife. The glutæus minimus, pyriformis, gemini, and obturator internus, with the sciatic nerve, were all so blended together, by the effects of repeated attacks of inflammation, and deposition of this new fibrous substance, that it was impossible to distinguish one structure from another. I could not perceive any thing resembling a capsular ligament. The posterior border of the acetabulum was destroyed by ulceration, and the anterior surface of the head of the femur was found immovably fixed, and resting on the ilium, close behind it, approaching the schiatic notch. The great trochanter looked forward, and somewhat outward, in front of the original articulating cavity. Where the head of the bone rested, a new socket was formed, rather by a depression of bony matter around it, than from absorption of the part of the os innominatum where the head was fixed. The acetabulum was much occupied by a ligamentous structure, but its bottom was destroyed by caries, and, as has been previously observed, led by a fistulous opening into the cavity of the pelvis. The head of the bone did not seem to have suffered much from caries, as it appeared to be undiminished in size. A preparation exhibiting the diseased parts is preserved in the Museum of the Hospital

Remarks.—I am aware that Mr. Brodie, in his admirable work on diseases of the joints, has given instances of caries of the acetabulum, opening into the pelvis. In the dissection of this case, he says, "At the bot-

tom of the acetabulum there was an ulcerated opening, just large enough to admit a common probe, communicating with an abscess within the pelvis." In another case, he remarks, "there was an ulcerated opening at the bottom of the acetabulum, communicating with the inside of the pelvis." He likewise refers to two preparations belonging to Sir Astley Cooper, in which the abscess burst into the rectum. Other authors have recorded similar facts, but I am not aware of any instance where peritonitis was the consequence, except in the case I have just related. I have no doubt but that the peritonitis was the result of the carious acetabulum communicating with the pelvis, and I am strengthened in this opinion from the circumstance of the man's complaining of deep-seated pain in the right iliac region, for two days previous to its being fully established. I do not see much difficulty in arriving at this conclusion, where a fistulous tract exists, one orifice of which opens on the outer surface of the hip, and the other upon the inner wall of the pelvis. May not inflammation have been transmitted by continuity to the structures immediately within the pelvis, and from thence to the peritoneum, the secretion from the fistulous passage acting as a foreign body? When luxation occurs as a consequence of this disease, I believe that the head of the bone is almost always found to have passed *upwards* and *outwards* on the dorsum of the ilium. In one instance only has Mr. Brodie observed a luxation *forwards*, "the head of the bone resting on the pubis." In the case which I have related, the head of the bone does not occupy either of these positions, but is thrown *backwards* behind the acetabulum, and in a very slight degree upwards. Observing the extreme tenuity of the bottom of the acetabulum, a person unacquainted with the resources of nature in resisting the effects of disease, would feel surprised that matter did not more frequently make its way inwards in such cases. Velpeau, in his "Surgical Anatomy," has the following judicious observation upon this point:—He says, "the bottom of the acetabulum is so thin, that it would be very easy to perforate it in disarticulating the thigh, and thus plunge the point of the knife into the pelvis. On the other hand, caries or necrosis may traverse it also, as too frequently happens in severe coxalgia, and if the pus do not then escape into the cavity of the pelvis, it is because the soft parts which line it become thickened and indurated, in proportion as the disease advances, and thus oppose to it a more or less solid barrier, but which, nevertheless, is not insurmountable."

Dublin, Dec. 22, 1836.

TRIAL OF MEDICAL MAGNETISM

AT WESTMINSTER.

To the Editor of THE LANCET.

SIR,—As I perceive with regret that my name has been alluded to in connection with mineral magnetism in your report of what took place at the *Westminster Medical Society*, I must, in justice to myself and the public, crave a corner in your valuable journal, to state a few facts connected with this subject. The virtues ascribed to mineral magnets by one party and denied by another, are, you are well aware, by no means new.

Dr. Schmidt asserts that his peculiar method of charging or increasing the power of the magnets is new, at least in this country, and his method of producing a north pole by a north, and a south by a south, while Drs. Faraday and Ritchie assert, on the contrary, that there is nothing new in the method; and as to the poles producing any other than these opposites, it is a complete fallacy, and both these gentlemen deny in the most positive manner the curative powers; and further, that no physiological effect can be produced by them,—that on the living body they are totally inert.

But to enable Dr. Schmidt to prove the physiological as well as the curative powers of his magnets, the *Westminster Eye Hospital* patients were offered him for his selection, and it seems that from eight cases of amaurosis, Dr. S. selected four of the most favourable for the magnets. At the end of two weeks, on Saturday the 12th inst., to the surprise of many, and myself among the number, Mr. Hale Thompson reported to the *Westminster Medical Society* "that the mineral magnets had produced a certain physiological effect, both at the Eye Hospital and the *Westminster Hospital*, namely lachrymation and great mobility of the iris." As I felt very much interested in the subject, it occurred to me that instead of magnetic influence, the physiological effects mentioned by Mr. H. Thompson might be produced by the cold of the magnet. I immediately had a bar of wrought-iron, of nearly the same weight as the magnet, made in the form of a horse-shoe, and on Wednesday the 16th inst. in the *Westminster Eye Hospital*, Dr. Schmidt himself tried the effect of my bar of wrought-iron on Mr. H. T. and on several other medical gentlemen present, when precisely the same physiological effects were produced on all. What curative effects may be reported, of course I have not the means of judging. In the above investigation I have had nothing for my object but an inquiry after truth, no person, no not even Dr. S. himself, will rejoice more than I shall do, if the magnets can be brought to our aid, if only in the

alleviation of human suffering. By the insertion of the above you will very much oblige me. I remain, Sir, your very obedient servant,

ROBERT DAVIDSON.

Parliament-street, Dec. 29, 1835.

SCHEME

FOR REGULATING

PAROCHIAL MEDICAL ATTENDANCE.

To the Editor of THE LANCET.

UNCONNECTED as I am with any party in the profession, I have no hesitation in expressing my sincere pleasure on perceiving a modification of your views as to the origin of the abuses now perpetrated in the rural districts, under the name of "Medical Relief."

In the excellent observations contained in the leading articles of the three last Numbers of *THE LANCET*, you place the question in its true light. The blame attaches to the entire administration of the Poor-Law, and the Somerset-House gentlemen, as the head of that administration, are the principal, though by no means the only offenders; nor is there any probability of redress until "the conduct of the Poor-Law Commissioners and their assistants be brought before the consideration of the Executive Government and Parliament."

But of what use will complaints be, unless we are provided with a remedy? In accordance, therefore, with your general request to the profession to furnish suggestions, and as an answer to your direct question, "what is the scheme that medical practitioners would recommend?" permit me to propose a plan, which, as far as it has any merit, will recommend itself to your attention, and to that of your numerous readers; and, even should it be altogether undesirable, will, I hope, be the means of calling forth more suitable and unobjectionable schemes of amendment. I propose, therefore, three principal measures.

I. That there be a certain and uniform remuneration for parish medical attendance.

II. That parochial surgeons be fully authorized, in every case, to decide upon the necessity of their assistance to sick paupers.

III. That the rate-payers of each parish appoint the medical attendant of their poor.

1st. As to Remuneration.—The principle of appointment by "tender," and test of the qualification of medical candidates, is so manifestly wrong, so fraught with evil, so unfair to settled practitioners, and so pre-

ductive of transactions disgraceful to the character of the profession, that its abolition would be hailed with satisfaction by every medical man, except those infatuated speculators, whose object is, *at any risk*, to occupy a point *d'appui*, from which to invade the practices of their previously established brethren. Nor is the plan adopted in some other Unions more defensible; viz. a certain remuneration offered, far below the previous expense of medical attendance, without any reason assigned, except that of "economy," and forced upon the medical residents under the threat of introducing one of the students, or half-pay surgeons, whose names are on a list at Somerset House. Both these abuses would be removed by the adoption of a scale of remuneration, calculated upon the real cost of proper medical attendance. But suppose the principle of a fixed scale of remuneration were determined upon, several questions arise as to the *mode and data* of its calculation, and as to the *persons* by whom it should be calculated.

2nd. *As to the mode*. It must be either estimated by the total number of paupers in each parish—or it must be by an average payment for each case of illness. The former appears most generally acceptable to medical men, and is proposed in an able pamphlet by Mr. Yeatman, of Frome; it adopted, however, the *distance* of parishes from the medical officer, as well as the *superficial extent* of large parishes, must be provided for in addition to his plan.

But I doubt the propriety of this mode, for the following reasons:—1st, the difficulty of the calculation is much greater. Indeed, I know not exactly how a scale, containing a variation in the number of paupers, a variation in the distance of parishes, and a variation in their superficial extent, could be compiled; and without either of these three items it would be imperfect as a guide to a fair and reasonable remuneration for the trouble and expense bestowed. 2ndly, the total number of *paupers* is not by any means always proportional to the number of *sick*. 3rdly, disputes might often arise as to who are strictly paupers; since the regular paupers of the country are rapidly diminishing, as a distinctive class. And 4thly, it is probable that the administration of the Poor-law will reduce the number of *paupers* much faster than the number of *patients* who must be attended by the parish surgeon.

None of these difficulties present themselves with the payment per case; and it has the advantage of being recommended by the Poor-law Commissioners. Each separate payment must, however, depend on the *total number* of patients likely to be attended, and on the *distance* of every patient from the medical officer. These two conditions would comprise the three variations of the preceding mode of calculation, and

might be easily embodied in a scale similar to one proposed by Mr. Rumsay, of Chesham, to the Wycombe Board of Guardians. The objection to a payment per case is, that it is a temptation for the relieving officer to withhold slight cases from treatment. This objection is so valid, that it would be absolutely necessary to deprive the relieving officer of this power, before the plan were adopted. Then it would be unobjectionable. But more of this under my next proposition.

As to the persons by whom the calculation should be made, most certainly it should not be entrusted to the Poor-law Commissioners, nor to our own body, exclusively; but I think it might be fairly settled by the two parties in conjunction, that is, the country practitioners might appoint a certain number of deputies (the fewer the better for the execution of the business), who should have power to treat with the Commissioners on the subject; or, what would be preferable, the Government might appoint some disinterested persons, whose attention may have been previously directed to the expense of medical attendance for the poor, to decide on the amount of remuneration.

By whomsoever made, the scale should be in force only for two or three years, in order that unavoidable defects may be rectified, and unforeseen variations in prices may be periodically adjusted.

3rdly. *As to the power of "ordering" medical attendance for the sick paupers*. This must no longer remain in the hands of the relieving officers. It is utterly unjustifiable that these men, who in many instances are ignorant and unfeeling, necessarily absent from home during the greater part of their time, and anxious to curry favour with their employers by a rigid parsimony,—I say it is monstrous, that to these persons should be intrusted the delicate, important, and prompt decision, as to whether the applicant requires medical assistance. Almost all the coroners' inquests that have been held on neglected paupers since the introduction of the new Poor-law, have implicated the relieving officer.

It appears to me, therefore, that the medical officer must be the first referee in every case, nor should the sick pauper have to do with any other authority until medical advice has been obtained. Some check would, of course, be required on the surgeon, to prevent the lavish distribution of relief to those whose circumstances do not entitle them to parochial assistance, and this might be arranged by a subsequent appeal to the relieving officers, or by the Board of Guardians declaring that the relief afforded is by way of loan, to be recovered according to the provisions of the Act on that head.

4thly. *That the rate-payers of each parish should elect their medical officer*. This point is one, which is rather likely to be passed

over as unimportant; to me it appears far otherwise; for even supposing that the first and second propositions should be agreed to, the Boards of Guardians would still have it in their power to inflict much personal injustice and general injury, by the appointment of unfit and unacceptable persons to fill the responsible situation of parochial medical attendant.

Indeed, in proportion as the office might be made a more desirable one, so would a system of jobbing and favouritism prevail more generally in these appointments. In a union of twenty or thirty parishes, the guardians cannot be expected to know the merits of each medical candidate, nor to judge impartially of the wants of each locality; the friends of the influential members of the board would, therefore, frequently be chosen in preference to the independent practitioners, who might possess no other recommendation than the confidence and good will of the parish in which they reside, — a recommendation which *now* often tells more against than for a candidate. Above all, the vile system of *medical districts* might still continue in force, for although the guardians would be unable to economize by it as they do at present, yet the mere wantonness of power, and the absurd fancy of simplifying their arrangements, might lead them to appoint three or four medical officers, where ten or twelve ought to be employed. These apprehensions are not merely speculative, but arise from a close observance of the working of present measures.

Not only, therefore, as a preventive to these evils, but as due to the parishioners and to the medical profession, let each parish elect its own surgeon. The *merits* of the candidate will surely then be the only question with the electors, and as no increase of expenditure would follow their exercise of the right of suffrage, it is but in accordance with the liberal spirit of the age that it should be extended to them.

The contested election between Mr. Cosgreave and Mr. Dunn, for the parochial surgerency of St. Clement Danes, is a striking fact in support of my proposition. If four or five guardians had been left to settle that matter, it is just as probable that Mr. Dunn would have succeeded as Mr. Cosgreave, although the latter was obviously entitled to hold the office, from "the humanity, skill, and industry, with which he had for nine years discharged his duties in that parish." Your remarks on that election were as just as its termination was fortunate.

Once more, therefore, I submit that, to put an end to the vexatious and unsatisfactory mode of appointment now in vogue, to increase the respectability of the office, and to prevent future chicanery and patronage, the rights of the rate-payers should be restored, and the parochial surgeon elected

by the votes of the majority. This election need not interfere with the supervision which the Boards of Guardians, as the executive power of parishes, must continue to exercise over the conduct of all parochial functionaries.

I have now, Sir, laid before you the heads of my plan,—there are many details which I refrain from troubling you with. Trusting to your liberality for the insertion of my remarks, I remain, at present preferring to be known only as, your obedient servant,

RURICOLA.

Dec. 21st, 1835.

PLAN

FOR REGULATING

MEDICAL ATTENDANCE ON THE SICK POOR.

"Da dextram miserum."—VIRG. *Æn. lib. 6, l. 370.*

To the Editor of THE LANCET.

SIR.—You have, in advocating the cause of more than a million of the human race, when suffering from disease, very properly reminded the profession, that the time is fast approaching when its members should agree on some "almost unobjectionable plan," for the removal of the gross defects of the present system of medico-parochial relief. You truly intimate, that all concur in the necessity of a change in the system, and that the only question is, what are the principles on which the alterations should be made, and how they should be carried into effect? And, finally, you have most judiciously observed, that it will be of little use again to direct the attention of the House of Commons to the subject, unless the profession be provided with a remedy for the evils, already so fully made known, and so generally acknowledged.

It is now nineteen years since my sentiments on the medical care of paupers were first recorded in the *Medical and Physical Journal* of London. In the year following a plan was suggested by me for legislation, which was published by Longman and Co. The scale of medical pay, as contained therein, was not, however, sufficiently graduated, and was much too high to be likely to receive the sanction of Parliament, from which quarter alone any fair and final settlement of the question was to be expected. From 1818 to 1834, I watched, even more carefully than before, the working of the contract system. Meanwhile, the plan alluded to was distributed among Members of both Houses of Parliament, the clergy, and the medical profession; and, in spite of expense and discouragement, a new

and improved edition was circulated, like the former, first inserting a copy of it in *THE LANCET* for April, 1831, with a graduated scale, which cost me no little labour to construct. My plan, which embraces one uniform system in the appointment and salaries of parish surgeons, consists mainly,

1st. Of a graduated scale of remuneration per head, and per hundred, of paupers, falling in price, in proportion to numbers, but below which rate of pay, no surgeon should be permitted, by law, to contract.

2nd. It recognises the principle of a comparatively *minute* division of medical labour, secured by appointing surgeons to parishes, or districts, in *rotation* (after two years' residence and practice), and limiting them to the care of two thousand paupers, annually, where medical men can be obtained in the immediate neighbourhood of the respective parishes or districts.

3rd. The contracts recommended, are to include casual paupers and interlopers, the treatment of compound and simple fractures and dislocations, and those attended under a suspended order of removal; no bill for extras being allowed, except for midwifery and trusses.

4th. It is also recommended that no pauper should receive medical relief, without an order from the proper authorities, unless in very urgent cases.

Permit me, Sir, to refer my professional brethren to No. 400, page 151, et seq. of your periodical, for the details of the plan alluded to, and to express a fervent hope that they will support it, unless they can produce one more worthy of their confidence, and of my humble but zealous assistance.

Many valued correspondents approve of the plan under consideration, while some propose, in addition to the salaries, so much per mile for journeys beyond the first mile. This item of pay, I apprehend, would be opposed in Parliament, because it would unsettle the amount of salaries, and open the door to real or supposed imposition. Surgeons would be suspected of performing more journeys than necessary. My experience, however, and close attention to the whole of this most important subject, induce me to recommend that the expense of drugs be defrayed by parishes or unions, instead of by medical contractors, the amount of which would be in augmentation of professional remuneration under my scale; and this probably might meet the views of those who think it too low, while it would remove all suspicion of paupers not being duly supplied with medicine. The medicine to be furnished by select vestries or guardians, with the advice of the parish, district, or union vestry, and to be placed in a room fitted up for the purpose by order of guardians or vestries. This room to be in a convenient situation, in which the surgeons or their assistants should dispense the medicines, at

stated hours, except in cases of emergency, when it should be done, as heretofore, at their own houses and at their own expense.

The union of parishes has increased the number of medical monopolies, and, in the same proportion, has rendered it impossible to discharge the medical duties, while many districts of unions are much too extensive for the medical superintendence of individual surgeons. The former miserably low rate of pay has been reduced in the districts and unions, and advertising for tenders is, in effect, farming out the care of the sick to the lowest bidder. In short, the well-known evils have been very recently multiplied and aggravated.

In defending the appointment of young surgeons, immediately from the schools of medicine, the Poor-law Commissioners speak of the superiority of their education, as compared with that of their elder brethren affirming it to be equivalent to the experience of the latter. But this singular argument, applied only to one of the departments of medicine — midwifery — will lead, if acted upon, to inhumanity and death; since in difficult cases of childbirth (about which alone, parochial, district, or union surgeons are consulted by midwives), nothing short of experience will enable them to overcome the difficulties of the case.

Another error of great magnitude has been committed by the commissioners, in advising guardians to pay surgeons so much per patient, instead of per pauper, per annum. The relieving officer, knowing nothing of the insidious approaches of disease, will, in numerous instances, refuse orders for medical relief, except in obviously severe and protracted cases of illness and accident. And it is frightful to contemplate as to what may become of pauper sick, after the half-crown fees, per patient, shall amount to the former salaries, for attendance on whom the district and union surgeons are not to be paid one farthing.

To amend the law regarding the medical care of paupers, will be as great a benefit to parishes as to the sick and hurt poor, since the latter, being more skilfully treated, will sooner be removed from the list of those receiving parish support. How many cripples, blind persons, and individuals unable to work, have remained through life a burden to themselves and parishes, in consequence of medical neglect, and the bad management of fractures, dislocations, and diseases of the eye, and of those numerous chronic forms of disease, the victims of which might have been restored to health and profitable labour, if duly supplied with medicine and advice in the earlier stage of disease! How many parents have died, who might have been saved under a better system of medical relief, and whose families have been thrown on their parishes for support! To say nothing of the impulses of humanity, a

change of system may be truly advocated in Parliament, in accordance with economy. No pecuniary saving will result from leaving one portion of the pauper population to the care of medical contractors, at 2s. 6d. per patient, while another portion is to depend only on the eleemosynary aid of medical practitioners, notwithstanding the fact that their services in this way are beyond all praise,—services performed like those of the illustrious Boerhaave, who declared the poor to be his best patients, because God was their paymaster.

I remain, Sir, your obedient servant,
J. C. YEATMAN.

Frome, Somerset. Dec. 28th, 1835.

THE LANCET.

London, Saturday, January 2, 1836.

It may suit the feelings and objects of certain mischievous imps who play their tricks in the temple of bigotry in the Strand, to allege that the professors, the Council, and the proprietors of the *London University*, or, as it is hereafter to be called, *University College*, have been endeavouring to obtain for that institution an all but exclusive nomination in the charter, which it has been proposed by the CHANCELLOR of the EXCHEQUER to frame for the establishment of a metropolitan university. The allegation is a gross, unqualified calumny, so far as the professors and the Council are concerned. What may have been done by the proprietors, generally, or by individual members of that body, we know not; but it is notorious that neither the members of the Council, nor the professors, have ever made any application to the Crown, or to the executive Government, for any, the smallest exclusive privilege, either for their own benefit, or for the advantage of the institution to which they are attached. When they endeavoured to obtain the power to confer degrees, neither in their petition, nor in the arguments of their advocates before the Privy Council, was a single fact stated, or an argument advanced, which had a tend-

ency to throw into the shade the merits of their contemporaries, or the claims of other bodies to legislative honours and protection. This position was assumed with perfect justice, and was maintained with boldness and consistency. The senate claimed for their pupils those honours which were awarded at other universities, and where higher, or more efficient appliances for the acquisition of such honours, cannot exist. There was not the slightest pretension to exclusiveness, in any one of their demands; but having felt that they were fully capable of rendering their pupils competent to undergo an efficient examination in literature, in the arts, and in the sciences, they claimed the privilege of awarding university honours, under the sanction of a charter, because, and only because, there was no public examining body in the metropolis to which the candidates for university distinctions could be referred.

No sooner, therefore, was the proposal made, that an university should exist in the metropolis, under the sanction of a charter granted by the Crown, than did the professors of the University willingly say "content" to the principle of a scheme which would recognise before the Examiners of the Metropolitan University, the perfect equality of all the candidates for literary and scientific honours and distinctions. In taking this course the professors judged rightly, both as regards their own reputation and the interests of the public. They have honestly denounced monopoly, and they courageously rest their hopes of success for their pupils, on the abilities which they (the professors) are capable of displaying in the discharge of their duties. Besides, it must be recollected, that the act of applying to the Examiners who are to be appointed by the Crown will be a voluntary one. There will be no compulsion whatever in the case. The student may, or he may not, become a candidate for the degree, and it would be madness to suppose that a curriculum will be framed which shall have

the effect of determining the person at which a man must choose to become a candidate for university distinctions. This consideration, as well as a multitude of others, clearly points to the necessity of establishing the University in this metropolis upon the broadest basis—upon the most liberal and well-understood principles. It would be far better to be without any university in London than to create a new monopoly, though a new monopoly would be created beyond any doubt, question, or cavil, if the pupils of particular institutions are to be selected for examination, to the exclusion of all other applicants. What is it that the Government designs to honour? Is it learning? Is it a knowledge of science? If it be so, let the fact be declared, and let the example accord with the precept. If, on the other hand, the honour is to be obtained because there had been weight of metal in the pocket, instead of solidity of information in the head, why let an accordant declaration be honestly and boldly made. We have always in this country laboured under the misfortune, in our national transactions, of beginning at the wrong end. In short, money has been made a passport to every office, to every distinction,—except, indeed, in those few cases where money, after talent has been left to work its way up to a certain point, has been used as the instrument of temptation, for moulding down the possessors of talent into pliant tools, to be used by the hand of power. It really would appear, from what is passing before us, that there is to be a free trade in every thing except in the means of obtaining knowledge and literary distinction; but is a principle which is odious in the ordinary and gross occupations of trade, to be continued for the purpose of fettering, restraining, and binding down, the faculties of the human mind? Without adverting to the general principles which have hitherto existed in England, let our attention for a moment be directed to the charter of the City of London, and advert to the control which can be exercised,

through its possession, over the proceedings of Smithfield market. Suppose that in that charter the names of two or three counties in England had originally been introduced as those of favoured places, and that no cattle were allowed to be sold in that market, unless they had been bred in the counties particularized, the charter requiring that “certificates” in evidence of that fact should be produced by the sellers, to the full satisfaction of the Company of Butchers, that no deception was attempted, that no fraud on the terms of the charter was about to be practised. Not one whit more glaring is such an absurdity, and, probably, not half so pernicious in operation would be the possession of this exclusive privilege on the part of the favoured counties, as would be the exclusive privileges of two or three institutions in the metropolitan universities, if any were secured to them by the proposed royal charter. The public would naturally say, “How monstrous a thing is this! Here we are deprived of excellent beef, because no oxen can be sold in Smithfield, unless it can be satisfactorily certified that they were bred in Oxfordshire, Lincolnshire, or Devonshire! And, more monstrous still, the graziers in those counties, knowing that no other cattle than theirs can be received into the market, have become quite indifferent about the breeding, and comparatively careless in feeding their stock, placing full reliance on the force and value of that exclusive and monstrous privilege which has existed so long in their favour. Why should there exist any other law upon the subject, than one which gives to every proprietor the opportunity of making the most of his stock? There are the oxen. They exhibit their own qualities. The slaughterers who purchase them are fully capable, from experience, of testing the nature and value of those qualities. Why, therefore, should legal restraints of any kind exist, relative to the breeding, the buying, and the selling of cattle? Common justice demands that

"the occupiers of the soil in every county
"in the kingdom, should be placed on a
"perfectly equal footing, and the interests
"of the public require that the principle of
"competition should be allowed to operate
"in the market, with a free and perfectly
"unrestrained scope." It is perfectly clear
that the man who breeds the best cattle
wants no protection from the law, and it
will, we hope, be willingly acknowledged that
the farmer who breeds the worst cattle,
ought not to enjoy a monopoly in the arena
of sale.

What has the exclusive system accomplished at Oxford and at Cambridge? What has the same system accomplished in the hands of the knavish medical corporations of London? What has the certificate exaction wrought for science, or for the public? The gentlemen who are engaged in framing the new charter should furnish the reply to these questions. Degrees have been granted, diplomas have been conferred, licenses have been sold, all under the operation of the certificate system. And what do we discover as the result? Why, that men of acknowledged talent, who enjoy University titles and collegiate distinctions, constitute the *exceptions* from the general mass, and that the great body of titled graduates, possess no claims to public confidence, either in science or in literature. We have had enough, then, of the old system. Away with it, and for ever. Let the Government establish in its place an institution which shall be ruled by the principles of justice and common sense, and let public utility be the mark towards which every arrangement and every formula shall be directed.

There are some gentlemen of known ability, and acknowledged liberality of sentiment, who profess to be of opinion that an examination, however comprehensive it may be, or however well it may be conducted, cannot be rendered a sufficiently satisfactory test of the quantity and quality of the information which is possessed by a candidate who is under examination for a license

or a degree. These persons, we say, are necessarily disqualified from occupying the office of University Examiners. They have too much doubt of their own powers, to allow them to analyse with correctness the powers of others. If men of sense had not put forth such a statement, we should unhesitatingly have termed it "nonsense," and have received it as the mere vapouring of undoubted imbecility. If, however, we were to admit to these parties, which, of course, we should only do for the sake of argument, that the examination is not an adequate test of the abilities of the examinee, would the production even of half a thousand certificates of attendance upon lectures, add to the number of the mental acquirements of the candidate? Would the possession of such documents increase his capabilities? Obviously not. But the display of a bundle of "certificates,"—which, in reality, are only so many receipts for money paid,—might produce a most pernicious impression on the minds of the Examiners, as it is next to impossible to believe that those gentlemen would consider that the candidate had been defrauded out of so many pounds sterling, through the operation of the curriculum of the University.

What just, what legitimate, what philosophical, or what rational connection is there between the *payment of money, and that state of mind which renders a person capable of showing that he is entitled to distinction in the ranks of his scientific and literary countrymen?* Let this be shown, and we will hereafter remain silent on the subject. In the meantime we shall confide in the enlightened views of the Government, and shall continue to think that the Professors of University College have done themselves lasting honour by disclaiming for the celebrated institution to which they belong, every privilege which is not in common with even the least of their contemporaries.

The circumstances attending the appointment, by the Irish Government, of a successor to the late Mr. McDOWEL in the *Richmond Hospital*, illustrate, in a very striking manner, the absurdity of the present mode of disposing of medical offices; and also place in a striking light the opinion which is now held respecting it by the public and the profession.

Formerly, when an appointment of this kind was at the disposal of the Government, the matter excited but little attention. Under vicious rulers, professional worth is compelled to forego its claims, and leave promotion to be quietly settled between corrupt patronage and its dependants. This has been more particularly the mode of advancement in Ireland, where a "chosen people," few in number, and resident in the midst of a great population, monopolized every place of advantage or emolument within the gift of the Crown. No one, indeed, ever thought of disturbing the settled rules of nomination to vacant situations. The predestined possessor of place was generally foreknown, and his induction permitted without any attempt at competition, and almost without complaint. The Tory administration of affairs in Ireland bred their own agents, and none but the produce of the old stud were suffered to enter the field.

But at last the case is altered. The extension of civil rights in Ireland, by widening the grounds of eligibility, and inspiring hopes of preferment, has enlarged the sphere of rivalry for official situations, and raised a host of candidates to urge their claims with all the sturdiness of new-born liberty, and the watchfulness naturally excited by long-endured exclusion. The principles of equity in the distribution of patronage, which characterize the administration of Lord MULGRAVE, gave an additional impulse to the rivalry of political parties in Ireland, and on the present occasion, in a state of unprecedented activity. To such extent, indeed, were applications made to

the LORD LIEUTENANT for the vacant place in the *Richmond Hospital*, and with such persevering solicitations, that his Excellency would, we believe, have cheerfully yielded up his power in exchange for an exemption from the vexatious requests to which his office had subjected him. The instant it was known that the life of Mr. McDOWEL was despaired of, the siege commenced; and before the undertaker had decently interred the remains of the deceased, the Castle was surrounded by applicants for the empty chair. The liberals, of course, were early in the field, and calculated, each, on the congeniality of his principles with those of the executive. Every doctor or surgeon who had an M.P. of the popular party for his friend, at once called the senatorial influence into action, and sought to reduce the Irish Secretary into obedience, by promises or threats of popular power. One candidate, indeed, is said to have stowed *six* Members of Parliament into his barouch, and made an overwhelming "avatar" on Lord MORPETH with this exhibition of representative authority. The sudden and assiduous display of social and domestic virtues which was made on the occasion was most amusing. Fathers and fathers-in-law, brothers and brothers-in-law, uncles and nephews, all forgot their differences in a moment, and struggled to obtain for some dear relative the prize in the lottery of professional life. Every art, in short, which ingenuity could suggest, was put in requisition; and a very pleasant farce, called "The Rival Doctors," might, with very little trouble, be elaborated from the contents of the Secretary's bureau relative to this contest.

As a refuge from the responsibility attaching to the discharge of a duty which every Government, thinking correctly and meaning honestly, must consider itself incompetent to discharge rightly, the Irish Executive appointed three commissioners, Mr. CRAMPTON, Mr. CARMICHAEL, and Mr. COLLES, to dispose of the situation. But in

the working of this plan, it is said, the Government was disappointed. As might have been expected, the surgeons differed in consultation, each having his own private interests to advance. The result, however, is, that Mr. ADAMS, one of the surgeons of *Jervis-street Hospital*, and Mr. M'DONNELL have been appointed; Mr. CARMICHAEL, the friend of these parties, having himself resigned to make way for one of them. The gentlemen selected are certainly well-informed men, and in every respect equal to the discharge of their new duties. Some displeasure, certainly, has been manifested against the Government, for the appointment of Mr. ADAMS, in consequence of his political views, which are said to be altogether *Tory*; but this is a ground of complaint which is hardly to be named in connection with a system of appointment which in its very essence outrages common sense and reason. Under the present mode of arrangement, in fact, general satisfaction cannot be given; nor have any parties a right to complain, so long as they acquiesce in the existing system of elections, and pursue the same obnoxious means of preferment as their successful rivals. What ought the feelings of fathers, or friends, or uncles, Members of Parliament, have to do with appointments to hospitals? Until this wretched means of promotion is abolished, and the "concoirs" established in its place, expressions of complaint and dissatisfaction will continually attend all hospital elections. Had those who now repine with disappointment met in conference, and, like the surgeons of the hospitals of Paris, on a recent occasion, protested against promotion by the vile machinery of private interest, they would have deserved the sympathy of the public, and the support of the press; but so long as they consent to be the agents of a pernicious and absurd system, they cannot justly look for either. Now their complaints are only mocked. Their own corrupt inclinations, and the incompetency of even the best Government to decide with justice in

such cases, are by chance, are now ~~ab-~~
~~roughly~~ understood. From such reasons as these is it that we feel strong apprehensions of the successful working of that part of the Metropolitan University scheme, which gives to the Crown the nomination of the members of the "Executive." In organizing a new project, and putting it into operation, in the first instance, the appointment of the officers by Government, may not only be an excusable, but even a necessary, proceeding. If, however, it is intended that this method should be *continued*, without resort to the "concoirs," in filling the minor offices, and thus gradually make it imperative on the Government to ratify the election of those men only who, by such an ordeal, prove themselves to be the best qualified among the candidates, why then, indeed, the Government plan could not be too severely reprobated. But, as we have already intimated, we shall await the publication of a draft of the proposed charter, ere we say more on this important subject.

We have selected for insertion in this week's LANCET, from several letters which we have received on the same subject, two able communications, (pp. 540, 542,) both containing schemes for regulating the medical contracts in parishes. Mr. YEATMAN has on several occasions discussed this subject with very great ability, and in the letter signed "RURICOLA" there is evidence that the writer has devoted the energies of a thoughtful mind to the question which is now occupying so large a share of the attention of the medical public. A careful consideration of the contents of these documents, must lead to the opinion that no useful or final settlement of a "plan" can take place, unless the parts of which it is composed, receive the most deliberate investigation in the presence of an assembly of medical practitioners. ~~Is it necessary~~
 that a large body should meet for the purpose. Ten or a dozen gentlemen, who pos-

the capabilities and experience of Mr. YEATMAN, the author of the letter signed "RURICOLA," would be as well qualified to execute the task, as would be a committee of one hundred. But when the importance of the ulterior object of influencing members of Parliament is estimated, the more numerous the attendance, the more favourable will be the chances of carrying out the contest to a successful result. Should it be determined, by surgeons who are practising in the country, to hold a meeting in the metropolis, we would suggest the propriety of postponing it until within a few days after the meeting of Parliament, at which time the members of both Houses of the Legislature might be visited, with the best results, by their medical friends. We hope that experienced practitioners will not be sparing in their remarks on the plans which are this week proposed by our correspondents. The subject, altogether, demands a very patient investigation.

AN advertisement was published on the cover of *THE LANCET* of December 19, in which it was announced that a Dispensary had been opened in Aldersgate-street for the treatment of poor persons who may be afflicted with fistulous and other diseases of the rectum. The founder and surgeon of this institution is Mr. SALMON. On first hearing of the proposal to institute such a Dispensary, we felt inclined to question the propriety of adding another to the number of our, so called, "medical charities;" but on giving the subject a more attentive consideration, we are inclined to believe that this Dispensary, if it be conducted on the principles which have been set forth in the prospectus, will be productive of some important advantages, not only to the public but to the profession. The practice of this institution, as is to be observed, is to be opened, without payment of a fee, to all medical practitioners. Thus the profession will now have an opportunity of ascertaining whether

that class of diseases which is to be received for cure at this Dispensary, occurs with such marvellous frequency as has been alleged by some living authors who have written on the subject; or whether, in fact, increased experience, and further opportunities of observation, will not tend to confirm the suspicion which has long been entertained by many eminent surgeons, that this department of surgery has long been made a source of profitable and disgusting quackery.

It has been denied by the hired tool of the Bats that Mr. LISTON was solicited to become a candidate for the chair of surgery, lately vacant in the University of Edinburgh. The statement, however, which was first published in *The Courier*, evening newspaper, remains not only unrefuted, but is fully confirmed by some remarks which have been made in the Town Council at a meeting of that body, and reported in the *Edinburgh Weekly Journal*. On that occasion Con-ventor DICK said, that

"When Mr. Liston was lately in Edinburgh, performing an operation, he (Con-ventor D.) asked Mr. Liston if he would become a candidate, as the patrons were at that time looking out for a fit person to fill the surgical chair; and Mr. Liston then said, that he would not forego his prospects in London for such an appointment. Since that time, however, having had occasion to write Mr. Liston, he again requested to know if he would come forward; in answer to which, in a letter he had received, Mr. Liston stated, that an appointment to any chair in the University, would not induce him to become a candidate."

This declaration of course will set the question at rest in the minds of all persons who have not some knavish or malignant feeling to gratify. "But oh!" somebody may say, "the Council as a body did not offer the chair to Mr. LISTON." Of course it did not. The experienced men of the North are more cautious in their proceedings than to take such a step. Individual members of the Council having ascertained that Mr. LISTON would not leave London, the Council, as a body, reasonably enough, refrained from addressing Mr. LISTON on the subject. This is the whole of the matter.

THE LATE DR. WARREN.

DR. PELHAM WARREN died at his house in Berkshire, in the 57th year of his age, after a lingering and distressing illness, during which he was attended by his old and faithful friend, Mr. Pennington. His death was occasioned by an abscess in the liver, which burst into the colon. He was of the atrabilious temperament, and of a slender physical frame, and had a dark and penetrating eye. He was constantly taking snuff, indulged freely in the juice of the grape, and, like all sensualists, was slovenly in his person. The circumstances, altogether, of his life, in which extreme indolence was a predominant feature, made it not surprising that he should fall a victim to hepatic disease. He was laconic in his discourse and somewhat coarse in his manner, and to many was by no means a pleasing personage. On one occasion a lady was humorously describing to him the characters which a sick but very jocose friend had drawn of several medical men whom she had at different times consulted, among whom was Dr. WARREN himself. Sir HENRY H. she described as having "the manner, flippancy, and flexibility, which would have made him a first-rate valet, or a good lady's maid." Dr. MATON must have been intended, she thought, for "a village school-master," and Mr. BRODIE "for a Wesleyan minister." "And what did she say of me?" asked Dr. WARREN. "I will candidly tell you, said his friend, that she thought you had a great deal of devil in your face."

Dr. PELHAM WARREN was the son of the late Dr. WARREN, the Sir HENRY HUMBUG of his day, a London pure physician, who was considered to be one of the most expert men in the trade, contriving to leave behind him a considerable fortune, as the result of his talents, without adding one item to the treasures of medical science. Alas! his "knowledge of the world," as it is called, enabled him to secure for his son PELHAM an easy and safe path to successful practice as a London doctor. Educated in a school where bigotry had arrived at its acme, and corruption swayed unmolested, young WARREN had every opportunity of deriving the advantages which attend a classical, and what has of late been even more highly appreciated, an Oxford moral education; and between Windmill-street and St. George's Hospital, he found quite enough of physic both to answer the purpose of a pure physician, and to procure for him a cordial welcome as a Fellow within the portals of the College in Pall-Mall East,—one of the most venerable and antiquated institutions in the empire.

Those who acquire in the outset of life an ephemeral station in any profession, seldom rise to great eminence in its ranks,

for they are bereft of that most powerful of all stimuli, industry, which excites to industry, and compels its subjects, as it were, to acquire knowledge. Dr. WARREN's scientific fame, it may therefore be expected, like that of his associates in the College of Physicians, though it was considered quite sufficient to enable him to practise what they considered as the higher department of physic, and such alone as are deemed legitimate objects of attention for a pure physician, were not so comprehensive as to allow him to make any addition to medical science. Indeed, excepting one paper, which was published in the "Transactions of the College of Physicians," and the title of which had, for the fame of the deceased, better be concealed, he never even attempted to make a contribution for the advancement of his profession. Dr. WARREN had that due contempt for anatomy and pathology which becomes those individuals who assume to occupy the "highest grade" in the profession, and during a period of twelve years, in which he officiated as one of the physicians of St. George's Hospital, he used to boast that he had never once been in the dead-house. Indeed, the levity and derision with which this pure physician treated everything like pathological anatomy, will scarcely be credited. Sir BENJAMIN BRODIE, in confirmation of this discreditable fact, narrates, with that satirical simper in which the pure surgeons indulge when speaking of their still purer brethren in Pall-Mall East, the following anecdote: "One day, when WARREN was waiting in the board-room of St. George's Hospital, to know the result of a post-mortem examination that was going on in the dead-room, he got impatient, and while warming his coccygeal region at the fire, addressing himself to a colleague who was near said, 'This d—d morbid anatomy will spoil the practice of physic.'"

As a consulting physician Dr. WARREN was not very highly estimated by the "subordinates" of the profession. Possessed of inordinate self esteem, he was more eager to dictate than to suggest means of treatment. He used, also, to prolong his attendance on patients unnecessarily—at all events contrary to their wish, and thus got for himself the character of rapacity for fees.

The circumstance of Dr. WARREN's never having applied himself seriously to the study of medicine, or any of the sciences immediately connected with it, is to be regretted, as he possessed a rather better order of intellect than the mass of his fellow collegiates. Had his education and habits been different, his mental powers would have been sufficient to raise him to a professional distinction. But once formed the views and opinions of those by whom he was educated, and with whom he associated throughout life, he contented himself, as we

have observed, with very superficial acquirements, and only relying on a knowledge of *Xenophon* and *Tacitus* as authors whom it is no doubt a gentlemanly accomplishment to understand, but whose works form a very undue portion of those volumes which are necessary to be studied by practitioners of medicine. With all these deficiencies of education, however, he was by no means deficient in practical diagnostic tact, and he was sufficiently well acquainted with the routine of his profession to enable him to fulfil its ordinary duties. Dr. BAILLIE used to say of him that he was a "tolerably good guesser." Many collateral advantages combined to introduce him, early in life, to a considerable extent of private practice; and for some time, estimating him by his income, he was considered a first-rate pure physician, though his fees during the last few years, in consequence of his illness, and the great change which has taken place in the fee-trade of consulting physicians generally, diminished considerably. His illness, indeed, so materially interfered with his attention to business of late, that, contrary to the opinion of many, he left behind him but a very indifferent practice for the aspiring generation to succeed to.

With all his peculiarities Dr. WARREN possessed some of the best feelings of human nature, which it is more pleasant to notice than the imperfections of his character. Some mention being lately made of these in a private circle where the death of Dr. WARREN was the subject of conversation, a lady thus interrupted the conversation. "Ah!" said she, "speak not slightly of Dr. WARREN. I knew him well. All my family in him placed the greatest confidence, and I know he had a tender heart. He long and kindly attended my beloved sister, who died of consumption in the South of France, whither she was sent in the hope of saving her valuable life. At his last visit she asked him many questions about the danger of her situation and her hopes of recovery, and after having given her the best answers he could, and left the room, my brother, unknown to him, observed him, standing at the top of the stairs, bathed in tears."

In the capacity of a Fellow Dr. WARREN was considered as the leader of a kind of opposition party in the College of Physicians, that opposition, however, not having for its object any "rational" improvement in its constitution, but being aimed to displace or to clip the wings of the President, who had so long ruled with sovereign sway from the walls of that sanctuary. In the early days Dr. WARREN was a Whig, and Sir HENRY was deemed the *se plus sûr* of ultra-Whigs; and although Dr. WARREN's arbitrary feelings and manner towards the "lower grades" were as

haughtily exercised as were those of Sir HENRY, yet, as he did not possess the *saavifer in modo* of the Baronet, he never had any chance of unseating the courtly President. Dr. WARREN was by no means a blind observer of human nature, and he was quite familiar with the twistings and turnings of the eel-backed President, and was wont to express himself very freely on this subject. An event took place on the death of the late King, which induced him to express his opinion very decidedly on Sir HENRY, and to pursue a course which was regarded by some at the time as of a very manly and straight-forward kind. His Majesty had scarcely "breathed his last," when Sir HENRY hastened from Windsor, in the dead of the night, to Bushey-park, where then resided the DUKE of CLARENCE, to communicate the doleful tidings to the new King. The occasion which so speedily melted the heart of the royal successor was too favorable to be neglected for making some necessary worldly arrangements with WILLIAM the FOURTH, and Sir HENRY's persuasive powers were such, that though the KING, prompted by the best feelings, had declared that he would not change any of the servants of his brother, Sir HENRY convinced his Majesty of the "advantage to the nation" of allowing him alone to form the medical staff of the household, and obtained the royal promise to concur in all his recommendations. As might be expected, Sir HENRY, with his usual excellent discrimination, selected his own personal friends to fill every one of the appointments to which any emolument appertained, judiciously awarding to himself the most lucrative. From the position which Dr. WARREN at this period held in the College, Sir HENRY felt that he could not entirely pass him over in the new arrangements; yet he wished to place him in no situation of distinction. So, without asking Dr. WARREN's leave, or saying one word to him on the subject, he gave in a list, and got it at once officially announced, in which Dr. WARREN appeared with the inferior title of "Physician Extraordinary." According to professional etiquette this was considered both degrading and insulting; so when this appointment was announced to Dr. WARREN, he declined the honour in the most contemptuous manner, emphatically declaring "that he would be damned if he would accept any appointment from HALFORD," at the same time addressing a letter to Sir HERBERT TAYLOR, the King's private secretary, requesting him to cancel the appointment.

On another occasion Dr. WARREN displayed similar feelings of contempt at the conduct of the President. When the ephemeral conversaziones at Pall-Mall East were first got up, every means were adopted to procure a crowded attendance, in order to show the influence and popularity of the

College, and persons of every denomination, from the cabinet minister down to a Treasury-clerk, — from the archbishop to the curate, received invitations. The apothecary "par excellence," the chemist and the druggist, "subordinate" and all, received cordial invitations to become actors in the scene. With a view to make the contrast between the Fellows and the licensed physicians on this occasion the more striking, it was contrived that the cards of invitation should be issued in the name of the President and Fellows, and that the Licentiates should thus be *invited by the Fellows* to attend the meetings of *their own College*. The insult had not the effect of driving away all the licentiates, though it was sufficient to prevent the most respectable amongst them from submitting to the humiliation. This, however, was not enough by way of contrast, and the ingenious President therefore proposed that, to give additional lustre to the "higher grade" in the College, all the Fellows should appear attired in their collegiate robes. To this proposal Dr. WARREN contemptuously objected, observing, "that Sir HENRY, if he chose, might make a mountebank of himself, by wearing his robes, and he did not care if Sir HENRY came to the College with a feather in his —."

SINCE the day on which the Council of the College of Surgeons admitted the *Charing Cross Hospital*, with its sixty beds, into the list of "recognised" hospitals, it has been a gradually increasing object of desire with the managers of the *King's College*, to connect the College with that hospital, the

medical department of the College having wholly failed to obtain "remunerative" classes of students, and at last, we understand, the urgency of the case has led to the commencement of negotiations with the medical officers of the hospital, but as yet the parties in the College have not got beyond an assent to the demand of Messrs. PERTIGREW and HOWSHIP (who carry their heads exceedingly high on the occasion), that Mr. MAYO and Dr. F. HAWKINS shall resign their professorships in favour of Mr. PERTIGREW and Dr. SHEARMAN. It is most probable, that, on finding themselves out of employment, Messrs. MAYO and HAWKINS will retire to the *Middlesex School*, where, however, matters are in almost as bad a condition as they are in the Strand. Yet, after their late and not yet finished correspondence, it is difficult to imagine how Messrs. MAYO and HAWKINS can act congenially together again in any school.

CORRESPONDENTS.

INSTEAD of publishing any one of several letters which we have received relating to the following subject, we beg to say that a general impression seems to be entertained in the *Medical-Chirurgical Society*, that it is contrary to good taste, good judgment, and the spirit of his office, for the president of the meeting, whoever, for the time being, may occupy the chair, to address the assembly on the subjects under discussion, so many as twelve times in one evening.

We have mislaid the letter on Creosote in the case of vomiting. Can the writer furnish us with a copy of it?

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Inch. Dets.		
Dec. 21	29.50	21.25	29.98	29.88	—	N.E.	The whole of the week remarkably fine for the season.
22	32.25	19.50	30.25	30.09	—	N.	
23	28.75	21.50	30.28	30.27	—	S.E.	
24	26.75	15.50	30.19	30.15	—	S.W.	
25	26.50	12.	30.12	30.08	—	N.W.	
26	26.	13.	30.10	30.06	—	N.E.	
27	34.25	29.75	30.00	29.97	—	S.W.	

Dec. 29th, 1835.

W. JACKSON.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 9, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE VII.

CEREBRAL HEMORRHAGE.

(Concluded.)

GENTLEMEN, we have now studied rapidly the causes of cerebral hemorrhage, and have pointed out the several circumstances which favour the development of this disease, but we have not entered into the minute history of each cause, a general view of the most important questions connected with diseases of the nervous system being the chief object of this course. Having thus considered the causes, we come to a consideration of

The Symptoms which indicate the actual Effusion of Blood into the substance of the Brain.

These symptoms are such as to permit their division into several series. In some cases they are merely the prodrome of the hemorrhage which is subsequently to take place. The patient is affected with headache, or giddiness, with numbness of the limbs, a disagreeable creeping sensation, &c., in a word, with all the signs we have already pointed out as indicating a greater or less degree of cerebral congestion, and these are generally comprised under the expression of "mollimen hemoragiale." Secondly, the premonitory signs are added to may be altogether wanting, the hemorrhage takes place without giving any warning of its approach, and the patient is instantaneously struck down

by a violent effusion into the hemispheres. It is to this form that the term "apoplexy" more peculiarly belongs. A great number of the symptoms of cerebral hemorrhage depend upon the actual effusion of blood; they are the result of the presence of a foreign body in the brain, compressing, or in a certain number of cases actually lacerating, the substance of that organ. Again, other phenomena that we observe, depend not upon the effusion which has taken place, but upon other morbid changes that coincide with it, such as ramollissement &c.; these form a third series. Finally, other symptoms manifest themselves, at a greater or less period after the occurrence of the hemorrhage. Thus we have occasion to see apoplexy complicated by the super-vention of ramollissement, of inflammation, of congestion, forming at several points of the brain, a long time after the first attack, and these circumstances, by troubling the march of the symptoms, by giving rise to various phenomena not connected with effusion, often render the diagnosis and treatment of cerebral hemorrhage a matter of some difficulty. Hence you see how several of the symptoms that accompany effusion of blood in the brain, do not depend on the hemorrhage alone, and can conceive the necessity of distinguishing these secondary phenomena from such as are intimately connected with the original disease.

What is the nature of the symptoms of cerebral hemorrhage? This is the first question we have to examine. They consist in certain troubles in nutrition, relation, and the faculty of reproduction, together with a few anomalous phenomena that we shall have to consider apart; but before entering upon this part of our subject we may ask, can we have cerebral hemorrhage without the manifestation of any symptoms? In the immense majority of cases, the occurrence of effusion of blood into the cerebral substance, is betrayed by symptoms that leave no doubt as to the nature of the accident which has taken place; however, we must, on the other hand, allow the possibility of cerebral hemorrhage taking place without any of the great functions being disturbed. In proof of this I will quote the case published by M. Le NORMAT

in the *Journal Hebdomadaire*, vol. 1, page 435. You will there find the case of a female, thirty years of age, who laboured under what is called the hemorrhagic diathesis, in a most remarkable manner; she had frequent discharges of blood from the mucous membrane of the intestinal canal; from the fauces and mouth; from the uterus; finally, tumours, evidently depending upon effused blood, formed under various points of the cutaneous integument, and the patient sunk under the exhaustion produced by this frequent loss of blood. After death a certain number of apoplectic coagula were found disseminated throughout the brain, yet this patient did not exhibit a single symptom connected with effusion of blood into the nervous centres. I do not know another example of the same kind in the records of medicine; hence, giving it the attention and weight it merits, we must at the same time regard it as an exceptional fact, as a case so extremely rare that it cannot justify the deduction of any principle.

We have distinguished the symptoms of cerebral hemorrhage into three classes, viz those connected with relation, with nutrition, and finally with generation; we shall now take up the disorders manifesting themselves in the life of relation, and these comprehend derangements of the intellectual faculties of sensibility and of motility. 1st for

Lesions of Motility. (Paralysis.)

The most characteristic symptom of cerebral hemorrhage is, beyond all doubt, paralysis: a sudden and permanent lesion of motility indicates effusion of blood into the cerebral hemispheres more surely than any other symptom we know of. Remark, however, that it must present the two characters we have just mentioned; the paralysis must be sudden; it must persist for a greater or less period of time. One alone of the two circumstances is not sufficient to indicate the existence of apoplexy; the loss of motion must have taken place in an abrupt manner. When once established it must continue for a length of time; with these two characters we are justified in pronouncing on the occurrence of hemorrhage of the nervous centres; without these our diagnosis should be given with some caution and doubt. This diminution of muscular contractility exists, with various degrees of intensity, in nearly every case of cerebral hemorrhage, we say nearly every case, for the exceptions, though excessively rare, do sometimes occur; in a few cases no true paralysis has been observed, as for example in the one we have already cited. Another similar case has been published by Dr. SECAZIN, in his thesis on apoplexy, sustained in the year 1827. The subject of this observation died without having presented the least trace of paralysis, and on examining the body after death, a coagulum as large

as a hen's egg was found occupying the posterior part of the right hemisphere, above the ventricle, and extending thence into the posterior portion of the corpus striatum.

These are two very remarkable cases, I believe they are the only two which exist in the records of medicine; note them, therefore, with attention, and reflect on the curious, the incomprehensible circumstances of effusion to a considerable extent having taken place into the substance of the brain, without giving rise to the slightest derangement of the faculty of locomotion.

The paralysis once established, does it continue throughout the course of the disease with an equal degree of intensity? No; in some cases, even when effusion of blood to a great extent has taken place, the loss of motion, at first grave, may go off, and then return again with its former characters. It is difficult to explain these intermissions in the principal symptoms of apoplexy. One would think these are times at which the blood acts with less force upon the brain than at others. However, in most cases the paralysis persists, and only goes off in proportion as the effused blood is absorbed, and the pressure thus removed.

We have next to inquire at what period the paralysis makes its appearance. The loss of muscular action coincides with the instant of hemorrhage; it may suddenly acquire a high degree of intensity, and should a fresh hemorrhage take place, which is not unusual, it may augment. In general, however, it remains equable for some time, and then gradually diminishes; or it may increase until the patient dies, or, as we have already noticed, take on an intermittent character, and present itself with much greater intensity at one period than at another.

We now come to the degree of paralysis: this is an important part of the subject. In some cases we observe only a very slight *engourdissement*, or weakness of the affected member. If it be the hand, the patient is unable to press an object with his accustomed force, although he can take hold of it with precision. The power of motion then remains; we have simply a diminution of the muscular force. In other cases the movement is modified in a still greater degree; the weakness of the limbs is more marked. Finally, in some cases motion is completely destroyed, and the limbs are in a state of perfect paralysis. In a word, the lesion of motility may vary from *engourdissement*, to a slight weakness of the arm or leg, and thence to complete impossibility of muscular contraction. Before this diminution of contractility manifests itself, we may have no other symptoms; it does not present any trouble or pain, it may last up to the very moment of the attack. In other cases, before the occurrence of actual paralysis the limb is weak. The

patient exhibits certain symptoms allied to congestion: the mind more or less modified, or we remark other troubles of motility, such as convulsions, contraction of the limb, &c; however, these latter phenomena announce the coincidence of another lesion, and we shall have to speak of them more fully in a subsequent lecture. The paralysis, then, commences with the effusion of blood into the cerebral substance, and disappears with the removal of it; whenever another order of symptoms sets in, we may presume that some other lesion of the brain, such as congestion, softening, inflammation, &c., have given rise to it.

Paralysis, the consequence of cerebral hemorrhage, variable, as we have just seen, in intensity, presents numerous varieties, according to the seat of the effusion. We shall now examine this point; we shall take up, successively, hemorrhage of the cerebral hemispheres, of the mesocephale (*pons varolii*), of the cerebellum, and, finally, of the spinal marrow, endeavouring, as we go along, to point out how far pathological anatomy can throw light on the great varieties which present themselves; and, first, for

Hemorrhage into the Substance of the Cerebral Hemispheres.—How does this form manifest itself? Hemorrhage of this portion of the cerebro-spinal axis may give rise to either general or partial paralysis; it is general where both sides of the body, either in totality, or in some of their several parts, are deprived of movement. Let us now see under what circumstances we may observe general paralysis. The loss of motion takes place in one of the three following cases:—1st. When the hemorrhage is double—i. e. when it occupies both hemispheres of the brain at the same time; 2nd. We may observe general paralysis, with hemorrhage into only one hemisphere; but the effusion has been very extensive; the blood has lacerated the parietes of the lateral ventricle, and thence made its way into the other cerebral cavities, either through their natural communications, or by laceration of the septum lucidum, and other parts; thirdly, and finally. When the hemorrhage, as in the former case, is confined to one hemisphere, and does not communicate with the ventricles: being, however, sufficiently extensive to destroy a great part of the cerebral mass, and then producing double paralysis, as in the two cases already enumerated.

There then are three causes of general paralysis—viz. double effusion of blood; but passage of the blood from one hemisphere to the other through the lateral ventricles; single effusion without the ventricles, with extensive destruction of the hemisphere. When this general paralysis exists, the four limbs drop like

so many masses of inert matter, without sensation and without motion; sometimes it persists, and the case is then constantly fatal; or, after having characterized the onset of the disease, it may disappear in a certain time, and become converted into hemiplegia. Of this latter circumstance we have witnessed a few examples, and it often arrives in the third case we have distinguished above, where general paralysis exists for the first twenty-four hours, and then terminates in hemiplegia. However, we would here repeat a remark which has been already made, that general paralysis belongs much more frequently to cerebral congestion than it does to hemorrhage, and that in cases where hemiplegia exists, it is 200 to 1 that the loss of motion depends upon an effusion of blood into the nervous pulp.

When the paralysis occupies only one side of the body, we call it

Hemiplegia,

an accident, we again repeat, which, when it arrives suddenly, is the best sign of hemorrhage into the cerebral hemispheres. It then persists a certain time, and is gradually dissipated with the removal of its exciting cause. When it does take place, we generally see both limbs on the same side of the body affected at the same time. However, hemorrhage of the cerebral hemispheres may produce paralysis of only a single limb; sometimes the superior, sometimes the inferior extremity being the one affected. When both limbs together are paralyzed, we generally see the side of the face attacked, at the same time, with loss of motion. The muscles of the cheek, lips, &c., cease to act, and the antagonism necessary for the regularity of the features being lost, whenever the patient talks or laughs the mouth becomes deviated, and the face more or less partakes of the distortion. Gentlemen, it is a law, almost universal in its operation, that hemiplegia (and also paralysis of the face) is seen occupying the side of the body opposite the hemisphere into which effusion has taken place. Authors have endeavoured to explain this remarkable phenomenon, which they attribute to the intercrossing of the pyramids in the medulla oblongata. The pyramidal bodies are, you know, continued through the substance of the mesocephale to the cerebral hemispheres, and hence the fibres of the right hemisphere pass to the left side of the spinal marrow, and vice versa. This appeared a very natural explanation, and was universally adopted by nearly all those who have written on the pathology of the brain. But permit me to lay before you one or two observations, by which, I think, its value is diminished if not altogether destroyed. In several cases where the members are paralyzed, we also remark a loss of motion in the muscles of the face opposite the seat of effusion in the

brain. Now the muscles of the face are supplied by nerves given off *above* the intersection of the pyramids just alluded to, and hence we cannot have recourse to the anatomical fact for the explanation of a phenomenon that occurs at least as regularly, if not so frequently, as the paralysis of the members on the side opposite the effusion; we therefore think we must accept the law already stated, without explaining it in the manner generally adopted.

We now come to other facts that are, as it were, tormenting to us, so much do they differ from those we have left, and, indeed, from all that are considered as forming the type of cases of cerebral hemorrhage. We have, as you remember, laid down a general rule that paralysis is seated on the side opposite the effusion. Facts of this kind present themselves to us by hundreds; but we possess, in the records of our science, twelve published instances, and we know one which is proper to ourselves, being all of them

Cases in which the Loss of Motion occupied the same Side of the Body as the Hemorrhage.

Let us now examine these facts in some detail, requesting your attention to the subject as one of peculiar interest, although the history into which we are compelled to enter may appear a little tedious. We shall enumerate them in the order of their date.

The first case of the kind is ancient. You will find it mentioned in the *Seputchretum* of BONNETUS; however, we shall not insist much on it, because it is not given with sufficient details to render the case an important one; let us therefore pass on to the others.

The second case belongs to FORRESTER, and is found in his observations, liv. 10, chap. 12. Here the case was that of a child two years old, affected with hemiplegia of the right side of the body. After death, a portion of the right cerebral hemisphere was found in a state of ramollissement. The injury here does not in the least alter the state of the question. Softening or effusion, no matter which, it is not the nature of the lesion we seek, but its connection with paralysis on one or the other side of the body. Even at the period when FORRESTER wrote, the attention of pathologists had been turned towards the investigation of the point we speak of. He expressly mentions that he looked for a lesion on the left side of the brain, but found none.

Our third case is given by MORGAGNI; but we must remark from the outset that he relates it on the authority of another, not from his own observation. The patient was a man seventy years of age; attacked suddenly with apoplectic symptoms, and hemiplegia on the right side of the body. After death an effusion of blood was found in both ventricles, and an erosion occupying the

optic thalamus on the right side. This observation is vague and unsatisfactory. We do not know the nature or extent of the erosion alluded to. You see at once that the case does not belong to MORGAGNI himself, but is reported on hearsay. We do not, therefore, consider it of much value, and would rank it in importance with the first we have cited, from BONNETUS.

Our fourth case is an important one in more than one respect; it is reported by an excellent anatomist, M. BRUNSER (the same who has left his name to the follicles of the intestinal canal), in the "Acta Curiosa," decury 3rd. The subject of this case was a female, forty-seven years of age. During a period of four years she had been affected with paralysis of the right side of the body. BRUNSER found a cyst in the right hemisphere of the brain, which showed that an effusion of blood had taken place into that part at a remote period; besides this he discovered a recent clot, the effect of the hemorrhage which had compromised the patient's life. The fact we now mention is an important one, because it belongs to an anatomist of established reputation, one accustomed to researches of pathological anatomy, and capable of appreciating correctly the various morbid changes which present themselves in the dead body. We therefore place it above the cases mentioned by BONNETUS and MORGAGNI, and on a level with the one cited from FORRESTER.

Our fifth and six cases belong to the fasciculus of *Pathological Anatomy*, of the justly celebrated MORGAGNI. In his fifty seventh letter he speaks of an old woman who died with paralysis of the right side of the body. In examining the brain, he found a portion of the right hemisphere in a state of ramollissement. The left side of the brain was examined with care, but no lesion of any kind could be discovered. Again, in his thirteenth letter, he describes the case of another female, twenty-four years of age, cut off by an attack of apoplexy. Half the body on the right side was paralyzed, yet the only morbid appearance in the brain consisted in a clot of blood occupying the posterior part of the corpus striatum on the right side. And this great observer, who was perfectly acquainted with the law of opposite paralysis, not content with his first examination, returned to the body again and again; and, after a careful inspection of all the left portion of the brain, in which he expected to find a lesion, exclaims, on discovering those parts intact, "Mirandum!" Here, then, is a case whose authority we cannot reject. The habits of MORGAGNI as an anatomist and a correct observer beyond all doubt the fidelity of the case described; while the terms in which he expresses himself, show that his conclusion was found in the left side of the brain, it was because no lesion actually existed there.

We now arrive at a more recent date; one of those has been published by M. BELL, in the *Revue Médicale*. The paralysis occupied the left side of the body, and on inspecting the brain, ramollissement was found in the left hemisphere.

You will find our eighth case in the work of M. ROSTAN on *Ramollissement of the Brain*, p. 29. It refers to a woman, eighty-four years of age, who died with an hemiplegia of the right side of the body. Traces of an ancient hemorrhage, together with softening of the cerebral substance, were found in the posterior portion of the right hemisphere.

The next case to which we would allude was observed by M. LEURET, and published by him in the *Journal de Progrès des Sciences Médicales*. The subject of this observation was affected with paralysis and contraction of the right arm. However, after death the lesion was found occupying both hemispheres. On the left side it was very slight, and not discoverable without attention. The right side of the brain was the seat, on the contrary, of a very extensive ramollissement. This case, as you see, cannot have very great weight, from the circumstance of the lesion existing simultaneously at both sides of the brain, but remark that on the side opposite the paralysis it was very insignificant, while on the same side a most extensive destruction of the nervous pulp had taken place.

The tenth case is published in the volume of the *Revue Médicale* for the year 1826. An old cyst was found in the left side of the brain, and the hemiplegia also occupied the left side of the body. However, we must remark that it is an imperfect case. Thus it appears the paralysis was of recent date, though the lesion was evidently ancient. Now, as the author does not tell us whether the patient had presented any paralytic symptoms at a more remote period, we cannot strictly establish a connection between the symptoms and morbid appearances.

The two last cases, completing the twelve, were published by M. BLANDIN in his edition of the *Anatomie Générale* of BICHAT, which came out, I think, in the year 1831. He saw at Bicêtre two old patients who died in a paralytic state. After death the lesion was found occupying the same side of the body as the paralysis. No morbid appearance could be discovered in the other hemisphere. Now no person can doubt the capability of M. BLANDIN, as an anatomist, and we place the fullest confidence in what he has related. Here, then, are two cases, perfectly authentic; we should have no doubt that the lesion existed in the posterior hemisphere.

It is not without some interest to remark that in the two cases recorded, the lesion and injury occupied the posterior lobes of the hemispheres also, and per-

haps this fact of anatomy may give an explanation of the phenomenon now under consideration. If we believe the assertion of some anatomists, the posterior cerebral lobes seem to receive the fibres from that portion of the spinal marrow not engaged in the intersection of the pyramids. It is of the utmost importance, that the description of the pathological lesions of the brain should be given with the greatest minuteness and detail. We would, therefore, engage you, whenever you make observations of disease of the nervous system, and note down the appearances after death, to endeavour to localize the lesion as closely as possible; to measure its actual distance from certain known points, describe every fibre that has been injured, and not neglect a multitude of details, which in any other part of the body, might perhaps appear tedious. It is only in this manner that our knowledge of the functions of a complex organ like the brain can in the end be extended; it is the want of this accurate observation which has so long retarded the progress of the science in the study of nervous disorders.

I mentioned just now, that in addition to the twelve cases contained in authors, I knew of a thirteenth which has not yet been published. This case was communicated to me about two months ago by Mr. CERVILLIER. He saw an individual affected with paralysis, and found, after death, ramollissement or hemorrhage on the same side of the body as the loss of motion. I do not now exactly remember which lesion it was, but you can conceive that the fact reminds the same under either circumstance. What we want to establish is the occurrence of paralysis on the same side as the injury of the brain. I should add, that I have never witnessed a case of the kind myself. In all those which I have had occasion to examine (and they are not few), the loss of motion was on the side of the body opposite the effusion into the brain. From all that has been said, it follows, as a necessary and inevitable consequence, that from certain anatomical conditions which have hitherto escaped discovery, the paralysis may sometimes occupy the same side of the body as the lesion. The facts we have cited, and many of them are irrefragable, prove this beyond any doubt; it is a circumstance worthy of every attention, and you cannot apply yourselves to the elucidation of a more interesting point of the history of cerebral disease, than to this occurrence of hemiplegia at the same side as the effusion.

[As the commencement of the next lecture concludes the foregoing subject (occupying three paragraphs) we here subjoin it. Ed.L.]

I have laid before you an analysis of thirteen cases of cerebral hemorrhage, in which, while the effusion of blood occupied one side of the brain, the limbs were affected

with paralysis, not on the side opposite, nor is almost universally the case, but on the same side with the effusion. I have, however, omitted to mention some which exist in the annals of the science; let us hasten to supply the omission, which I only discovered since our last meeting.

Two cases of hemiplegia, affecting the same side of the body as the lesion, have been published in the *Bulletin Clinique*, by M. DECHAMBRÉ, of *Salpêtrière*. They are accompanied by all the details necessary to give them authenticity, and merit our attention on that account, as well as for the interesting points which they illustrate. The lesion in the two cases alluded to was ramollissement; but, as we have more than once said, softening or hemorrhage, tumour or encysted abscess, no matter; they bear all the same relation of cause to the effects we investigate. Our object in citing authorities is to show that paralysis does not universally take place on the side opposite the lesion, and for this purpose ramollissement will answer just as well as effusion of blood. Thus, in adding these two cases to the thirteen already mentioned, we have a body of fifteen facts, some of which, especially the latter, are precious, because they are recent. In medicine we require recent facts: the science should, as it were, be remade from time to time; for it is a principle in human nature to reject or look with coolness upon the testimony of ancient facts, and run with avidity after more recent discoveries, although, perhaps, they may be nothing but a revival of points known many hundred years ago, but fallen into disuse and obscurity, merely because they do not belong to the age we live in.

The same number of the *Bulletin Clinique* also contains a note of M. FOURNIER on a case in which sudden death took place from effusion into the brain: the paralysis existed on the same side as the hemorrhage: this makes up the sixteenth case; however, the latter has not yet been published; the *Bulletin Clinique* alludes to it simply as having been shown to the *Anatomical Society*.

Paralysis, when it attacks the side of the body opposite to the hemorrhage, most commonly affects both the superior and the inferior extremity at the same time: however, one is generally more affected than the other. We have remarked that the loss of movement is very frequently more complete in the upper extremity than in the lower. It is a common thing to see the arm perfectly immovable, while the leg and thigh are partially under the patient's control, and when the two limbs are equally struck in the commencement, the thoracic extremity generally recovers its motion some time before the abdominal one. In some cases of cerebral hemorrhage, the hemiplegia is confined to a single limb. The patient, for example, is unable to move his arm, while the

lower extremity remains, and the skin is perfectly motionless. Here physicians have asked whether the peculiarity depends on the particular seat of the effusion, and this question has been much debated in latter times.

Is the movement of the upper and lower extremities regulated by distinct portions of the brain? This point has been discussed at considerable length between Messrs. SERRES, PINEL, GRANDCHAMP, ROYAN, and BOVILLAUD; we may therefore ask ourselves,

Has the Hemorrhage a different Seat in the Cerebral Hemispheres, in Paralysis of the Arm and of the Abdominal Limb?

This is a question which we shall now endeavour to answer. Within the last few years, several facts have been published, with the design of showing that the motion of the abdominal member is regulated by the corpora striata and the nervous mass in front of them; while motion of the thoracic limb emanates from the thalami nervorum optico-rum, and the nervous substance behind the thalami: in other words, that motion of the leg depends upon the anterior part of the hemisphere, while the posterior portion governs the movements of the upper extremity. We have submitted this opinion to the test of facts. Here is the result we have obtained. We have collected 75 cases, in which the lesion was circumscribed in one part of the brain or other, and after having analyzed these 75 cases, the result we came to was negative. In 40 of the 75 cases alluded to, the patient was hemiplegic: the arm and leg were equally paralyzed. Now of the 40, we found the lesion situate in the corpora striata, or anterior lobe, in 21 cases; while in the 19 remaining, the hemorrhage, or softening, existed in the thalami optici, or posterior lobes. Again, of the 75 cases, we found 23 where the paralysis was limited to the upper limb alone. Now if the theory were correct, we should discover the lesions in the posterior portion of the hemispheres. What do facts show us? Of the twenty-three cases, we found two in which the lesion existed in the middle lobe of the hemisphere; eleven, with lesion of the corpora striata, or anterior lobe; this remark is quite opposed to the ideas of the authors we have alluded to; and finally, there were ten cases in which the lesion was seated in the optic thalami, or the nervous pulp behind this part.

Thus you see how the same identical lesion of motility coincided with a lesion in various parts of the brain, and that motion of the arm, at least for the 75 cases analyzed, existed with the lesion in the anterior or posterior portions of the hemispheres. Let us now examine the cases where the inferior or abdominal muscles

alone were paralytic, and in the 7th, we find twelve cases of this kind. In ten, the lesion was situated in the corpora striata, and in two only of the twelve, we found a lesion in the posterior part of the brain. Here, indeed, the numbers are more in favour of the theory which attributes motion of the lower limb to the anterior lobes, but one case is sufficient to destroy the value of the rule, and we have more; we find, as you see, two cases of twelve where paralysis of the leg co-existed, not with a lesion of the corpora striata, but of the optic thalami and parts posterior to it.

The only general consequence we are entitled to draw from the facts which we have just passed in review, is, that dissimilar parts of the brain direct the movement of the different limbs, but that in the actual state of the science we cannot say what particular point of the hemisphere commands the motion of the upper extremity, and what point governs the lower limb. This is merely a negative conclusion, but we should not neglect it on that account. In the study of medicine, negative facts have their importance as well as positive ones; they prevent us wasting our time in the investigation of circumstances whose value has been already appreciated, point out various sources of error that we should avoid, and thus render our march in pursuit of knowledge more rapid, more secure, and more certain.

Is the faculty of motion deranged, when the lesion is confined to the periphery of the brain,

When Effusion takes place merely between or upon the convolutions?

Certainly, gentlemen, we have cases where the lesion was strictly limited to the surface of the hemisphere, yet paralysis occurred with the same phenomena as if the blood had been effused into the centre of the organ. You will find an example of this in the thesis sustained by Dr. FARRI in the year 1832; it is I think No. 133 of the series for that year. Here the lesion existed at the lateral, posterior, and external parts of the left hemisphere; the author describes a coagulum as large as a sparrow's egg, situate between the convolutions at this part, and the patient died paralytic. This case is not unique; we can find other examples. Similar cases are contained in the excellent work of M. LALEMAND on the pathology of the brain and its dependencies; in his first letter, page 63, you will find one; a second is quoted in the eleventh letter, page 151: the lesion was completely confined to the convolutions, and paralysis existed. We have examples of this ourselves, and we conclude that hemorrhage occurring in superficial parts, equally produces a loss of motility, as when it occurs in the more central regions.

However, we should remark that when

the hemorrhage assumes what may be called a *chronic* form, when it takes place slowly and gradually into the gray substance, we often do not observe any paralysis; but, on the other hand, we have opposite facts to prove that when the convolutions are injured, paralysis supervenes, although the white substance is little or not at all compromised in the lesion.

At the commencement of the present lecture, we said that loss of motion also existed with effusion into the pons varolii, the cerebellum, or the spinal marrow. Let us next take up each of these parts in the order enumerated, now, however, only mentioning the mesocephale. We possess a certain number of cases in which we find

The Lesion confined to the Pons Varolii,

and we may draw from these this general principle, that the four limbs are rapidly struck with paralysis. However, in the science of medicine, we unfortunately find, at almost every step, certain exceptional cases which we are compelled to take into account. Thus, apoplexy of the mesocephale is sometimes accompanied by hemiplegia, not by general paralysis; but in cases of this kind it has been remarked that the lesion generally is situate more at one side of the pons than at the other.

COOMBE LYING-IN HOSPITAL,

AND

DUBLIN OPHTHALMIC INFIRMARY.

THE Introductory Lecture, delivered, in the above institution, at the commencement of the present session, by Mr. ROBERT P. POWER, L.R.C.S.I., and one of the Masters of the Hospital, has been submitted to our examination, in manuscript. Want of space in our columns will not allow us to insert the whole of the lecture, a great part of it being devoted to an address to students on the importance of a scientific knowledge of his art on the part of the accoucheur; but we may select the following passages for publication, with a certainty of their possessing interest for every class of medical readers. Before making the extracts, we may premise that on the death of Mr. O'HARA, the former "Master" of the hospital, the governors appointed two medical officers to fulfil the duties of the institution, which had previously devolved on one. The new masters were Mr. POWER and Mr. HUGH CARMICHAEL, the former gentleman undertaking the labours of the midwifery department, and the latter those of the Ophthalmic Infirmary. In the commencement of his lecture, Mr. POWER comments, in terms of indignation, "on the attempt," as he describes it, "which has lately been made" (by a magnate in the London Col-

lege of Physicians, before the Parliamentary Medical Committee), "to revive the antiquated opinion that the practice of midwifery was a disreputable branch of the medical art, because it occasionally involves the necessity for manual operations."

From the statements of Mr. Power, we learn that the *Coombe Lying-in Hospital* has existed for rather more than fifty years, and was established for the admission of parturient women, through the exertions of the late Mr. RICHARD GREGORY. It contains fifty beds, in spacious and airy wards, which, from its being situated in a densely populated part of Dublin, are continually occupied. The account of the circumstances under which the hospital was erected, which follows the subjoined statistical statement of cases, will be read with feelings of painful interest:—

"The registry of cases kept in the house for the six months preceding the first day of the present month of November (1855), shows that, within that period, of 713 females who have been delivered within its walls, 626 labours proceeded according to the usual routine of nature, and eighty-seven presented departures from that course. Of these latter, nine were cases of breech presentation, fourteen were abortions, two elbow presentations, five twins, four attended with hemorrhages, seven instrumental, of which latter, in two, the crotchet was used to break up the child in order to extract it; in two ruptured uterus, and in five retained placenta, occurred. The remainder of these cases did not present any particular event, although coming under the head of irregular labours. There is also attached to the hospital what is termed an *externe* department, affording assistance to females who, from any particular circumstance, cannot avail themselves of the comforts of the house, and are confined in their own homes. The registry of the latter class of cases shows, that, within the same period, 811 females were delivered, and attended through their confinements, without the doors of the hospital. Of this number 702 were natural labours, and 109 irregular. Of the latter, thirteen were breech presentations, twenty-nine were abortions, eight twin cases, one triplet (three children at a birth), eight cases of hemorrhage, two instrumental, nine retained placenta, five footlings, two funis presentations, one arm presentation, two placenta presentations, and three convulsions, making in all an aggregate of 1524 cases, of which 1328 were natural, and 196 were variations therefrom. These two abstracts show that the external department comprises the greater number of cases, which, upon first consideration, might appear extraordinary, where so much poverty prevails, for comforts like those which are to be met with in a well-regulated hospital seem thus to have been neglected, in cases

where the sick female stands so much in need of aid.

"But tempting as is a comfortable asylum in these instances, to poverty, in its most abject form, for abject indeed it is in the neighbourhood which surrounds us, nevertheless it is not sufficient to overcome that *vis* of nature which induces the mother to cling to her little home and family, until the last moment at which she conceives she can remain with them. The consequence is, that, in a vast number of instances, females who really intend to become inmates here during the period of their confinement, are overtaken in their illness, and thus have their own homes unexpectedly rendered the place of their labours. That such is the case will at once appear evident from the following facts. Before this hospital was established in its present form, that noble institution on the north side of the city, the *Rotunda Lying-in Hospital* was the only one in Dublin. The distance, however, between it and this spot is so great, that although the length of time required in the distressing journey was, from repeated occurrences, made strikingly evident to females who resided in this neighbourhood, still the feeling to which I have just alluded could not be abated; and as external assistance to females in the parturient state was not recognised by that hospital, those who wished to avail themselves of its aid, could only obtain it by becoming inmates therein. The consequence was, that, in many instances, females, who began to proceed thither from the liberties, were overtaken in their labour on their way to the institution, and the wretched halls and alleys of this impoverished district became the places of their confinement, perhaps in the dead of night, and at the most inclement seasons of the year, for the bitter destitution of the inhabitants precluded the possibility of a conveyance being obtained thither, even on such occasions as these. The scenes that sometimes then presented themselves were of a most distressing character. A wretched fellow-creature, surrounded, at this event, by her small and equally wretched family (who flew to her at the moment), then giving birth to an infant under these humiliating circumstances, at once struck the heart with compassion in its most touching form, and regret filled the mind for the misery from which such scenes could proceed; while the cries of the new-born babe fell on the ear, its wailing sounding like moans at the hereditary misfortunes of its race, of which it now was come to bear its part. Whether such misery was the result of inherent gradation on the part of its victim, or indifference in quarters professing to care for their welfare, we are not to inquire, but let us trace the effect to its cause, and seek as the sufferers may have been in the abyss

of degradation, and forgetting, for a moment, that blight of our common country,—party: this will be admitted by all who have witnessed such scenes, that they were not more the scourge of those who were exposed to them, than they were disgraceful to those whose duty it was to remedy the evil.

“ Since, however, the establishment, in which we are assembled has been in operation, such truly pitiable occurrences have altogether ceased, and with them those unfortunate results, then so prevalent, as the death of the infant, and recovery on the part of the mother with consequences so unhappy as to incapacitate her from the future fulfilment of her maternal and domestic duties. Indeed to such an extent did events like these prevail, that a respectable practitioner, who resided for a long time in this part of Dublin, at his death bequeathed an annual legacy for the establishment of a Lying-in Hospital in his district, after having spent the best part of his life in representing the necessity of such an institution to Government, but to which a deaf ear was turned. Through the kindness of Doctor Bell, one of our most anxious supporters, and than whom no one is more conversant with the former miseries of pregnant females in the liberties, that legacy is now devoted to the support of this house, and the delays which used to lead to the events I have described, is remedied, a skilful pupil being now sent from this hospital to take charge of the female, and conduct her through her perilous situation.”

CASE OF
OBSTRUCTION OF THE BOWELS,
WITH SUCCESSFUL OPERATION FOR THE
FORMATION OF A NEW ANUS.

To the Editor of THE LANCET.

SIR,—I publish the following most interesting case at the request of several medical friends, detailing the state of original imperforation, the means used for its remedy, and the time when the obstruction commenced, its progress, and the effects produced on the constitution of the patient until relieved by the operation which has led to the publication of the present article. The relation of the patient's subsequent condition, and the treatment, I have given in a condensed form.

I have added a few practical reflections, calculated to render it more acceptable to the senior members of the profession, and to whom it is my more especial object to be useful. I

JOHN LINDSAY, Surg.
23, Northumberland Street, Glasgow,
Nov. 24, 1835.

Case.—S. P., a boy, was born of healthy parents in April 1829, with imperforation of the anus. The surgeon whose attendance was required, had several difficulties to contend with in making an opening into the rectum, as there was no protrusion of the integuments between the nates, nor any other mark by which to trace the situation of the gut. Several attempts failed, but at length an opening was made at the lower end of the os sacrum, at the root, and towards the left side, of the os coccygis. The opening thus formed was kept patent by sponge tents and other means, but it was small, and liable to obstruction from slight causes.

On the recommendation of a friend, the child was first brought to me in December 1829, he being then eight months old. At about the same period he was examined by Dr. Weir, then senior surgeon to the *Royal Infirmary*, who recommended the use of bougies and enemata, which were accordingly had recourse to daily; the former were gradually increased in size, for the purpose of procuring a regular evacuation of feces and enlargement of the passage, which, with a few powders of *Submuriatis Hydrarg.* et *Pule. Rhei*, had the desired effect of improving the general health. Notwithstanding, however, the feces were passed involuntarily.

In course of time the child became a stout healthy boy; but when running about with his companions, having no power of retaining his feces, they were constantly oozing through the artificial anus, causing always a disagreeable smell about his person, although his mother, who was very cleanly in her habits, paid every attention to his comfort, by washing him frequently, for the convenience of which the under part of his dress consisted of petticoats only.

The prospect of their son arriving at manhood under so loathsome an infirmity, was distressing and humbling to his parents, whose fears in this respect were, in the autumn of 1834, changed to feelings of a more painful description. At that time his health began to decline; his evacuations per anum were scanty, and passed with difficulty, even although rendered almost fluid by medicine. His belly grew large, while the rest of his body became emaciated; the functions of digestion became irregular and impaired; his appetite fell off; and, ultimately, hectic fever was superadded, which reduced his strength to such a degree as to confine him constantly to bed.

Such was his condition towards the end of January 1835, when I was desired by his father to visit him. He had now arrived at the age of five years and three quarters, and during the last four months his health had been obviously and rapidly declining. Language would scarcely describe the miserable appearance he presented. I no longer beheld the little plump ruddy boy which he for-

merly was, and his extremely large abdomen, which was as hard as board, formed a painful contrast with his exceedingly emaciated chest and extremities.

Besides the hectic symptoms, his mother mentioned that for several weeks previously he had obtained no evacuation per anum, except what was produced by the daily use of the bougie and the purgative enemata, especially the latter, *and that only during the time the glyster-pipe was in*, when a little feculent matter escaped by the side of it, which generally stopped as soon as it was withdrawn. Such, she said, had uniformly been the case during the time specified, although the dejections were of a fluid description. These symptoms led me to suppose that a flap, or false membrane, had formed near the extremity of the rectum; which, acting as a valve, prevented the exit of feces, except during the time of its being pushed back by the introduction of the glyster-pipe. To ascertain this, I proposed to examine the parts with the finger, which I consider the best probe on such occasions. His mother's feelings, however, were overcome so much by the terror of cutting, that she even objected to allow the examination, especially as she considered his case to be hopeless, connected, perhaps, with the disagreeable reflection, that although his evacuations were reinstated as before, yet still the boy's prospects for the future were any thing but pleasant. Purgative enemata, with the use of bougies of a small size, were, therefore, continued, and by constant perseverance, they succeeded, at times, in bringing away a little feces, which had the effect of prolonging his miserable existence.

On the 9th of February following, however, I was requested by his father again to visit him, when he promised that nothing should stand in the way of doing what might be considered necessary, the boy having become much worse for a day or two previous, in consequence of the usual means failing to have the desired effect. Accordingly, on the day following, I visited him, at their residence, about two and a half miles from Glasgow.

Setting a table opposite the window, I had the little patient laid upon it, with his abdomen downwards, which was prevented from pressing on the table, by putting one pillow under his breast, and another under the head of his thighs. On attempting to introduce my little-finger into the artificial anus, I was surprised to find it too small for his admission, even although considerable force was used, it being not larger than to allow a goose-quill to pass with ease. The integuments around it, which were very hard, appeared to be nearly destitute of either muscular or cellular substance, as if the parts were cicatrized after having been in a state of ulceration, which I was informed had indeed been the case. The pre-

sent opening was extremely imperfect, being limited or confined by the os coccygis and the last bone of the sacrum, rendered hopeless any attempt at enlarging it, which was, indeed, the less desirable, as it would have left the patient to pass the feces involuntarily as before.

The probe could be passed about two inches nearly perpendicularly downwards (considering the position the boy was in at the time), the point of it being close upon the cervix of the bladder, and about fifteen lines inward from the perineum.* No flap or false membrane could be detected by the probe, nor could any assistance be obtained by the eye, on account of a little feces escaping.

Under these circumstances, it occurred to me that the most proper way of rendering him relief, would be by *making a new anus, sixteen or eighteen lines nearer the scrotum*, by that method avoiding the os coccygis altogether.

The objections to this were principally these; first, the depth of cutting required before entering the gut; secondly, the danger of wounding the bladder; and, lastly, the danger of injuring the bulb of the urethra.

Keeping these dangers in view, and retaining the probe in the old anus, I took a straight-pointed bistoury, and holding the back of it towards the bulb, thrust it inwards, about an inch, at that point where the raphe terminates posteriorly, and enlarging the opening a little towards the sacrum, I withdrew it.

On introducing my finger into the wound, and taking the probe in the other hand, I could easily ascertain the distance remaining to be cut; then removing the probe and substituting in its place a director, which I desired an assistant to hold, so as to press its point as much as possible outwards, I scratched through the intervening space with a scalpel, when, to my great satisfaction, the instrument was brought out soiled with feces. I now pushed my fore-finger right into the rectum, when a large quantity of feculent matter escaped. A mild purgative enema was then thrown up, which brought away a great quantity more. In this evacuation there was a plum-stone, which the patient had swallowed four and a half months previous, during the fruit season in autumn.

This stone, it will now be observed, had been the cause of the obstruction, and not any flap or false membrane, as I had at first supposed. The stone, after passing the stomach and intestines, had made a permanent by the side of, and rather

* It is probable, considering the situation of the rectum, and the pressure of the bladder upon it, that there is four months previous to the formation of the gut may have been situated in the rectum near the perineum.

the coccygis, from which an account of the hard and unyielding state of the parts surrounding the artificial anus, and being greater in diameter than the opening itself, it had been prevented from escaping. A constant tenesmus had tormented the patient, while on every occasion of his going to stool the stone, filling up the diameter of the outlet, prevented any feculent matter from escaping, except when pushed back by the glyster-pipe, or a small bougie, as before stated.

Every experienced surgeon knows that in private practice it is rarely possible to get a patient to comply with all that is desired, especially in surgical cases, and it was so in this instance. The nature of his disease rendered the little patient peevish and fretful, and made him averse to be examined. Indeed, the first and only opportunity of examination was immediately before operating. The probe then slipping past the stone, as it was introduced, although turned in every direction, gave no indication of its existence, while the escape of a little feces, as before observed, prevented any assistance being obtained by the eye.

A piece of candle, four inches long, was now introduced as a bougie, and was secured by a pad and T bandage, the abdominal part of it being made of flannel. This was about one o'clock p.m., on the 10th of February. At four p.m. of the same day, he had another large evacuation of feculent matter by the new opening; after which, a new candle bougie was substituted in place of the former, which was partially melted. He was then put to bed, and enjoined rest, with mild diet: he remained in this state until about midday of the 11th, at which time he had another evacuation by the new anus, from *ss of Ol. Ricini* which had been administered that morning. A wooden bougie, made very smooth, of seven and a half lines in diameter, was now introduced, and was ordered to be kept in and out for four hours, alternately. The abdomen had by this time become pretty empty and flaccid; pulse 150; skin hot; otherwise the boy was in good spirits, and had passed urine twice within the first twenty-four hours after the operation, quite freely, and without uneasiness. *R. Submuriatis Hydrarg. gr. iv; Pulv. Opii gr. j. M. Chart. No. iv, quarum sumat unam quaque hora quarta.*

12. Skin more cool; ordered a new bougie of nine lines in diameter, et *Ol. Ricini* *gras mane.*

13. Skin again hot; pulse 140; the parts around the anus are much inflamed. The bougie was renewed, and a poultice of bread and milk was applied to the anus, to be renewed every sixth hour. The bougie was kept in for half an hour, and out for half an hour, on account of the degree of inflammation, and to be coated each time previous to introduction with a thick

layer of the following ointment. *R. Azungui Ricentis siss; Ext. Belladonna, Acet. Plumbi, aa 3ij. M.**

March 5. General health much improved. The new anus looks well; it is open at the time of withdrawing the bougie, but closes gradually by corrugation; very little pus, the parts being nearly all covered with a smooth membrane; nothing coming by the old anus but flatus. Bougie ordered to be kept in only two hours every morning.

17. The motions have been passed regularly by the new anus. He has been walking about daily since the 10th instant, by which exercise, a small quantity of feculent matter is forced out by the old anus, especially when the bowels are loose.

R. Nit. Argenti gr. xx; Ag. Distillat. 3j: solve. Inject a drachm into the old anus morning and evening; a piece of lint well covered with *Ung. Resinos.* to be afterwards introduced, to produce in the first instance a rawness of surface; after which, the solution of *Nit. Argent.* being discontinued, *Tinct. Canthar. Venic.* is to be substituted, and the pledget of lint, with the ointment, continued.

This course was persevered in for several weeks, with very little advance towards closing up the first opening, the main difficulty in accomplishing which was, the manner in which it had been excavated or hollowed out (if I may use the expression) by the great pressure of feculent matter, previous to the operation being performed, which has made it like an inverted cone, the outlet being the apex.

Considering such to be the case, I thought the only rational way of closing, or, rather, of filling up, the posterior opening, would be to treat it as a fistula. So on May 19th I divided the space intervening betwixt the old and new opening, with a probe-pointed bistoury. When for this purpose I introduced my finger into the new anus, the sphincter closed round it with great firmness, which convinced me of his being able to retain his feces by the new passage, if the old one was filled up. A piece of oiled caddice was introduced into the wound, and secured by a poultice and a T bandage. A teaspoonful of paste, in imitation of "Ward's Paste," was applied three times a day, for the purpose of assisting to form granulations.

This course was continued long enough to convince me, that something else was necessary to be done before sufficient granulations could be produced for filling up the cavity, which desirable object was considerably retarded by the pressure of feces often-times displacing the dressings.

* This ointment is highly recommended by Daytzen, who used it in cases of Abscess about the anus with decided advantage. See LANCET of March 19, 1837, page 838.

June 26. Coarse green flax was substituted in place of the lint, and covered well at each dressing with the following:—*R. Ung. Resinos 3j; Pulv. Canthar. Vesic. gr. xx. M.*

Previous to the introduction of the flax at the dressing morning and evening, 3j of the following lotion was thrown in with a small syringe:—*R. Decocti Gentiane lb iss; Acid. Nitros. 3ij. M.*

July 21. The flax tent, with the ointment, comes in contact with every point of the cavity, and is with the lotion and mixture already producing copious granulations, which are springing up rapidly. His health is excellent; no feculent matter has come by the posterior part of the opening for the last fourteen days, and the pledget of flax, which is renewed every morning, and which I direct to be kept as much as possible towards the sacrum, remains in from the one dressing to the other, without being displaced as before. The bougie is to be introduced into the new anus once a day, and immediately withdrawn.

From that time he was allowed to walk about, and on August 26 the medical remedies were discontinued, in consequence of the posterior cavity being completely filled up, so that neither feculent matter nor flatus could escape by it. Being now able to retain his feces at pleasure, he was dressed in male attire, a circumstance that pleased him very much.

Remarks.—This case being brought to a successful issue, it may not be improper to introduce a few practical reflections, suggested by what is contained in the foregoing case, and applicable to those of a similar nature, although not intended to apply to cases of imperforation in general. Having waited for a day or two, or, in some cases, for three or four days after the birth of a child with imperforation of the anus, in most cases the integuments between the nates gradually protrude, and become of a livid or black colour, from the pressure of the meconium within. There can, then, be no difficulty in determining how to proceed. With the pointed bistoury we make an opening, and, enlarging it with the aid of a director, nothing further is necessary than to keep it patent, and attend to constitutional symptoms, until the infant recovers.

But in cases of imperforation of the anus, where no such protrusion takes place, and where no other mark indicates the position of the rectum, we are beset with greater difficulties.

With a view of lessening these difficulties, I would suggest proceeding as in the case of S. F., by making a small opening with a narrow bistoury, just large enough to admit the probe on the left side of the os coccygis. If, with the probe, we succeed in reaching the gut, it can easily be ascertained, by its

depth and direction, how, and in what way, we may come at the same point, by cutting or piercing from the perineum, at the posterior termination of the raphe, as before detailed; after which, the small opening at the root of the os coccygis may be conveniently closed up by adhesive plaster.

Attention to these directions may, I conceive, serve to lessen the difficulty in making a proper anus at first, in cases where the gut can be found, by piercing at the root of the coccyx; and we may rest assured, that we never can make an artificial anus in any other situation than the one here recommended, with a probability of rendering the individual comfortable through life. There we have it at the most depending part of the trunk, so that no sac can form beyond it. We have the probable existence of that essential part of the anus, the sphincter muscle, without which we cannot retain the feces; we have also the two nates, like powerful sentinels, both adding strength to the passage within, and affording security from injury without.

For keeping the anus patent, after it is made, I would prefer the wooden-bougie to any other. The sponge-tent is irregular in its surface, and does not continue of a uniform diameter, nor is its elongation so complete as is required.

The wooden bougie can be made of any size, or of any form required, and never alters its figure by use; unguents of any kind, with which it might be proper to cover it, adhere better to a bougie made of wood, than to those made of bone, ivory, or metal. It is, besides, an advantage pos-

essed by the wood, that it never communicates the same unpleasant sensation of cold to the parts as is the case with any of the others, unless previously immersed in hot water, which render them unfit for receiving a coating of ointment, if thought necessary.

The kind of bougie which I have found to suit best is made in this form, very much like that of a candle, with a rim, or border, at the farther extremity, to prevent it from slipping in, the pad and bandage, without the aid of tapes, serving to keep it from coming out. The extreme length of those which I have used is generally three or a quarter of a yard, trying to reach the half of the rectum. I had one of hogany, or black mahogany, when too hard



of too small, a new one can be substituted at a very trifling expense.

For a tent or pledget, my experience leads me to think that green flax is preferable to caddice. Flax accommodates itself with great accuracy to the surface with which it comes into contact, and by its roughness it provokes the formation of granulations, while it is sufficiently soft to yield to and protect them when forming. The size of the pledget requires to be reduced from time to time, as the cavity fills up, until it is finally rendered unnecessary.

It will be observed, in perusing the above case, that from the 17th of March until the 26th of June, the time was in a manner lost in vain endeavours to close the old anus; this partly arose from the size of the cavity being so wide as to always allow a large quantity of feculent matter to descend and displace the dressings, but principally from the actual inefficiency of the applications. Some little progress was indeed made, but nothing compared to what was afterwards attained, by the use of green flax, cantharides ointment, and lotion, the paste at the same time assisting in an inferior degree.

COLICA SPASMODICA,

FOLLOWED BY

INFLAMMATION,

TERMINATING FAVOURABLY.

To the Editor of THE LANCET.

SIR,—I beg to transmit the following case for insertion in the pages of THE LANCET.

I am, Sir, your obedient servant,

MATTHEW GIBSON, Surg.

Govan Haugh, Glasgow,

Dec. 22, 1835.

CASE.—John Maxwell, aged 20 years, while engaged at work on the night of Thursday, December 18th 1834, and in a state of profuse perspiration, took a large draught of cold water, and at 10 o'clock, an hour afterwards, was seized with a pain in the abdomen, exactly over the region of the caput cæcum coli. By 1 a.m. it had increased so much that he was forced to leave work. On arriving at home he swallowed two ounces of Epsom salts, which were in the house, and in half an hour afterwards he had a motion in his bowels, but felt no ease. At six the pain had so greatly increased, accompanied by a disposition to vomit, that his friends requested that he should be bled.

At eight, he complained to me of the same pain at the above-mentioned part, which was increased much upon pressure; abdomen not much swollen, and

was soft; tongue furred; pulse not much altered; the bowels had been constipated for two days before. He was ordered *Pulv. Opii* gr. ij; *P. Rhei* ʒj; *Magnes. Ut.* ʒss. M. Divide in partes tres, sum. j, q. q. 2d hor.

Dec. 19, 3 p.m. Pain still continues, and is fixed; pulse quick; tongue very much furred; akin hot and dry; headache and pain in back; some thirst; had vomited the powders; no stool. R *Submur. Hydr.* gr. vi; *Opii Pulv.* gr. ʒ. M. sumat statim, repet. idem q. q. 4th hor.

Saturday, 20. Was called in haste this morning at five o'clock. Is much worse; pain considerably increased, and extending across the belly, aggravated very much on the slightest pressure; did not vomit the powders; pulse 80; no stool. Mittat sang. e brach. xvi oz. Applic. sinap. part. dol., et cap. *Ol. Ricini* ʒi, statim. Si non respon. in hor. quat., hab. *Sulph. Magnes.* ʒij. q. q. hor. donec amp. purg. Enem. domest. statim.

12 noon. Two hours after the oil had been taken he vomited; passed the enema almost immediately after it was given, mixed with no feculent matter; pain not in the slightest abated; general tenderness throughout the abdomen most intense over the caput cæcum coli; pale anxious countenance; great thirst, frequent vomiting, and flatulent eructations. Admov. hirud. duodecem ad dol. part.; postea foment. calid. Enem. adhib. statim. Contin. *Sulph. Mag.*

4 p.m. Received notice that he was considerably worse, and on arriving I found the former symptoms much aggravated; pulse 100, full; tongue the same; right cheek flushed; great anxiety exhibited in countenance; skin covered with perspiration, and is unable to move himself in bed; had vomited the salts; enema still retained. In consequence of some misunderstanding the leeches had not been applied. The former blood not cupped, but several parts of it covered with lymph. Mittat sang. ʒxvi. Admov. hirud. statim. Rep. enem. Cap. *Ol. Croton* gtt. ijss.

10 p.m. Two hours after the croton oil had been taken he vomited some glairy kind of mucus; passed both injections, with no stool, but it had a feculent smell; blood slightly cupped and buffed; takes nothing but water-gruel; pain, with general tenderness, no better; pulse 100. R *Pil. Al. c.* Col. unum q. q. 2d hor. sumend. tere in pulv. Impon. emplas. canth. vesicat. ad abdom. Rep. enem.

21, 10 a.m. Passed a bad night, has taken five pills; no stool; blister rose well, and thinks the pain is rather easier; pulse 96; other symptoms the same. Applic. catap. emol. ad vesicat. Cap. pil. col. duas statim, et idem adhib. q. q. 2d hor.

8 p.m. Has had the pills regularly, but no passage in bowels, other symptoms much the same. Contin. pilula.

Monday, 22, 10 a.m. Has had the pills regularly since last night, and has had thirteen stools, which are feculent and of a brownish colour; the first stool was about an hour after last night's visit; expresses himself as considerably better; the hand can be pressed on the abdomen with great freedom, except above the caput caecum coli, which is still tender; pulse 86, soft; skin moist; still some thirst; no more vomiting; did not rest much, from purging. Contin. cataplasm. Discontin. omnia medic.

10 p.m. Has had no more stools, but continues easy; blister discharging. Quies, cras mane.

Tuesday, 23, 10 a.m. Pulse the same; has had several stools since last night, which are mixed with a flocculent kind of matter; tongue clean; still some thirst; in other respects pretty well.

Wednesday, 24. Has had six or eight stools since yesterday; thirst diminished; blister nearly healed; scarcely any pain in abdomen; pulse 82; tongue nearly clean; beginning to feel a little hunger; ordered some mild soup. From this date he gradually continued improving, without the aid of any more medicine, his bowels being freely opened once and twice every day, and in four weeks he was engaged at his usual employment.

Remarks.—In this case, it would appear from the prevailing symptoms, that both the beginning and the termination of the bowels were in active operation. That the greater portion (if not the whole) of the small intestines were acting naturally is certain, from the retention of the larger part of the medicine, and the consequent violent purging which ensued after the subsidence of the complaint; and that the greater portion of the large intestines was also acting naturally, is equally certain, from the expulsion of the different enemata which were given. Now the fact comes to be this; that the complaint must have been either at the end of the small or at the beginning of the large intestines. In my opinion the complaint was altogether in the caput caecum coli, which is proved by the pain commencing and continuing fixed in that part, and also from the observations previously made.

What was the pathology of this affection? Was it a case of simple obstruction in that part from constipated bowels, or a loss of muscular power in the part, and consequent over-distention, as Dr. Abercrombie supposes all cases of colic to be? Or was it spasm, which Dr. Cullen's views would lead us to believe? Or was it a case of common inflammation?

For my own part, I should consider this to be a case of obstruction, not altogether, however, arising from constipated bowels (although the patient had had no stool for two days previous), but, as Dr. Cullen would

say, from a spasmodic contraction of that part of the gut brought on, I have no doubt, by the large draught of cold water which the patient had drunk whilst perspiring profusely, his bowels being sluggish at the same time, both co-operating together, by giving a sudden check to the perspiration, and nervous system, and thereby bringing on the disease in question, which ended, from the severe symptoms which ensued, in inflammation.

CANCER OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—The importance of clinical lectures above all other lectures is unquestionable, and all men of science who feel for the welfare of a profession which stands first in the scale of humanity, must rejoice in the adoption of a mode of instruction, which but a few years ago was unknown in the British metropolis. Much also are the public indebted to THE LANCET for the wide diffusion and the consequent practical benefits of such lectures, which, had they ever been delivered at all, would, without the efforts of that journal, have been confined wholly to the limited circles in which they are pronounced.

In THE LANCET of November the 7th, in the clinical lecture of Dr. Elliotson, a case is given of "Chronic Inflammation of the Uterus," which, when I read it yesterday, impressed me very forcibly with an opinion, that its details and conclusion might tend to lead to much practical error. "The next case," the lecturer observed, "is one of diseased womb, in Elizabeth Warren, aged 29, a married woman, without children. Now this is to be noticed, that she was married and had had no children." The leading circumstance in the history of this case is, that about three months previous to her admission into the hospital, she awoke in the morning with a violent pain in the hypogastric region, accompanied by "a severe bearing down." "She had menstruated regularly before, and very copiously." "A month after this attack," which was the monthly period, "she had a profuse discharge of a black colour, containing large clots of blood," and this lasted "for five weeks." (On her admission to the hospital, the uterus was found to be so diseased, as to induce a doubt whether it was not of a scirrhus (cancerous) nature. She obtained under the treatment adopted (bleeding, mercurials with opium), and was in the temporary absence from town, as "relieved."

Now a leading pathological point in this case is, that after amendment took place,

on the 12th she had no pain," was examined was made as to the *then* actual state of the uterus. How came this to be neglected, which would have assisted so mainly to form a right conclusion on the nature of the disease? Before any treatment was adopted, Dr. Elliotson says, "Now I examined this woman myself, and found the uterus very hard;" "all seemed to be solid and fixed," "firm and fixed."

The neglect, then, of an *after* examination, when under amendment, to ascertain whether the uterus was *then* "solid and fixed," or softened and more compressible, has thus consequently involved this case in a supposed doubt as to its nature; and in doubt Dr. Elliotson concludes his observations on the case: "But I will not say at this moment whether the disease was simple induration, or *scirrhus*, in the modern exclusive sense of the word," all of which embarrassment might have been avoided.

The directly probable state of this patient was that which Dr. Elliotson supposes might have been the case, viz., that "the uterus had fallen suddenly into a state of inflammation," and the circumstance of her not having had any children—and having menstruated "very copiously" previously to the attack, confirms the probability of the opinion that there existed a predisposed state for such an attack. But, on the other hand, all the history and circumstances of the case as detailed, entirely preclude the supposition of a doubt that in its *then* reported state, it actually partook of any thing like the nature of *scirrhus* in the modern exclusive sense of the word."

In my "Inquiry into the Nature and Action of Cancer," published in 1805, I attempted to show and establish, that *scirrhus* was the result of "permanently altered structure" and "acquired actions" leading to cancer as a *necessary* consequence. This doctrine was opposed to the then prevailing opinions, that the disease depended upon some "specific poison," some "leaven," or "ferment" or "fomes," or some "animalcula" of an hydatid nature.*

This doctrine, supported as it was by the facts connected with the origin and progress of cancer itself, necessarily *slow* in its origin, was generally admitted, and so far influenced Dr. Baillie at the time, as to induce him, when he published his third edition of "The Morbid Anatomy," to withdraw certain opinions which he had formerly stated relative to the *predisposition* of parts as being *necessary* to produce the disease, when

speaking of the "*scirrhus* and cancerous stomach."

So much is stated in application to the case in question. There never was a sudden attack the *immediate* result of which was *scirrhus* "in the modern exclusive sense of the word."

The morbid, the *permanently* morbid altered structure, must be the *progressive* effect of some *former* injury or disease of a part, wherever *scirrhus* or cancer exists.

In all this the late Dr. Denman concurred, confirmed as the concurrence was by his own able and extensive observation and experience. *Scirrhus* of the uterus was never known to exist in a menstruating woman of twenty-nine, and therefore could not have existed in Elizabeth Warren's case; but which state the diseased condition of the uterus would necessarily lead to at some *distant* period, if it were not wholly removed, or if the patient were not previously destroyed by some fresh attack of inflammatory ulceration of the organ itself.

All the symptoms of Warren's attack proved it to be *inflammatory*,—*sudden*, and not *previously slow* and *progressive*. Her "copious menstruations" previous to the attack, sufficiently indicated the state of things, followed, as it was, by the after "profuse discharge of large black clots of blood," which lasted for "five weeks," and by which nature herself very sufficiently and impressively pointed out the treatment for relief, and which was adopted in this case, but in *part only*, and not completed. She was "relieved," but not wholly so. The treatment, therefore, as a cure, was unfinished, and here was the error. The patient should not have been discharged as "relieved," but the state of the uterus absolutely ascertained by examination, the treatment continued, and the case not lost sight of, until the disease was wholly removed, or found to be incurable.

As these observations may be applicable to other and similar cases which may occur, I have thought it practically important to send them for publication, which, even if, Mr. Editor, you should not agree with me in my views, I yet claim, at your hands, upon the just principle which has hitherto influenced the conduct of THE LANCET,—viz., that I may be heard, and, if wrong, that I may be set right, but if right, that that which is right may be established and promulgated. It is not, in this individual case of error, as I conceive it to be, that I respect Dr. Elliotson less, but that I esteem the promulgation of truth more.

Amidst the labours of an extensive private practice, no honourable man can fail to entertain feelings of respect for the public exertions of Dr. Elliotson in the general cause of science, which stand so pre-eminently in contra-distinction to those of that

*The Poison-mongers was the late amiable Dr. Baillie, who, in a book published in the same year, 1805, supposed, that a cyst which he found in the uterus was actually the very apparatus of the cancer virus or poison! This notion was entirely his own. It could not have been taken from any of John Hunter's Manuscripts.

court "blow-fly," Sir Henry Halford,—the once wriggling maggot, Vaughan.

I remain, Sir,

Your obedient humble servant,

SAMUEL YOUNG.

Strutta, East Looe, Cornwall,

Dec. 26, 1835.

FREE GASES IN

DIABETIC URINE.

To the Editor of THE LANCET.

SIR,—For some months I have been much interested with respect to the free gases *supposed* to be contained in healthy urine, and have put the question to the test of experiment, by submitting the urine of different healthy persons to the action of my air-pump, in the manner formerly explained in the pages of your very valuable Journal, but I was not enabled to extricate a single bubble of gas from any specimen of urine experimented on.

Not deterred, however, by this, I was again induced to experiment on the urine of a sailor, belonging to this port, who had long been afflicted with that incurable and most severe disease, diabetes. This person, a dependant in the Sunderland Workhouse, came at two different periods to our infirmary, and in my presence passed twenty ounces of urine each time, in the most steady and correct manner, so that no gases were lost during micturition. The exact proportions of gases which ten ounces of this urine contained at the first micturition, were as follows:—

	Cubic Inch.
Oxygen gas .....	.06
Carbonic acid gas .....	.02
Nitrogen gas .....	.19
	—
	.27

From the second of the two micturitions, which was performed about five days afterwards, I obtained from a similar quantity of urine the following gases:—

	Cubic Inch.
Oxygen gas .....	.03
Carbonic acid gas .....	.02
Nitrogen gas .....	.26
	—
	.31

I need not point out to the medical faculty the importance of these facts. I beg that they may be compared with what I have published in the pages of THE LANCET, with respect to human arterial and venous blood. I remain, Sir, your most obedient servant,

W. REID CLANNY.

Sunderland, Dec. 24, 1835.

P.S. I forgot to mention, in a former communication, that in every experiment with my new safety-lamp, I used bladders of coal-gas, or explosive atmospheres of coal-gas and atmospheric air.

MEDICINAL PREPARATIONS OF MANGANESE.

To the Editor of THE LANCET.

SIR,—Among the numerous metals which have been introduced into the class of medicines, I have never observed any preparation of manganese. This metal is principally employed in the art of dyeing, and for chemical purposes, but I now wish to introduce it as a remedial agent. About two years ago I prepared a chlorine solution of that metal, and introduced it as an alterative and tonic, but afterwards found it a valuable medicine for epistaxis. Several remedies are now employed for this complaint, under the name of styptics, but I believe they are not to be relied on in severe cases of hemorrhage; and the acetate of lead is frequently objected to, on account of its irritating property.

It will be useless to mention the number of cases of epistaxis which have effectually yielded to the chlorine solution of manganese, as I have given the form for preparing it, and will leave the surgeon to judge of its application from his own experience.

To prepare the chlorine solution of manganese, put into a bottle which will hold about two pints, one ounce of carbonate of manganese previously mixed with three ounces of distilled water. Let a current of chlorine gas be slowly passed immediately upon the mixture (by means of a glass tube connected with the retort whence the gas is distilled) until the manganese is dissolved. The solution must then be put into a flask, and a gentle heat applied for a short time, when the mixture will become clear. Filter when cold, and add one ounce of alcohol.

This process occupied a great deal of time, and was attended with some little trouble; therefore, instead of using the chlorine gas, I have since prepared a muriate of manganese, which is not attended with trouble, and its medicinal properties appear to be precisely the same. To prepare the muriate, take one ounce of carbonate of manganese and two ounces of muriatic acid, mix them together in a flask, and apply the heat of a lamp for a few minutes. When the mixture is cool, filter, and add one ounce of alcohol.

With respect to the alterations in the constitution of this medicine, I have not observed any sufficient proofs to enable me to speak much in its praise, but in some instances it has

proved a very good substitute for antimony, iodine, &c. For syphilitic eruptions it may be given, in combination with sarsaparilla, with a very good effect. In some obstinate cases of chronic rheumatism, it has also been given with advantage. The following will be the best mode of administering the muriate of manganese:—

As an alternative, ten or fifteen drops may be given twice or three times a day in water.

For epistaxis the same dose may be given, to be continued for a week or ten days, or until a sensation of vertigo comes on, which usually takes place. If the hemorrhage continue for some time without intermission, and the surgeon think it necessary to check it immediately, give ten or twenty drops every quarter of an hour, until the bleeding stops, or until vertigo is produced, and continue its use for several days after. In every case which has yet occurred, the second dose has always succeeded in stopping the discharge, and without producing any subsequent unpleasant sensation. The muriate will sometimes produce nausea, when the bowels are in a disordered state; therefore a dose of some aperient medicine should first be given, if time will allow, and also after vertigo is produced an aperient must be given.

For hemoptysis this preparation has not yet been given with success. However, it has only been tried in two or three cases. When combined with Sp. Eth. Nit. and Inf. Anthemidi, it has proved serviceable in some cases of hematuria, but it must never be given when fever is present.

By giving to the foregoing a place in your valuable journal, you will, Sir, oblige your obedient servant,

HENRY OSBORN, Chemist.

Southampton, Jan. 5, 1836.

AMAUROSIS,

FOLLOWING

SUPPRESSED FEELINGS OF PASSION.

To the Editor of THE LANCET.

SIR,—I send you the following case, thinking it worthy of a place in your journal; it occurred in the *Hotel Dieu*, Paris, last summer, where I was then studying. Your obedient servant,

J. I. IKIN, Surgeon.

Reading, Yorkshire, Jan. 4, 1836.

—, *et*at. 35, tailor, of Paris, of a sanguine temperament, was admitted into the *Hôtel Dieu* on the 15th of June, 1835, for an affection of the head, accompanied with amaurosis. He

states that he has been subject to violent pain of the head for two years and a half, but that it has become much worse lately, and that he has been totally blind for five months. The immediate cause of his blindness he attributes to a violent mental emotion, experienced whilst at a review of the National Guard, of which he is a soldier. Being strongly, and, as he considered, unjustly reprimanded by his captain, and not daring to reply to his superior officer, he was obliged to contain his violent feelings, in consequence of which partial blindness, attended with a strange sensation in the head, was the immediate result. This blindness rapidly became worse, and at the end of a month he was perfectly blind. For this affection, as well as for the pain of the head previously, he was repeatedly bled, both in the arm and the foot, and had cauteries applied to the head &c. but without the slightest benefit resulting.

His symptoms at present are, intense pain of the head, great heat of the scalp, watchfulness, agitation, vacant amaurotic stare, with dilated pupils, and numbness of the right arm, approaching to paralysis. Pulse 50, regular, but weak; tongue rather furred; appetite bad; skin cool; bowels regular; urine natural, and in proper quantity. Indeed it is only of the pain of the head that he complains. He answers questions rationally, though the other patients state that he is occasionally delirious.

The treatment at this time employed by Dr. Recamier was very simple. It consisted in the constant application of cold to the head, by means of a tube communicating with a tub of cold water placed just above his head; the exhibition of purgatives, when necessary, and in keeping him on low diet. These means have not the effect of relieving his intense sufferings, though the sensation of cold, from the constant application of a stream of water to his head, is very agreeable to him.

I watched this case very attentively for a considerable time, but no improvement took place, at least with regard to the affection of his eyes. The pain of the head did, indeed, occasionally abate, but only for short times together. He grew exceedingly emaciated, and, finally, decided symptoms of mental derangement ensued, in which state I lost sight of him, as he left the hospital.

Observations.—Here we have a case of amaurosis which was decidedly produced by congestion of the brain, causing paralysis of that part of the brain from which the optic nerve takes its origin, the exciting cause being a fit of passion; the predisposing cause his sanguineous and plethoric temperament, apparently not hereditary, as he informed me that his parents were healthy old people. The congestion appears to have been of that form which is described by M. Andral as the "first variety of cerebral con-

gestion,"* in his lectures now publishing in THE LANCET (and from the publication of which I became one of your subscribers; feeling greatly obliged for them, knowing, from personal experience, the value of the oral instructions of M. Andral). M. Andral there states, in speaking of cerebral congestion, "that it is attended with pain in the head, sometimes carried to a great extent, with vertigo, singing in the ears, giddiness, and, momentary aberration, or loss of sight, &c." And again, in another part, he says, "in some cases of cerebral hyperemia the symptoms may continue, with little or no intermission, for several months, or even for a whole year." Now in H. Forester's case the congestion apparently continued unremittingly for seven months, and it may have continued a much longer time, but as he then left the hospital I had not an opportunity of hearing any thing more about him. This case also well illustrates what Dr. ABERCROMBIE states in his excellent work, when speaking of the symptoms of different affections of the brain. He refers these symptoms to seven classes.† This case comes under the second form, or that of "headache, with affections of the senses." I will quote what he says: "After some continuance of fixed headache, the organs of sense become affected, as sight, hearing, taste, smell, and, occasionally, the intellect. The loss of sight generally takes place gradually, being first obscured, and, after some time, lost."

Numerous cases are recorded somewhat analogous to that of H. Forester, but none where a *fit of passion* is supposed to be an exciting cause of the disease. Dr. Copland, however, in his valuable "Dictionary of Practical Medicine," in his article "Amaurosis," mentions, in speaking of the different species of this affection, "*Amaurosis from Active Congestion* :—The existence of this species is more a matter of inference than is any of those into which I have divided the disease. Yet it seems undoubtedly to exist, especially when amaurosis is consequent upon obstructed secretions and discharges, or the drying up of eruptions; upon frequent stooping, or wearing a tight neckcloth, and upon *fits of passion*, when it occurs in plethoric persons."

CASE OF COMPLETE ABSENCE OF THE UTERUS.

A FEMALE, forty-six years of age, who had never enjoyed good health, and was of weakly constitution, had arrived at the age just mentioned without having once men-

struated. At the period of puberty the body and mammae were well formed; but the menstrual discharge was replaced by a constant pricking pain in the left hypochondriac region, occasionally shooting down to the pelvis. The exacerbations of the pain were accompanied with vomiting, and occurred generally every month, but not regularly. In the twenty-sixth year of her age, for the first time, a slight discharge of blood took place from the vagina, the patient being affected with acute fever. At the age of forty-six she was compelled to have recourse to medical advice, from an increase of pain in the left hypochondrium. The symptoms were dissipated by antiphlogistic measures. The woman now permitted an examination of the genital organs; the external parts were in a normal state, but the vagina, which was about one inch in length, terminated in a cul de sac. In the course of a year this patient died of peritonitis; and, on examining the body, Dr. ALBERS found the internal genital organs in the following state: The vagina, as already said, terminated in a cul de sac. About one inch and a half from it, and placed laterally, were found two bodies not larger than a good-sized walnut; these were oblong in shape, and did not seem to have any connection with the vagina; however, each of them sent off, upwards and sideways, a distinct bundle of fibres, terminating in the vicinity of another body, which appeared to be the imperfectly-developed ovary. Each of the oblong bodies, which we must consider as the rudimentary elements of the uterus, contained a small cavity, lined with a membrane analogous to mucous membrane. The tissue of the parietes, not more than two lines thick, was soft and fibrous. It was not easy to distinguish it from the round and broad ligaments, as all the parts together were enveloped in a mass of cellular tissue.—*Albers's Repertorium*, 9 year, July. Published September 24, 1835.

* See THE Medical Society of Toulouse was lately occupied with the case of a woman in whom also probably the uterus was wanting. The vagina here terminated in a cul de sac; the patient had never menstruated, and external examination could discover no trace of a uterus. Dr. HORNFIELD, of Berlin, has treated a similar case. The female, twenty-five years of age, had never menstruated. This was attributed to obstruction of the vagina. An operation was performed with the object of establishing communication between the vagina and uterus, but without success.

* See LANCET for Dec. 12, 1835.

† See Abercrombie's work on the Brain, p. 318.

CASE OF
ARTIFICIAL ANUS,

PRODUCED BY A LANCE WOUND,
CURED AFTER A NEW METHOD.

Related by *Professor DIEFFENBACH, Berlin.*

A POLISH officer received, in combat, a thrust of a lance in the abdomen: the blade penetrated up to the shaft. The result was a wound about an inch broad and two inches from the umbilicus, from which blood and excrementitious matter were simultaneously discharged. The patient's life was saved by an antiphlogistic treatment, but an artificial anus remained, which resisted the means used by several surgeons to close it. The whole circumference of the opening was surrounded with a hard cicatrized mass, whose long diameter was five inches, and its breadth two inches. The middle of this mass was occupied by a round hole, which easily received the tip of the middle finger: its inner edge was lined with the mucous membrane of the intestinal canal; probably the transverse colon. An examination of the cavity of the intestine showed not only that it was united to the abdominal parietes, but that its caliber was considerably diminished. As soon as the opening was uncovered the contents of the intestinal canal issued forth; while it was compressed with a pelotte and bandage they were retained. However, when the patient went to stool it was impossible to prevent a discharge of fecal matter through the artificial anus. After various unsuccessful attempts, the patient had recourse to a celebrated physician at Berlin, who thought he could close the opening by a *silk diet*, restricting the use of all solid food. The treatment had no other effect than that of rendering the patient exceedingly thin. He now placed himself under the care of M. CASPER and the author. The first cure of the latter surgeon was to restore the patient's strength by proper diet &c. They then attempted to destroy the hard edges of the orifice with the actual cautery, but this means was also unavailing: an ill looking, pale, granular mass constantly shot up, which they could not get rid of. M. DIEFFENBACH now determined on endeavouring to close the artificial anus with a portion of integument taken from the sound parts; for this purpose he commenced by cutting away the hardened edge of the orifice, and then made a transverse incision of the abdominal wall, one and a half inches long, above the wound, and a flap of skin, two inches broad, was dissected off, and this was used to form a bridge that was connected by the integuments only with the integuments of the abdomen. After

having arrested the hemorrhage, M. DIEFFENBACH turned this flap downwards over the artificial opening, and united its edge with the lower edge of the circumference of the round cavity: here the two edges were united by a great number of small needles and sutures. The large wound thus produced was filled with charpie, to diminish the dragging and extension of the stitches. However, this experiment failed, the flap of skin died, and the granulations which sprung up were not sufficient to close the opening: the latter remained, although somewhat diminished. The author now proposed a method of treatment quite different; this consisted in destroying, with the actual cautery, the edge of the bowel united to the orifice of the wound, and also, at the same time, a considerable portion of the intestine within the orifice, sparing however, at each cauterization, the external integument. The edge of the intestine was touched with the actual cautery the first day: a few days later he introduced a hot iron, crotchet-shaped, and as thick as a pen, into the intestinal cavity, and touched its parietes all round. This gave little or no pain, and was followed with a happy result. The opening was immediately reduced by the rapid growth of granulations; and finally, after a treatment of nine months, the fistula was completely closed.—*Kleiner's Repertorium*, November 6, 1835.

CASE IN WHICH THE
OESOPHAGUS WAS INTERRUPTED IN
ITS MIDDLE PORTION.

The Superior Moity terminating in a Cul de Sac; the Inferior Opening into the Trachea.
—Observed at the *Hopital des Enfants Trouves, Paris.* By M. PADIEU, Interne.

A CHILD of the female sex, one day old, was brought and deposited in the "creche" of the hospital, on the 6th of August, 1835. Immediately after its reception the infant was seized with frequent vomiting: she threw up a sufficient quantity of bloody mucus to induce the nurse to say the child vomited blood. On the 7th the vomiting continued. The matter ejected consisted in a very spurious mucus, tinged of a red colour from the blood. The colour of the skin was slightly jaundiced. On the 8th, some vomiting; the integuments are cold; the pulse excessively small; the respiration embarrassed; face a little bluish; the drink taken into the mouth was rejected very soon after having been swallowed. Death on the 8th.

Body examined on the 9th.

Body well formed externally; strong; length 18½ inches. The brain and its membranes healthy. The lungs were

gestion,"* in his lectures now publishing in THE LANCET (and from the publication of which I became one of your subscribers; feeling greatly obliged for them, knowing, from personal experience, the value of the oral instructions of M. Andral). M. Andral there states, in speaking of cerebral congestion, "that it is attended with pain in the head, sometimes carried to a great extent, with vertigo, singing in the ears, giddiness, and, momentary aberration, or loss of sight, &c." And again, in another part, he says, "in some cases of cerebral hyperemia the symptoms may continue, with little or no intermission, for several months, or even for a whole year." Now in H. Forester's case the congestion apparently continued unremittingly for seven months, and it may have continued a much longer time, but as he then left the hospital I had not an opportunity of hearing any thing more about him. This case also well illustrates what Dr. ABERCROMBIE states in his excellent work, when speaking of the symptoms of different affections of the brain. He refers these symptoms to seven classes.† This case comes under the second form, or that of "headache, with affections of the senses." I will quote what he says: "After some continuance of fixed headache, the organs of sense become affected, as sight, hearing, taste, smell, and, occasionally, the intellect. The loss of sight generally takes place gradually, being first obscured, and, after some time, lost."

Numerous cases are recorded somewhat analogous to that of H. Forester, but none where a *fit of passion* is supposed to be an exciting cause of the disease. Dr. Copland, however, in his valuable "Dictionary of Practical Medicine," in his article "Amaurosis," mentions, in speaking of the different species of this affection, "*Amaurosis from Active Congestion* :—The existence of this species is more a matter of inference than is any of those into which I have divided the disease. Yet it seems undoubtedly to exist, especially when amaurosis is consequent upon obstructed secretions and discharges, or the drying up of eruptions; upon frequent stooping, or wearing a tight neckcloth, and upon fits of passion, when it occurs in plethoric persons."

CASE OF

COMPLETE ABSENCE OF THE UTERUS.

A FEMALE, forty-six years of age, who had never enjoyed good health, and was of weekly constitution, had arrived at the age just mentioned without having once men-

struated. At the period of puberty the body and mammae were well formed; but the menstrual discharge was replaced by a constant pricking pain in the left hypochondriac region, occasionally shooting down to the pelvis. The exacerbations of the pain were accompanied with vomiting, and occurred generally every month, but not regularly. In the twenty-sixth year of her age, for the first time, a slight discharge of blood took place from the vagina, the patient being affected with acute fever. At the age of forty-six she was compelled to have recourse to medical advice, from an increase of pain in the left hypochondrium. The symptoms were dissipated by antiphlogistic measures. The woman now permitted an examination of the genital organs; the external parts were in a normal state, but the vagina, which was about one inch in length, terminated in a cul de sac. In the course of a year this patient died of peritonitis; and, on examining the body, Dr. ABERNETHY found the internal genital organs in the following state: The vagina, as already said, terminated in a cul de sac. About one inch and a half from it, and placed laterally, were found two bodies not larger than a good-sized walnut; these were oblong in shape, and did not seem to have any connection with the vagina; however, each of them sent off, upwards and sideways, a distinct bundle of fibres, terminating in the vicinity of another body, which appeared to be the imperfectly-developed ovary. Each of the oblong bodies, which we must consider as the rudimentary elements of the uterus, contained a small cavity, lined with a membrane analogous to mucous membrane. The tissue of the parietes, not more than two lines thick, was soft and fibrous. It was not easy to distinguish it from the round and broad ligaments, as all the parts together were enveloped in a mass of cellular tissue.—*Kleinert's Repertorium*, 9 year, July. Published September 24, 1835.

* See THE Medical Society of Toulouse was lately occupied with the case of a woman in whom also probably the uterus was wanting. The vagina here terminated in a cul de sac; the patient had never menstruated, and external examination could discover no trace of a uterus. Dr. HOMBERG, of Berlin, has treated a similar case. The female, twenty-five years of age, had never menstruated. This was attributed to obstruction of the vagina. An operation was performed with the object of establishing communication between the vagina and uterus, but without success.

* See LANCET for Dec. 12, 1835.

† See Abercrombie's work on the Brain, p. 318.

CASE OF

ARTIFICIAL ANUS,

PRODUCED BY A LANCE WOUND,

CURED AFTER A NEW METHOD.

Related by Professor DIEFFENBACH, Berlin.

A Polish officer received, in combat, a thrust of a lance in the abdomen: the blade penetrated up to the shaft. The result was a wound about an inch broad and two inches from the umbilicus, from which blood and excrementitious matter were simultaneously discharged. The patient's life was saved by an antiphlogistic treatment, but an artificial anus remained, which resisted the means used by several surgeons to close it. The whole circumference of the opening was surrounded with a hard cicatrized mass, whose long diameter was five inches, and its breadth two inches. The middle of this mass was occupied by a round hole, which easily received the tip of the middle finger: its inner edge was lined with the mucous membrane of the intestinal canal; probably the transverse colon. An examination of the cavity of the intestine showed not only that it was united to the abdominal parietes, but that its caliber was considerably diminished. As soon as the opening was uncovered the contents of the intestinal canal issued forth; while it was compressed with a pelotte and bandage they were retained. However, when the patient went to stool, it was impossible to prevent a discharge of fecal matter through the artificial anus. After various unsuccessful attempts, the patient had recourse to a celebrated physician at Berlin, who thought he could close the opening by a *milk diet*, restricting the use of all solid food. The treatment had no other effect than that of rendering the patient exceedingly thin. He now placed himself under the care of M. CASPER and the author. The first care of the latter surgeon was to restore the patient's strength by proper diet &c. They then attempted to destroy the hard edges of the orifice with the actual cautery, but this means was also unavailing: an ill looking, pale, granular mass constantly shot up, which they could not get rid of. M. DIEFFENBACH now determined on endeavouring to close the artificial anus with a portion of integument taken from the sound parts; for this purpose he commenced by cutting away the hardened edge of the orifice, and then made a transverse laceration of the integument, three lines long, above the wound, and three lines long below it: a flap of skin, two lines broad, was dissected off, and this formed a new integument that was connected by its own extremities only with the integument of the abdomen. After

having arrested the hemorrhage, M. DIEFFENBACH turned this flap downwards over the artificial opening, and united its edge with the lower edge of the circumference of the round cavity: here the two edges were united by a great number of small needles and sutures. The large wound thus produced was filled with charpie, to diminish the dragging and extension of the stitches. However, this experiment failed, the flap of skin died, and the granulations which sprung up were not sufficient to close the opening: the latter remained, although somewhat diminished. The author now proposed a method of treatment quite different; this consisted in destroying, with the actual cautery, the edge of the bowel united to the orifice of the wound, and also, at the same time, a considerable portion of the intestine within the orifice, sparing however, at each cauterization, the external integument. The edge of the intestine was touched with the actual cautery the first day: a few days later he introduced a hot iron, crotchet-shaped, and as thick as a pen, into the intestinal cavity, and touched its parietes all round. This gave little or no pain, and was followed with a happy result. The opening was immediately reduced by the rapid growth of granulations; and finally, after a treatment of nine months, the fistula was completely closed.—*Kleinert's Repertorium*, November 6, 1835.

CASE IN WHICH THE

OESOPHAGUS WAS INTERRUPTED IN ITS MIDDLE PORTION.

The Superior Moiety terminating in a Cul de Sac, the Inferior Opening into the Trachea.
—Observed at the *Hopital des Enfants Trouves*, Paris. By M. PADIEU, Interne.

A CHILD of the female sex, one day old, was brought and deposited in the "creche" of the hospital, on the 6th of August, 1835. Immediately after its reception the infant was seized with frequent vomiting: she threw up a sufficient quantity of bloody mucus to induce the nurse to say the child vomited blood. On the 7th the vomiting continued. The matter ejected consisted in a very spurious mucus, tinged of a red colour from the blood. The colour of the skin was slightly jaundiced. On the 8th, some vomiting; the integuments are cold; the pulse excessively small; the respiration embarrassed; face a little bluish; the drink taken into the mouth was rejected very soon after having been swallowed. Death on the 8th.

Body examined on the 9th.

Body well formed externally; strong; length 18½ inches. The brain and its membranes healthy. The larynx, trachea, and

bronchi, examined in situ, do not present any thing irregular. The lining membrane of the larynx and trachea appears only a little more red than natural. The heart is not voluminous; the foramen ovale is greatly developed and open.

Intestinal Canal.—The pharynx and inferior moiety of the œsophagus are healthy; the stomach is very small; its parietes are in contact with one another; the cavity contains nothing but some mucosity mixed with a brownish-coloured matter. The mucous membrane is healthy; the small intestine is imperfectly developed, and its cavity scarcely admits the blade of a common-sized scissor. The large intestine is also reduced in diameter; but the descending colon and the sigmoid flexure are more dilated; they contain a considerable quantity of mæconium. On examining the trachea a second time, it was found that a small opening, of an oblong form, easily dilatable, and closed by the puckering of the tissues which surrounded, existed at the bifurcation of the bronchi. This was the orifice of a musculo-membranous tube which leads to the stomach. The superior moiety of the œsophagus terminated in a blind sac about an inch below the larynx, and was here united to the posterior wall of the trachea by condensed cellular tissue. The inferior moiety, ascended in its usual direction from the cardiac orifice of the stomach, passed along the right side of the aorta, and terminated, as we have said, in the inferior part of the trachea, near its bifurcation. This form of malformation appears to be unique. In all those hitherto observed, both extremities of the œsophagus, which is intersected for a greater or less extent, have terminated in a blind sac.—*Bulletin of the Anatomical Society of Paris*, 1835, No. 3.

TWO CASES IN WHICH THE CÆSAREAN OPERATION

WAS SUCCESSFULLY PERFORMED.

CASE 1. Related by Dr. WRETTER, army surgeon at Geldern.—A strong healthy peasant, who had been delivered by perforation of the child's head three years before, demanded on this occasion that the Cæsarean operation should be performed. The conjugate diameter of the pelvis was less than two inches. She felt distinctly the movements of the child; the labour-pains were very frequent and severe; the liquor amnii discharged; the os uteri moderately dilated. The head was the part which presented. The author, having bled the woman, and emptied the bladder with a catheter, made his incision along the linea alba. The loss of blood

was moderate, and the infant, with the placenta, easily extracted: the intestines did not protrude through the wound. After the operation the patient seemed well enough; but as the bowels were constipated, an Emula. c. sal. Glaub. et nitr. was given. She was also ordered a draught of the carbonate of soda, with some laural water and sirup of ipecacuanha. Finally, a lavement was thrown up. The bowels, however, remained obstinately costive. The patient vomited frequently, and was seized with constant hiccup and great anxiety and agitation. The abdomen appeared much developed between the umbilicus and false ribs; almost tympanitic; however, there were no absolute inflammatory symptoms. The patient was now ordered an inf. fol. sennæ compos., to be followed by an enema of Glauber salts with hyosciamus. This produced at first several feculent stools, and a discharge of flatus issued, succeeded by acute pain in the pelvis; at the same time the discharge of bloody serum from the inferior angle of the wound, left open on purpose, was much diminished. In order to prevent the passage of the secretion from the wound into the abdominal cavity, the woman was now placed on her abdomen, and a clyster of starch, with opium, was administered at once. The purging and painful sensations soon diminished, and the discharge from the wound took place with its former abundance. Centritization now rapidly advanced, the patient taking bark, calumba root, and wine, and on the seventh day after the operation the patient was able to leave her bed. The secretion of milk was small, and the infant was nourished artificially; however, it thrived well.

CASE 2. Related by surgeon Von der Fuhr, of Dulken.—The subject of this case was a female, thirty-six years of age. Labour had commenced twelve hours before the operation. This woman had already borne four children without any particular difficulty; but after her last delivery she commenced experiencing pains in the limbs, and especially in the region of the pelvis; these gradually increased to such a degree, that she was at last unable to move or walk. On examining the pelvis, it was found that the osæ pubis had inclined inwards towards each other in such a manner, that the arch of the pubis was completely gone, and the two bones formed an acute angle at the symphysis. The pronatory could be easily reached with the finger; the antero-posterior diameter was two inches and a quarter; the transverse diameter was two inches; especially the oblique ones. The diameter of the pelvis was smaller than natural. Under these circumstances, it was considered the only hope of mother and child lay in performing the Cæsarean operation.

This was accordingly done in the usual manner, and a healthy child extracted. After the operation the patient seemed more lively than could have been expected, but in a few days unfavourable symptoms set in, viz., frequent vomiting and constiveness. Some calomel, with an occasional enema, was administered; this brought away a quantity of feces and wind, and the patient felt much improved. The amelioration continued for the following days: the lochia now set in, and milk was secreted from the mammae; however, the wound did not present an appearance of speedy union; it was half open, and at the second dressing its edges were completely separated. The author, therefore, thought it best to heal by the second intention; the wound soon began to suppurate; every thing went on well, and it was healed in less than seven weeks. During this period the woman did not suffer from any of her former pains, and was carefully restored. The child died on the fifth week.—*Kleiner's Repertorium.*

DESCRIPTION

OF

THE ARTERIES

ENGAGED IN THE

ERECTION OF THE PENIS.

ANATOMISTS are not yet agreed on the mechanism of erection, nor in the manner in which the arteries of the corpora cavernosa penis are distributed in the interior of that tissue. The following is a resume of his researches lately made on this subject by Professor MÜLLER:—

M. MÜLLER distinguishes the arteries of the penis into two kinds, differing in their course, form, and termination. One set serves for the nutrition of the organ, the other are the vessels which determine erection. The *nutritious* artery (*arteria profunda penis*): passes to the spongy substance of the organ; its branches anastomose with each other, subdivide, become finer and finer, and, terminating in capillary vessels, are no longer to be followed by the eye. The *rectile* arteries (*arteria helicinae*) are very short and small, and are given off at a right angle from the larger and smaller branches of the *arteria profunda penis*; they enter into the cells of the spongy substance, and terminate either in a cul de sac, or by an *arterio-venous* expansion, without giving any further branches. The caliber of the *arteria profunda penis* therefore is formed, not only by the *nutritious* arteries, but also of the *rectile* arteries, which probably reside in the interior of the penis in flaccid state, on the other hand, during erection,

they conduct the blood into the cells of the corpus cavernosum. The *arteria helicinae* also exist in the corpus cavernosum urethrae (corpus spongiosum), and especially in its bulb; in front of this latter body they are not numerous; the professor has not discovered them in the venous cells of the glans penis. These erectile branches are most easily discovered in man; less so in animals, where they are very irregular.—See *Müller's Archiv. für Anatomie.*

HOPITAL DES ENFANS MALADES,
PARIS.RESEARCHES INTO THE DISEASES
OF CHILDREN.

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND
PATHOLOGY.

TUBERCULAR MENINGITIS.*

Child eight years of age; measles preceding; pulmonary consumption; death from acute hydrocephalus. Tubercular granulations in the pia mater of cerebrum and cerebellum; effusion into the ventricles; partial ramollissement of the brain; excavations in the lungs.

CASE 2.—Pauline Arnaud, eight years of age, of lymphatic temperament; with light hair; fine white satin skin; eyelashes exceedingly long, &c. Her father and mother are healthy; she has not been affected during infancy with any eruptions of the scalp, or glandular engorgements. At the age of seven she contracted the measles; the eruption went through its course with regularity, but left behind it some accidents, in particular a catarrhal affection of the bronchi, slight, however, and never forcing the patient to keep her bed. In the year following the attack of measles, the cough was moderately frequent; headache from time to time; never hæmoptysis or convulsions. On the 1st of August she was seized with malaise, vomiting, and a little fever. These symptoms persisted for three days. On the fourth she was admitted into the hospital.

Aug. 5. At the morning visit she presents the following appearances:—Embonpoint moderate; face a little flushed; decubitus dorsal; cough not frequent; expectoration none; little or no difficulty of respiration; heat of the skin moderate; pulse 108; respiration 24; the tongue is covered with a light whitish fur; the nausea and vomiting have disappeared; the abdomen is indolent and supple; the stools natural; no headache; the intellectual and sensorial faculties are intact.

Had the examination of the patient been

* We continue our series of cases of tubercular meningitis, from page 495.

confined to determining the above symptoms, we might naturally have considered her as convalescent from a slight gastric attack; but on practising percussion and auscultation we soon discovered the existence of grave disorders in the thoracic cavity. Under both clavicles percussion gave a dull sound. The stethoscope revealed the presence of gurgillement and pectoriloquy in the most decided manner; the inferior pulmonary lobes alone were permeable to air. The disease was at once diagnosed "pulmonary phthisis." A pectoral emulsion was ordered, and the patient allowed to take some solid aliment, as the digestive passages were in a good condition.

During the following days auscultation and percussion furnished the same signs as before, and confirmed the diagnosis. No change took place in the patient's condition until the 19th Aug. At this period diarrhoea set in, accompanied by an access of fever every evening, and terminating during the night in abundant sweats. The alvine flux was very obstinate, and resisted the employment of enemata with starch and narcotics.

On the 26th. The patient appears very dull, she refuses every kind of aliment. She answers the questions addressed to her with impatience. She avoids the light, and buries herself constantly under the bed-clothes. The pulse, however, remains calm. In the morning it gives only 84 pulsations. The respiration however is a little more accelerated; it is now 36. The abdomen is slightly tense, and painful to pressure; the chest is free from all kind of uneasiness; the patient complains rather of her head; no convulsive movement has been observed.

29. Profound alteration of the visage; alternating redness and paleness of the face; intense headache, forcing acute cries from the patient; vomiting. *Sinapisms to the lower extremities.* In the evening, convulsive movements of the muscles of the face and eyes; delirium; acute cries at intervals.

30. Deep prostration and stupor; pupils dilated and oscillant; complete loss of the vision; conjunctivæ injected; irregular movements of the globe of the eye; permanent rigidity of the muscles of the neck and trunk; resolution of the limbs; the sensibility of the skin is much diminished, especially on the right side; no trismus; no difficulty of deglutition; face is pale; abdomen supple; diarrhoea persists; five or six involuntary evacuations in the twenty-four hours; skin dry and warm, is covered with sudamina over the front of the abdomen and chest; pulse 144, small and frequent; respiration 40, and unequal; no cough or expectoration. *Blister to the neck; sinapisms to the lower extremities.*

31. The patient's eyes still agitated by convulsive movements. She murmurs every now and then some inarticulate words, without meaning or connection. The face is

flushed; the rigidity of the muscles of the trunk still very well marked. It is impossible to place the child sitting up in bed. She is lifted up as if made of a single bit. The sensibility of the skin still obtuse at both sides of the body. The limbs are in a state of resolution, except the right arm, which is contracted.

Sept. 1. The symptoms continue to present the same character. The patient now lies in a state of complete coma. All the senses seem abolished except that of hearing. Twice we addressed a question to the little patient in a very loud voice, and twice she made a movement as if terrified.

2. Coma more profound. When the eyelids, which had hitherto remained half open, but now are closed, are drawn asunder, the pupils appear a little contracted; the conjunctivæ are injected, and seem ecchymosed in some points; the cornea is dull; its surface covered with an albuminous exudation. The movements of the globe of the eye are less pronounced than formerly. Persistence of contraction of the right arm, and of the tetanic rigidity of the neck and trunk. Pulse excessively accelerated, filiform; evacuations are involuntary; death at eight o'clock in the evening.

Body Examined 37 Hours after Death.

External Appearance.—Body but little emaciated; no cadaveric rigidity; anterior parietes of the abdomen present a greenish tint.

Cavity of Skull and Rachis.—Skull well formed; dura mater healthy; the glandule pæchioni seem small in number. Underneath the arachnoid which lines the convex surface of the hemispheres, exists a great number of granulations of a whitish-yellow colour, and varying in size from a millet-seed to a large pin head. They are more numerous on the left side than on the right, and are chiefly confluent on the middle and external portion of the left hemisphere, and at the base, in the fissure of Sylvius. On the anterior and external surface of the left hemisphere, they are multiplied to such a degree as to produce small yellowish spots adhering on one side to the arachnoid, on the other to the substance of the gray matter forming the convolutions; the latter is softened with injection of its substance to the extent of an inch square, and to the depth of two or three lines; each lateral ventricle contains about three ounces of serum. The fornix and anterior walls of the ventricles are softened, but without any change of color. No alteration in the rest of the cerebral mass; an abscess. The pia mater covering the surface of the organ and of the pons varii is healthy. The fibrous and serous membranes of the spinal marrow are softened; a considerable

able quantity of serous effusion, but the chord itself is perfectly normal.

Chest.—Adherence of both lungs to the costal pleura. Each of the two superior lobes is occupied by a large empty anfractuous cavern. The other lobes are healthy; we do not find in them any tubercles, either isolated or en masse. The larynx, trachea, and bronchi, do not present anything remarkable. The bronchial glands are hypertrophied, but have not undergone the tubercular degeneration; heart and pericardium healthy.

Abdomen.—Peritoneum free from alteration; mammellonnated appearance and slight injection of the mucous membrane over the great cul de sac of the stomach; the rest of the membrane is of a rosy gray colour, and does not offer any change of consistence. The mucous membrane of the small intestines is, generally speaking, pale; it presents some points of ulceration near the end of the ileum. Some of the mesenteric ganglia are tubercular. Numerous ulcerations exist in the cæcum and in the colon; around the edges we detect a remnant of tubercular matter. The consistence of the mucous membrane of the great intestine is throughout diminished; the liver has undergone the fatty degeneration; the other viscera are sound.

P. H. GREEN.

LATE ELECTION

AT THE

RICHMOND HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—Knowing that the pages of your invaluable journal perform at once the duplex functions of exposing medical abuses and suggesting practical remedies for their correction, may I, therefore, beg your attention to the subjoined statement of facts, which have produced much talk, if not excitement, amongst the politico-medical circles in this city, during the last fortnight or three weeks.

Mr. M'Dowell, a gentleman of much intelligence and indefatigable industry, who held the important office of Surgeon to the *Richmond Hospital*, fell a victim on the 7th instant to an over-zeal in his professional pursuits, which unfortunately outlived the powers of an ardent mind and a delicate constitution. I will leave the melancholy task of writing the eulogy of this estimable man and excellent surgeon, to a more able pen than I can wield, and content myself for the present by declaring my profound and unfeigned regret, that by his premature and much lamented death, an invaluable and a most worthy colleague

solate family have experienced an irreparable loss, society has been deprived of one of its brightest ornaments, and the surgical profession in Ireland of one of its most distinguished and independent members.

I need scarcely inform you that Mr. M'Dowell's death created a vacancy in the Hospital in which he was so efficient an officer. An inconceivable number of candidates for the vacant situation suddenly appeared in the "contested field," each putting forward his qualifications and claims to the best of his judgment, either by letter, proxy, or in *propria persona*, to the members of the Irish Government, with whom this appointment rests. Mr. Cusack Roney, the *ex-surgeon*, who in prophetic talents, in matters of self-interest, rivals Pastorini, in this transaction anticipated the uncompromising hand of death, and in what he no doubt considered a clever hit, sought by a very early, if not an indelicate application, through his friend Mr. Moore O'Farrell, M.P. for Kildare, and one of the Lords of the Treasury, that situation, for an obscure relative, which was *as yet* the vested and legal right of the unfortunate sufferer, and for whose place, in excellence of character, it would be difficult to find a competent successor. Mr. White, of poor-law and cholera notoriety, employed as his advocate the eloquent Member for Tipperary, Mr. Sheil, who "could see no reason why his friend should not be appointed at once; he who had trodden the beaten path through the vale of years, and whose brow wore the indelible impress of the scathing hand of unsparring Time; in a word, he whose locks had not only grown gray, but had actually acquired an argentea brilliancy, in the cause of his country and suffering humanity." The Attorney-General, Mr. O'Loughlin, thought it would be no great compliment for the Government of which he is so distinguished a member, "to nominate his cousin, Mr. Kevin, who had been shamefully neglected, not only by former Governments, but by the public at large, for more than half a century." Mr. Trant's cause was ably advocated by his friend, Mr. Maurice O'Connell, the honourable Member for Tralee, who stated that he spoke the sentiments of his father.

This was an unfortunate mistake in the learned gentleman's address; for, when he had concluded his oration, Lord Morpeth, by way of reply, slyly drew from his pocket a letter which he had received from the Liberator himself, in which he strongly recommended to his Lordship's attention another person, Mr. Lynch, whose capability as a clinical lecturer is but too well known to the pupils of the *Jervis-street Infirmary*.

Mr. O'Reilly was escorted to the Castle by a Mr. O'Farrell, the M.P.'s brother, who introduced him to Lord Morpeth, as being "the most efficient surgeon that could be

All this was done before the public were apprized, by advertisement, or otherwise, that his *disinterested* predecessor had any intention whatever of resigning in favour of the luminary whom the contracting parties deemed a *suitable* successor.

So much for the practices of two of the faithful delegates. As to Mr. Carmichael's prowess as an intriguer, I don't think it necessary to add one word beyond what has been already stated—namely, that he has been *induced*, within the last few days, to resign a post of honour on conditions best known to himself. What could be more insulting to the candidates, all of whom were legally qualified to fill the situation, and whose names were forwarded to the commissioners, than to pass them by, and nominate one of their own creation, assigning as their reason for so doing the unblushing falsehood that it was necessary that Mr. Adams should be appointed to preserve the respectability of the "medical school of Dublin?" This is not only an insult to the medical teachers of Dublin, but a false representation in which the commissioners betrayed their trust to the Government which gave them power. Why, Mr. Adams and the *learned* commissioners would not be missed out of the medical teachers of Dublin, even if it were ordained by Providence that they should forthwith be translated "to another and a better world." However, let us now, for argument's sake, suppose Mr. Adams's exertions in the cause of the rising medical generation were ten times more efficient than they ever have been, and inquire how could the sphere of his usefulness be extended by his recent appointment to the *Richmond Hospital*? In no one way. Yes, Sir, I repeat it, in no one way can his new appointment render Mr. Adams's services more useful to his pupils, or "the medical school of Dublin," than they were before. Mr. Adams was attached as lecturer to a school which afforded him ample opportunity of imparting information to his pupils; he was likewise one of the surgeons to the *Jervis Street Infirmary*, and had there abundant scope for giving clinical instruction to the pupils of that institution. Now, I beg leave most respectfully to ask the commissioners, Messrs. Crampton, Colles, and Carmichael, to justify themselves in the line of conduct they were pleased to pursue in the exercise of their high judicial authority, in treating with *contempt* the gentlemen whose names were inscribed on the list which was sent to them by *unscrupulous*, and in this instance a too *unscrupulous* Government? I must in candour confess it was a matter of great surprise to me to find that there is no person more *unscrupulous* than Mr. Adams himself, that he, *unscrupulous*, and the particular friend, *unscrupulous*, of the late Attorney-General Blackstone, should find himself the

chosen protégé of a reform Government! I doubt if a greater enemy to reform, or a more strenuous supporter of Toryism, could possibly be found in the medical profession than Mr. Adams. As a proof of the truth of this statement, I beg to apprise you that during Lord Haddington's ephemeral administration in this country, Mr. Adams was, *on principle*, appointed to a lucrative Government situation.

When I state these incontrovertible facts regarding Mr. Adams, I do not wish to be understood as speaking disparagingly of him either as a surgeon or a gentleman. On the contrary, I believe he possesses a fair share of professional information, and that he is an honourable man. However, when I express myself thus, I wish it to be distinctly understood that the conviction on my mind is, that he owes his present appointment more to the religious and political prejudices of the commissioners than to his scientific attainments or private worth. I should be sorry to say that Mr. Adams ought to be classed with such rancorous bigots, both in religion and politics, as Messrs. Harrison, Jacob, *et hoc genus omne*, who take a pride in declaring, on all *suitable* occasions, their uncompromising hostility to the *present* Government, and their unextinguishable hatred to every thing liberal. By the way I have just heard that the voracious Mr. Harrison wished to become a candidate for the *Richmond Hospital*, and so far succeeded in imposing himself as a *liberal* on the able and learned Member for Wexford, Mr. Walker, that Mr. W. actually exerted his influence in favour of this political cheat with the Irish Government. Oh, shame, where is thy blush!

Well, Sir, we are told that "out of evil cometh good." Such being an acknowledged truth, the friends of reform and fair play could not possibly wish for a stronger case in favour of the necessity of legislative interference, as regards medical appointments in Great Britain and Ireland, than the one I have laid before you and the readers of your journal. Had the system of election by concursus been in operation in the present instance, the Government would not have been driven by the humiliating act of a mistaken expediency, to the appointment of an *improper* Board of Commissioners, nor could they be taunted with having conferred power and place on *their* political enemies, to the unjust exclusion of their own supporters!

I have only one observation more to add on this important subject. It is simply this, to express a hope that the names of the ex-commissioners, CRAMPTON, COLLES, and CARMICHAEL, will be distinctly remembered, both by Mr. Warburton and the Government, should the promised Medical-Reform Bill lead to the establishment of a central board in Dublin, as persons who have, by their recent conduct, completely

commenced, I was not acquainted with the nature of the resolutions passed, until the next meeting, when I read them, and objected most decidedly to the third, which ran as follows:—"The meeting pledge themselves individually not to enter into any contract with the Guardians of the Poor, for the whole or any district of a union, without the concurrence of Messrs. Way, West, and Starling." By this resolution the Committee had so arranged matters, that no one should, consistently with his honour, have anything to do with the parishes, excepting such portions of them as they, presuming upon their appointment, might be disposed to give up, being either at too great a distance, or not worthy of their notice.

When Mr. Way called upon and pressed me to attach my signature to the resolutions, which I had returned without signing, I objected to do so on the score of the third resolution, and was then told by Mr. W. (one of the Committee), that the consequences of my refusal would be exclusion from all future medical meetings, and that should I at any time require assistance in any case of emergency, it would be denied me by all the medical men in the place and neighbourhood.

It is further stated in a resolution passed on the 26th of November,—"That the meeting express their deep sense of the apparent injustice which the Board of Guardians of the Tunbridge Union have committed in appointing a gentleman who had been less than four months in the district, to the charge of the sick poor of four parishes, which have hitherto for many years had the attention of five of the oldest practitioners in the place and neighbourhood, who were willing, if required, to continue their services on the proposed terms." * * * In reply to this, I beg to say, that although I have resided in the district only four months, I have, nevertheless, lived several years as assistant to one of the first practitioners, and in that situation have had the care of a part of the district. If the meeting meant,—when they said, in their resolution of Nov. 26th, that the district had been formerly under the care of the *oldest* practitioners,—to convey the idea that the poor cannot be so well attended by the *junior* practitioners, I beg to remind them that the pauper poor have been hitherto attended by the assistants, and even apprentices, of some of those old practitioners; and there exists a minute in one of the *parish books*, complaining in no measured terms of the inefficient treatment which one of them at that time received from us.

I beg to add that I have attended the parishes, but have given my help to a practitioner in the place, and such arrangements have been made as shall

secure to the poor prompt attendance, and, in all cases of emergency, the attention of two *principals*, an advantage which they have never before enjoyed. I have the honour to be, Sir, yours very obediently,

HENRY L. SORWITH.

7, Mount Pleasant-terrace, Tunbridge Wells,
December 23rd, 1833.

* * * To prevent a long and fruitless controversy on matters in which Mr. Sorwith himself has not been placed in the situation of defendant, we have withheld from publication some passages in his letter. They relate to questions which are not really involved in the points at issue between Mr. Sorwith and the deputation.

THE CERTIFICATE SYSTEM.

To the Editor of THE LANCET.

SIR,—As I perceive from the letter at page 316 of THE LANCET, signed "A STUDENT," that the writer is willing to end the controversy, I shall, to prove myself actuated by a like spirit, forbear replying to many of his assertions, and shall content myself with laying before the public the following extract from a lecture delivered by Dr Elliotson, at the London University, being the first he ever delivered at that institution, and containing a most excellent programme of what a medical education should be. I myself was a much-pleased auditor, but any of your readers who have not read it, may find it at page 64 of the volume of THE LANCET in course of publication in October 1831. The extract is as follows:—

"The mode of instruction by lectures, though by no means sufficient of itself, is in my mind of high importance. When a whole subject can be taught in a solitary course of lectures, and the exhibition of nothing is required, so that a mere delivery of statement constitutes the whole task of the professor, there can be no doubt that a good work containing all the same information might be studied in private with equal benefit, and indeed with this advantage, that it would, after probably costing less, remain in the possession of the student, to be consulted by him whenever he thinks fit. But when a circle of instruction is required, when the subjects are numerous, and demand many courses of lectures and many professors, the student cannot be committed to himself. Without lectures he would become almost to a certainty bewildered, study at irregular intervals, and wander from one subject to another, gathering little fruit from any. Whereas the attendance on various lectures at stated hours creates an excitement and interest, as well as a regularity of habit, which are of incalculable utility."

Such are the opinions of Dr. Elliotson on this much-disputed point, and as he is one of the most talented members of the medical-reform party, these arguments, strengthened by the authority of his name, will go much farther towards producing conviction, than any I could adduce. I therefore for the present bid farewell to this subject, which I have not undertaken without pondering well over the following lines from Horace's book "De Arte Poetica :—"

"Sumite materiam vestris, qui scribitis egnam
Viribus; et versate diu, quid ferre recuset,
Quid valeant hauriri. Cui lecta potenter exit res,
Nec facundia, deserit hunc, nec lucidas ordo."

That I was not inadequate to the office I undertook, is, I hope apparent to all. I have endeavoured to treat upon the subject with all possible calmness and moderation, and in retiring from the field of controversy, allow me to thank you for your liberality in allotting so much space to the writings of a political opponent. I remain, Sir, your obedient servant,

A KING'S COLLEGE STUDENT
OF MEDICINE AND SURGERY.
December 29th, 1835.

. Our correspondent commits a great error in quoting the opinion of any lecturer in favour of attendance on lectures, and on the propriety of rendering that attendance imperative on students. The question, however, is not whether certain courses of lectures may be advantageously attended or not, but whether the student shall be compelled to pay for certificates of having attended those courses, and many others.

REDUCTION BY A TWIST.

To the Editor of THE LANCET.

SIR,—Although dislocated hips may generally require pulleys and pulling, yet the profession should know that they will sometimes "go in with a twist." Last evening I was quietly taking my infusion of green tea, when "our hospital man," as my waitress calls a certain personage, announced a dislocated hip taken into Guy's, adding that Mr. "Morgan was sent for." Knowing by dire experience that Mr. M. never hurries, I proceeded very deliberately to the scene of action. I found students assembled in the theatre, and a man in a gray frieze cloak, handling ropes, pulleys, &c. in the area. A small candle placed near him, mildly illumined his vivacious countenance, and cast a dim religious light on the spectacled and muffled men around. I eyed the pulleys, the gray man, the pany candle, the spectators, and the shadows in the back ground, until I shivered. From half to three quarters of an hour

however elapsed, the candle became dimmer, the shadows fewer, and at last the man in gray disappeared, when an ancient gentleman, with a broad-brimmed hat and broad-rimmed spectacles, entered the theatre and exclaimed, "Gentlemen! the dislocation is reduced. Mr. Morgan bids me say that he extended the limb, and it went in with a twist."

I descended to inspect the patient, and found him to be a man with a thigh like a life-guardsmen's, and a belly to match. "Lucky fellow!" thought I, as I entered the case in my book, "to have thy dislocation go in with a twist! Enlightened students, to get such a clear and copious clinic, by proxy, on the case!" Your obedient servant,
Mr. Editor, Q.
Dec. 24th.

The Dublin Journal of Medical and Chemical
Science, January 1836.

THE fund established during the recent summer for the support of Ireland's "only Journal," is not yet, it seems, exhausted. Another number has just come out, in which the causes of the expensive failure are still more manifest than on any former occasion. The communications called "original," by custom or by courtesy, we presume, are below the usual average of such contributions even in that Journal; the reviews exhibit the ordinary mixture of partisanship; and it is enough to say, with regard to the "politics" of the Journal, they are by Dr. Jacob. But what opportunities for observation, what records of disease, or what talent in its investigation, could bring into favour in Ireland a work which is notoriously designed to promote the local professional advantages of the party by whom it was instituted and is supported? The feelings of distrust, suspicion, and contempt, which the appearance of each number of this periodical excites in Ireland, render the work a most inept and uncongenial periodical for the circulation of scientific matter in the profession. Even had it the command of very numerous and able communications, which it certainly has not, its character as a means of promoting the personal interests and aggrandizement of a Junto, would ever narrow the sphere of its utility and influence.

In November we analysed the contents of the current number, and in about 100 pages of THE LANCET presented our remarks with every sentence pointed and intended to

passed through five pages of "original communications" in the Dublin miscellany. In the number of the work for January 1836, we literally find nothing to analyse. We have Dr. Jacob again upon the endless theme of the infra-orbital cavities in deers and antelopes. When his labours may terminate on this subject there is no possibility of stating, as they conclude upon this occasion with a mere conjecture that these cavities are intended for the secretion of a peculiar odoriferous matter, by which the animals that possess them are enabled to distinguish sex, or recognise species. In corroboration of this opinion he gives an analysis of a large solid mass of the indurated secretion of these cavities in the wapiti deer, conducted by Dr. Geoghegan, who describes this material as consisting of a "number of hairs, with a quantity of cuticular delicate flakes, the whole intimately mixed with a dark matter composed as follows: a brownish, viscid, oily substance, probably containing resin; a volatile odorous principle; extractive, soluble in water and in alcohol; colouring matter which adheres to the flakes of cuticle; lactates of soda and lime; a trace of phosphate of lime; and chloride of sodium in considerable quantity."

This paper is followed by three cases of malignant *Diphtheria* by Mr. BEWLEY. They are detailed with an attention to the record of unimportant particulars which bids defiance to analysis. It must therefore suffice to say that the subjects of this dangerous disease, and of Mr. Bewley's more than paternal care, were three sisters, aged, respectively, five, three and a half, and two years; and that notwithstanding a diversity of treatment adopted in the different cases, and the advantage of the opinions of several practitioners, the disease proved fatal in each instance. Mercury was extensively employed in these cases, and nitrate of silver was applied to the fauces, but without affording relief. Mr. Bewley also informs us that he proceeded to Dublin to have the advice of Dr. Graves, who, from the prescriptions in the report, recommended the chloride of soda, to be given internally, and applied to the fauces. The chloride seems to have produced no better effect than the other remedies employed. Mr. Bewley's observation is the capital to consult the "author" and remind the reader of the practice of those persons, who, in the "olden

times," went to some "Norna of the Fitful Head" to purchase a favourable wind; and the results in both cases are much the same, the "filtres" of the Dublin sage being no more serviceable than the "potions" of his country friend.

Whoever is curious to study a specimen of that kind of composition which generally prevails in the articles that are read at the tea and coffee meetings of colleges and halls, had better peruse attentively the "Observations on Diffuse Cellular Inflammation, with some Remarks on Contagion," of Dr. CHARLES LENDRICK, the next article in the number. It is a prim, pretty, pedantic production, which illustrates well the substitution of sound for the emanations of sense, wherein common-place announcements are rendered particularly original by the dexterous collocation of words and sentences. To the merit of such an achievement the author is certainly entitled, and we award to him the palm with the utmost readiness, but his reflections are by some years too late to secure him any further credit for the article, the facts and opinions out of which his paper is manufactured being as familiar to the profession as "household words."

A paper of a somewhat similar kind follows, by Mr. INGLEBY, Professor of Midwifery in the Birmingham School of Medicine, who nestles here after having wandered to and from almost every other medical periodical in the three kingdoms. His subject is, "Laceration of the Uterus and Vagina, with Cases." From whatever cause, it has been generally remarked, that professed writers on midwifery are the most prosing and tedious story-tellers under the sun. We do not consider the opinion universally applicable, but yet it is almost impossible not to suspect that the authors who treat of "obstetrics" become unconsciously infected with the garrulity of the sex upon whom they attend. Their prolixity, at least, is unquestionable. We remember Dr. Hamilton's lecturing for a whole week on the case of the Princess Charlotte, though four hundred miles separated the commentator from the subject of his criticisms during her illness. Mr. Ingleby's paper occupies twenty-seven pages of print, and is then cut off by the editor just at the point where it terminates as an introduction to some cases. He commences on as regular a plan of divi-

sion and subdivision, of heading and "briefing," his subject, as if he were about to favour the world with a cyclopædia of midwifery. Thus we have "Preliminary Remarks;" "The Frequency of these Injuries;" "At what Period of Pregnancy arising;" "Laceration usual in First Labours;" "The Reason of this Explained;" "Laceration considered under two Principal Heads;" "Subdivision of the First Head;" and so on through all the grades of division, distinction, difference, and definition, that imagination can conceive.

The next paper consists of a series of observations on Fractures, by Dr. Houston. It contains a number of cases successfully treated according to a plan respecting which Dr. H. claims credit for some degree of originality. In this conceit, however, he errs, for the plan which he describes with such insufferable minuteness, differs neither in principle, nor much in detail, from that which is in common use in Dublin and elsewhere. But the cases are creditably drawn up, and accompanied by some remarks on spasm of the muscles in fractures of the extremities, which may deserve attention. However, Mr. Radley, in recommending the abandonment of splints, showed that an important part of his plan consisted in the prevention, or in affording the means of the speedy allayment, of spasms of the muscles in cases of fracture of the long bones, as one result of the disuse of splints. Much of the labour of Dr. Houston is expended uselessly, therefore, if Mr. Radley's views and premises be well founded and correct.

Dr. Graves has discovered another form of disease for which his "sugar of lead" is a "sovereign remedy." The readers of the Journals are, of course, well aware of the specific virtues of this medicine in cholera, through the writings of Dr. Graves. One of the medical attendants of the cholera hospitals in Dublin put him on the scent of that valuable remedy in cholera, and Dr. Bardsley, it appears, performed a similar service for him on the present occasion. "I was first," he says, "led to use this medicine in considerable doses (the Doctor is an apostle of the heroic-dose school in the latter stages of protracted fever), on the recommendation of Dr. Bardsley, for the purpose of preventing that state of bowels which so insidiously leads to the ulceration of Peyer's glands. * * After-

wards analogy led me to apply it for the cure of tympanitis, combined with diarrhoea, in the middle or later stages of fever, and I have much reason to congratulate myself upon this new application of the remedy, for it has been very successful in my hands!" All medicines, indeed, possess this luck in the hands of Dr. Graves. Any agent of the Pharmacopœia that he may fortunately be "led to use" or patronise, *presto* becomes "successful." The great desideratum attained in the "flying island" will doubtless be achieved one of these days by the Doctor in the "extraction of sunbeams from cucumbers!"

New and Complete Manual of Auscultation and Percussion applied to the Diagnosis of Diseases. By M. A. RACIBORSKI, D.P.M. formerly Surgeon in the Polish Army &c. &c. &c. Translated by William Fitzherbert, B.A., Cantab. London: Bailey and Co., 1835. Pp. 204.

THE work of Dr. Raciborski has acquired great popularity in France, the birthplace of auscultation. In his preface, the author says, "The present publication is a *manual* on auscultation and percussion; that is, a portable book. All elementary books should be portable; not merely because the form is more convenient, but also because the domains of a science being once well determined, and reduced within proper limits, *those limits are always within bounds*!" We have ever considered that knowledge should be carried in the head, or remain in the library, and not occupy a place in the *portefol* of a medical man. Consequently, to "*vademecums*," and "*manuals*," we have usually shown ourselves to be inimical,—as inventions which are only designed to relieve the occasional embarrassments of ignorance. We do not therefore appreciate the value which our author sets upon the *portability* of his volume. Perfect knowledge of any branch of art can only be acquired by continuous study, and may as well be derived from a big book as a little one. The special charm of a "*manual*" is its *compactness* and its consequent *accessibility*. The *reality* of epitomes and *condensed* works is *grossly* imperfect, although *abridged* works of the *author* of the *now* before us, may *seem* a *very* *valuable*

Outline of the subject to which they are devoted, and in physical science, such as that of medicine, where much personal observation is implied, ~~such a compendium~~ may in its proper place prove an adequate substitute for a more voluminous work. Manuals may be correct, though they cannot be full. A scholar's globe may be perfectly accurate, though it can present but few details of the face of the earth, and the student will gain much knowledge of geography by its use. Indispensable qualities in an elementary work are, correctness of arrangement, clearness of principles, and strikingly illustrative details. We will try the volume before us by these tests.

The science of auscultation, on its first introduction into this kingdom, experienced the fate of all important discoveries. It was received with almost universal ridicule; but year after year the number of its disciples has increased, and, being dispersed throughout the various provinces of the empire, have propagated its doctrines so widely, that there are not now twenty men, — unless they be *pure* physicians and Fellows of the College, — who do not use the stethoscope in forming their diagnosis in supposed affections of the thoracic viscera.

In reply to the general demand for guides on this subject, almost the only work we have been able to mention with approbation, is the translation of Laennec's work by Dr. Forbes, the cost of which is expensive. There are many persons, therefore, who, without our attempting to draw for them a comparison between the two works, will be glad to meet with the translation made by Mr. Fitzherbert, who states that the chief merits of the volume consist in the new matter which it contains, and the clearness with which the author has arranged all that is yet known on auscultation and percussion. The author's preface we condemn, as full of erroneous dogmas. The translator should excise it in the next edition. The introduction forms an ingenious essay on the utility of auscultation and percussion. The work itself is divided into two parts—1. The explanation of different signs obtained by percussion and auscultation. The evidence afforded by these signs in the diagnosis of particular diseases. The first and second parts, fully and satisfactorily, permeate in all the regions of the thoracic cavity, and abdominal. The pro-

priety of this arrangement is obvious. A knowledge of the percussive responses in the healthy state, must precede a knowledge of their morbid deviations. Then comes a judicious essay on auscultation in general. In describing the normal respiratory sound, M. Raciborski controverts an opinion of Dr. Bean as to its physical causes:—

"The friction of the air against the parietes of the bronchi and vesicles, appears to us, as it did to Laennec, the simple cause of its formation. According to Dr. Bean, 'the noise of normal respiration is produced by the resonance, in the whole column of air inspired and respired, of the sound resulting from the pressure of this column against the soft palate and adjoining parts.' 'When the guttural noise is suspended,' says Dr. Bean, 'the tracheal and vesicular noises no longer exist, the respiration, although silent, takes place as usual, and if you did not feel under the ears the thoracic parietes retire and advance alternately, you might believe the individual did not breathe.' We object to this, that if there were no other signs of respiration but those afforded by the depression and elevation of the thorax, it is very probable that respiration did not take place, and that if it occurred without noise, it was because the air did not arrive in sufficient quantity, nor rapidly enough to produce it; and that the reasons for which the tracheal and vesicular sounds did not exist, are precisely those which would hinder the formation of the guttural sound. As to our own experience, it has furnished us with results directly contrary to those of Dr. Bean. Patients required to breathe on a sudden, and therefore making more noise in the trachea, have the respiration very slightly remarkable; on the other hand, the respiratory murmur, although feeble, has been distinctly heard in persons with whom the soft palate made no noise. But to meet with these cases, you must choose persons with whom the expansion of the lungs is habitually marked, or whose respiration is puerile. Although Dr. Bean pretends to have heard normal respiration, by blowing through a tube of paper against the soft palate of another person who held his breath, we have tried the same experiments several times, without producing analogous results. Most commonly we have heard nothing in the chest, but sometimes an echo of the noise produced in the throat; that echo, however, had no similarity to the murmur of respiration."

M. Raciborski's remarks on the auscultation of the respiration and the voice, tally with our own conclusions on the subject. We quote the following morceaux relating to the more interesting auscultative phenomena:—

"When a cavern bursts in the cavity of the pleura, this cavity contains a collection of liquids proceeding from the broken cavern, or afterwards secreted by the inflamed pleura. In this case auscultation will frequently detect in the chest, a particular noise, called by Laennec *tintement métallique*. The father of auscultation attributed the *tintement métallique* to the vibration of the air at the surface of the liquid, when the latter is agitated by the respiration, the voice, or coughing. Dance brings forward the following opinion with regard to the formation of this noise. When the level of the liquid, contained in the cavity of the pleura, is superior to the orifice of the cavern, the air which enters at each inspiration into the lungs, rushes into the cavity of the pleura, rises through the liquid in the shape of a bubble, by reason of its specific gravity being less, and arrives at the surface, where the bubble breaks, and produces the *tintement métallique*."

This observation had passed unnoticed. It is only lately that Dr. Bean, without being aware of the coincidence, happened to suggest the same idea, which he explained and verified by numerous experiments.

"The *tintement métallique*, for which Dr. Bean has substituted the term *tintement bullaire*, may, according to that writer, be equally well heard during expiration, coughing, talking, and expectoration. In fact, he observes, although in these acts the air be expired instead of inspired, still in the majority of cases of the presence of caverns, the surrounding part of the lungs is hardened, and does not collapse during expiration, the air expelled from the rest of the lungs rushes from the trachea into the open bronchi, and from thence acts as air inspired. Most generally this noise follows each act of respiration; sometimes, however, it takes place slowly, which seems to arise from the circumstance, that the bubbles before bursting may stop some time at the surface of the liquid.

"According to Dr. Bean, the same noise is sometimes heard in large caverns, filled in a great measure with liquid, and in hydro-pneumothorax, without any communication with the respiratory passages. But in these two circumstances, it is difficult to conceive the formation and rupture of bubbles, and we must admit, in certain cases of *tintement métallique*, the simple explanation of this sound given by Laennec in the case when it accompanies the rupture of caverns into the cavity of the pleura.

"It happens frequently with patients in these conditions, that when they change a horizontal for an upright posture, drops of liquid, adhering to the pleura, or retained by false membranes, become separated from the mass of liquid, which falls to the inferior part

of the cavity. These drops, by falling upon the surface of the liquid, occasion a noise analogous (similar) to that produced by the fall of a drop of water in a decanter containing a certain quantity of liquid. This is a variety of the *tintement métallique*."

"The cases in which the *tintement métallique* is observed, present another phenomenon. Whenever the cavity of the pleura, or a large cavern in the lungs, contains liquids and gases, you will hear, when you shake the thorax, the fluctuation of the liquid; this is called by Hippocrates *succussion*, and since his time, has been known as Hippocratic succussion. You may imitate this phenomenon by shaking a decanter containing a small quantity of liquid."—pp. 82, 83, 84.

The following paragraphs relate to the abnormal resonance of the voice through the parietes of the chest.

"The resonance of the voice is very distinct in the regions where the bronchi are superficial, but less so in those regions which correspond to laminæ of vesicles, on account of the numerous divisions experienced by the undulations of sound in arriving at the extreme ramifications of the bronchi.

"1. Hence, if the cavities of the vesicles be destroyed by any cause whatever, the voice will resound in the bronchi corresponding to the obliterated vesicles, and that in proportion to the greater or less extent of the obliteration. This abnormal resonance of the voice through the parietes of the chest, is called *voix bronchique* or *bronchophonie*. The impenetrability of the cavities of the vesicles, whether it result from the presence of tubercles, or from the concretion of the sero-sanguineous matter secreted by the parietes of the vesicles in the second stage of pneumonia, will therefore occasion this phenomenon.

"2. The same phenomenon is observable when the impenetrability of the vesicles is produced by an effusion in the cavity of the pleura. But if in this case the liquid be in too small a quantity to compress entirely the lamina of vesicles, and only causes a closer application of the pleura to the parietes of the vesicles, so as to form therewith a membrane more or less tense, applied to the extremities of the respiratory passages, the resonance of the voice will, in this case, offer a very remarkable character. It is a broken interrupted sound, like the voice of a person who stutters. It has been compared to the plaint of a goat, whence its name of *tyophonie*.

"According to certain recent writers, *tyophonie* is an uncertain sound, certainly not always easy to recognize, but with attention and practice it may be distinguished from other signs.

"When the respiratory passages are dilated over a more or less extensive portion,

as the case in partial dilatation of a bronchus, or in an excavation of the lungs, consequent upon tubercles, the resonance of the voice in those parts is such, that the patient seems to talk in the ear of the examiner, especially if the latter auscultate with the stethoscope. This is *pectoriloquie*, which is complete when the cavern is superficial, and adheres by its sides to the costal pleura, and when its angles are indurated; but it will be more diffuse, and may be heard over several different points of the chest, when it indicates a considerable dilatation of the bronchi. The hand applied over the parietes of the thorax during *bronchophonie*, feels the *parietal vibrations* as in a normal condition. This phenomenon is no longer met with when the lungs are separated from the thoracic parietes by a certain quantity of liquid."

The division of the volume which is devoted to the organ concerned in the circulation of the blood, is amongst the best in the work; it contains much original information, communicated with great perspicuity; but we shall quote no more, lest, without sufficient justification, we lay ourselves open to the charge, after treating the literary product in our critical alembic, of leaving only the *caput mortuum* for the benefit of the author.

The second part of the book is appropriated to the mode of applying auscultatic principles to the diagnosis of particular diseases, and these are arranged into affections of the abdomen and pelvis, of the organs of respiration, and of the organs of circulation. Upon the whole, we can, in strict justice, recommend this "compendium" as a faithful and intelligent guide to all those who are desirous of learning the art of diagnosis by auscultation.

The Cyclopædia of Anatomy and Physiology
 Edited by R. B. Todd, M.B. London:
 Sherwood.

THE publishers have now issued a sufficient portion of this work to enable us to form a better estimate of its claims to support, than when it last received a notice at our hands. Parts 1, 2, 3, and 4, are before us, and we think that they afford materials for forming a correct general view of the plan and scope of the undertaking. On examining the subjects selected for explanation and description, we find the editor apparently chargeable with some faults of

omission; but as the arrangement of topics is alphabetical, the deficiencies may be rectified in the future Parts, and we consider it probable that the *Cyclopædia of Anatomy* will ultimately supply an acknowledged hiatus in the literature of Great Britain.

The articles which have already appeared are for the most part well treated,—the natural result of a good selection of authors, in the list of whom, indeed, are the names of very many gentlemen of whom we may say, without any incautious respect for the authority of mere fame, that their engagement on the work affords a pledge that it will contain a large number of very excellent encyclopedic essays. The announcement of some of the "*minora sidera*" certainly excited a smile, and some surprise, perhaps. Their light, however, though simply twinkling, and not brilliant, may yet prove useful. As the Scotch say, "Many mickels make a muckle."

The nature and variety of the subjects embraced in the plan of the Cyclopædia are well known through the advertisements. The plan combines *Physiology and Anatomy* (Human and Comparative), with the essentials of *Animal Chemistry*.

With regard to the details of such a work, it is not in our power to give any useful account of them here. In speaking of the execution of the articles, we may particularly allude, for their excellence, to those on "Absorption," "Age," "Arachnida," "Aves," "Blood." Let us, however, take the opportunity of suggesting, that, as the work will necessarily be an expensive one, it is incumbent on the Editor to interpose his authority for the prevention of every circumstance that is likely to enhance its price without increasing its value. It should be the peremptory duty of the conductor to revise all the articles, with a view to repress diffuseness of style and redundancy of quotation. The exercise of a capacity to review the facts is not sufficient. The labours of literature, in a redacteur, comprise something more. The connection, also, which exists between the subjects of Zoology and Comparative Anatomy should not be broken, but to decide upon its extent the judgment and official powers of the Editor should be called into requisition, or the evil we have mentioned may become a just source of complaint. The engravings as yet given are good, and afford most material assistance in

the comprehension of many intricate portions of anatomy.

In the department of *Comparative Anatomy* Dr. TOWN possesses the assistance of the two chief labourers in that interesting science—Professor GRANT and Mr. OWEN, and every fresh record of the exertions of these able and learned philosophers adds to the gratification we derive from having been the humble means of blending this branch of study in the department of medical education in England. Comparative Anatomy was known to but few as an important division of medical learning until the brilliant course of Professor GRANT obtained universal diffusion in the profession in the pages of *THE LANCET*. The impression of its value and interest is now continually being testified by the writers, and in the schools devoted to our art. Dr. GRANT's "Lectures" constituted almost the only comprehensive and accessible source of information on this subject in the English language. Now the parent has a numerous progeny. The "lectures" of Dr. GRANT, however, will for years stand unique for arrangement and details. But comparative Anatomy has now many labourers in the field, whose fruit is eagerly sought, and duly devoured.

Compendium of the Ligaments (illustrated by Woodcuts), and the various Cartilages, Synovial Membranes, Bursa Mucosa, and Bones of the Joints; the Dislocations, Fractures, Physiology, and Pathology. By A. M'NAB, M.R.C.S., London: Kershaw, 1835.

THIS work is a synopsis of the principal facts relating to the anatomy, physiology, and pathology of the joints. The author remarks that the study of medicine has been facilitated by condensing the writings of good authors, thus affording to all, the means of learning their contents at a cheap rate. The fibrous structures especially, which are in immediate connection with the joints, are in general described in voluminous works, and these descriptions are dispersed through different chapters. Mr. M'Nab does not profess to present us with any thing novel, but he has collected his facts with industry, and arranged them with judgment.

Respecting the woodcuts, the less that is said of their execution the better. They

serve the author's purpose indifferently, but they are better than none; and in all other respects the volume will prove useful to the dissector, because the details are faithful. To the established practitioner, too, it may serve as a useful "flapper."

THE LANCET.

London, Saturday, January 9, 1836.

No apology can be necessary for resuming, after a very brief interval of time, the question of founding a national University in this metropolis. We must regret appearing to be tedious on this or on any other subject, but we must hope that the objects which it is sought to accomplish by establishing the new institution, are of so important a character, and must, in their results, be attended with so many mighty consequences to the country, that too clear a view of the whole of the circumstances involved in the consideration of the proposed scheme, cannot be taken in the present early stage of the inquiry. If the members of the Government proceed with any degree of precipitancy in this matter, they will erect a monument to perpetuate their own folly. In giving the executive Government credit for the best intentions towards the objects of science and the interests of the country, we cannot refrain from reminding them that something more than mere evidence of purity of motives is required in founding a great national institution, which is to be devoted to the culture of the powers of the human mind.

In contemplating the objects for which the University is to be called into existence, the principle on which it should be founded, and governed, is not less apparent to the intellect of the philanthropist, than to the philosopher, than is the sun at noon-day to the senses of the rudest savage of the forest. How, then, can the best thought or the wis-

position be sanctioned, or even tolerated, of *narrowing* the operation of that principle, to the functions or boundaries of two or three recognised schools, or institutions. The ratification, by ROYAL CHARTER, of so monstrous a proposal, would undoubtedly tend to bring the Ministers of the Crown into contempt, because it would evidently have a *tendency* to make them appear as the abettors of monopolies, or of signalizing them as persons of too contracted an intellect to frame a scheme of University Government which should be national in its principles, and national in all its arrangements and functions. There is one sign which ought to warn them of the dangerous ground on which they now stand. We allude, necessarily, to the approval of the scheme by nearly the whole tribe of medical corruptionists and monopolists. Why have those persons given to it their sanction? Because they are well aware that if the University be founded strictly on the plan of the CHANCELLOR of the EXCHEQUER, that the result will be a failure. These persons have sufficient cunning to know that if an University be not rich in its endowments, it cannot receive general support upon any other ground than on the solidity and extent of its reputation. In the instance before us there are NO ENDOWMENTS, and, unless REPUTATION be first secured, *it is not likely that any endowment will speedily exist in the new University.* Upon these views the calculations of the entire gang of corruptionists and monopolists are founded. In the infancy, at the *very outset*, of the institution, unless the University take a high, an elevated position, in the opinion of the enlightened portion of the public, *the candidates for the degrees will scarcely outnumber the members of the examining council.* And we ask, *secondly*, What can be the extent of its REPUTATION, if the scheme be only calculated to give sanction, and support, to the odious and fraudulent system of "recognising" particular schools, which has been so long practised in the universities, and all but defunct,

old medical corporations? This question should be answered, deliberately answered, by the Ministers of the Crown, before they proceed with their project one step farther. We repeat, that precipitancy on this occasion, will plunge them into an ocean of troubles and difficulties. How often does it happen that in discussing the details of a measure of reform, the principles which called that measure into existence, are either wholly misrepresented, or are passed over in silence by the disputants. Who can have forgotten the reasons which were publicly proclaimed for founding *University College*, viz., that the youth of the metropolis might enjoy the benefit of an University education; and, *secondly*, the establishment of an institution in which University honours might be acquired by all persons, without reference to religious creeds and distinctions? The objects, therefore, and the means of securing them, were resolvable into one general principle, of a wholly national character. Here we observed that the vile and sordid practice of "recognising" particular establishments, to the exclusion of others, in awarding University honours, was scorned and repudiated, not indeed so much in words as by the very principle which conferred upon the new institution life, energy, and strength. The partialities of Oxford and Cambridge had long been denounced, because it was generally felt, by the more enlightened portion of the empire, that in those Universities, bigotry and religious prejudice had often but too much share in making candidates successful in their applications for degrees. The "recognition" in those institutions was not of a favourable description, unless there was a "subscription" to certain articles of belief,—an exaction of too intolerant and odious a character to be any longer endured by the members of a well-informed community. What, then, are we to have in the new University of London? Not, indeed, the demand of a signature to "certain articles of belief,"—not a "subscription

tion" to a particular creed,—but the evidence of a subscription of money. In the one case the DEMON OF BIGOTRY is to be propitiated; in the other, the DEMON OF WEALTH.

We can scarcely say which DEMON is the most hateful. Both demands are equally obnoxious to the cultivation and the free progress of the human intellect. The stigma, the brand, of partiality, is manifest in both cases, and although some excuse might be found in the instances of Oxford and Cambridge, for an adherence to a line of policy, which may have been justified by the circumstances of the period when it was first suggested and set in motion, yet there can be no just ground whatever, while establishing an University in this empire, in the nineteenth century, for rendering wealth, or, more correctly speaking, the non-existence of wealth, an obstacle, as gross and obstructive with reference to the procuration of University honours, as was that of religious intolerance in the fifteenth century. We again ask, "What is it that the Ministers design to reward?" and in answering the question we trust that the real sentiments of the individuals will not be disguised by a liberal display of plausible words. If the portals of the new University be thrown open to candidates, without any regard to the places of their education, and no other introduction to the examination be required than is to be found in the testimonials of an unimpeachable moral character, the University of London would at once far excel, in reputation and utility, every other University in Europe. But if Ministers, in setting this national institution in motion, require that it shall be reached only through two or three "recognised" TOLL GATES, representing only new colleges, or old corporation schools, it will but exist, as we have already said, as an unhappy evidence of the absence of sagacity and foresight in the minds of its founders. There can be no mistake as to the result. The gift of prophecy is not required in this instance to

foretell the state of the future, for in the very arrangements which have already been suggested, there are seen the elements of disunion and decay. If the "recognitions" of the senate of the new University are to be confined to particular schools,—the funds, the buildings, and the general arrangements of which appear to be capable of accomplishing the objects which are specified in the University curriculum, then it must be at once confessed that the new institution is not dedicated to the knowledge, but to the wealth of the nation. It would be another costly and pernicious sacrifice to the power of GOLD. Have the members of the medical profession forgotten the anathemas which have for so many years been fulminated against the President, the Censors, and the Fellows, of the London College of Physicians? And what has been the offence committed by those parties,—the one offence which has obtained for them either the hatred or the contempt of every liberal-minded physician or surgeon in this kingdom? It was simply this,—that they refused to examine any candidates for the Fellowship of their College who had not obtained degrees in medicine at Oxford or Cambridge. Really this is a striking fact. It was owing to the existence of this disgraceful partiality that the recently-established University College received the warm and generous support of so many enlightened medical practitioners. The Fellows of the disgraced College of Physicians have contended, and still contend, that the charter has ever empowered them to make exceptions in favour of graduates of our two ancient Universities. What, then, are we, in founding a new institution, to create other exceptions, which must prove as obnoxious and pernicious as those which are already in existence? The Fellows of the College of Physicians and their conduct have utterly ruined, not only the respectability, but the utility, of their institution. Had they acted courteously and invitingly towards the talent of the country, instead of bearing themselves

insolently and haughtily to every candidate who had failed to expend—uselessly expend—many valuable years of his life, and many hundreds of pounds sterling at Oxford or Cambridge, that College would at this moment have been taking the lead of every other medical institution in Europe, in all matters relating to the interesting and important science of medicine. From acting, however, in the odious system of restriction, partiality, and monopoly, the College of Physicians carries with it not the slightest degree of influence with any ten individuals belonging to the least-informed members of the profession. Every man, therefore, who prefers honesty of purpose and comprehensiveness of principle rather than intrigue, monopoly, and narrow-mindedness, will learn with a sense of loathing, if not with a feeling of horror, that our present liberal Ministry have, even for a moment, entertained the idea of framing a charter, in which, under the authority of the sign-manual of the King, there should be constructed, in the year 1836, some new arrangements for carrying on, with increased vigour, the old exploded system of favouritism, recognition, and monopoly.

"But," it will be remarked, "if distinctions be made in favour of *University College*, *King's College*, and two or three other establishments, will not the privileges thus conferred, prove of great advantage by raising the standard of education in those institutions?"

If this observation be well founded, are the utterers of it to limit the general tendency of its application? If the standard of education is to be raised in two establishments, why not in six, and if in six, why not in all that the country can produce? This would be a real national benefit. Then, indeed, a stimulus would be given to the cultivation of literature and a knowledge of science, which the existing monopolies would be impossible to destroy, or even to weaken. In framing the charter, therefore, we call upon a liberal Ministry to ab-

jure all distinctions, partialities, and exceptions, with reference to Universities, or scholastic establishments, of whatever description. At the same time we desire of them to insist, that the senate of the new University shall require from the candidates for the degrees, such proofs, furnished orally and in writing, of an extent of qualification which shall entitle the candidate to receive the honour which he is anxious to obtain,—the University distinction which they are empowered to award. In such a scheme no sanction will be given to "curricula" for "the schools." The examination alone will, in such cases, necessarily determine, in the best and most effective manner, those subjects of study which ought to be presented by the professors to the attention of the student. The object to be attained, will be the natural and rational stimulus of the pupil, and the subjects to be included in the public examination before the senate, will necessarily determine what shall be the qualifications, and what shall be the duties, of the professors and lecturers in the chief scholastic establishments of the empire.

Under some such scheme as this, the new institution would rise at once into beauty and grandeur, as an offering rendered to THE GENIUS OF THE NATION. If, however, it is to be made a thing of "shreds and patches," of jumbles and exceptions, distinctions and partialities, it will be called into action under the influence of an unworthy spirit, and as such, it will remain an object of perpetual reproach to its well-intentioned but deluded founders.

Since the foregoing article was written, a report has reached us which is in no respect curious, except for the malignity of the falsehood on which it is based.

It is stated that the CHANCELLOR of the EXCHEQUER, after having received deputations from those two filthy dens of monopoly and corruption, the College of Physicians, and the College of Surgeons, has referred the arrangement of the University

question, so far as the medical department is concerned, to Dr. CHAMBERS, Dr. HOLLAND, and Sir BENJAMIN BRODIE. This is the report. This is the falsehood. If Mr. SPRING RICE could have given,—but why should we say if? The thing is impossible. Still, we say, if Mr. RICE have listened in silence to such a proposition, he ought not to escape without being reminded of what was said by himself in the House of Commons, when the Lords examined the *Town Clerks* of the old Municipal Corporations, as to what had been the result of the *old system of Government*, and what might be expected from the new. That the corruptionists, for very obvious reasons, will resort to every species of stratagem, and every manoeuvre, in order to delay the settlement of the University question, is sufficiently plain to the least discerning individual, but that Mr. SPRING RICE or his colleagues will fall into any one of the many snares which are set for him and them, by the wily enemies of a liberal system of medical education and national improvement, is a misfortune which, we believe, cannot occur. It may be well, however, to tell the CHANCELLOR of the EXCHEQUER, that no two corporations in the United Kingdom of Great Britain, are so thoroughly, so heartily, detested by, probably, at least, fifteen thousand medical practitioners, as are the London College of Physicians and the London College of Surgeons. If, therefore, any liberal-minded legislator turn his attention towards these establishments, it must be in the hope of avoiding every thing that is sanctioned or practised therein—to *imitate*, nothing.

WE have observed with much satisfaction, that the new Town Councils have in several instances been addressed by medical gentlemen, who have been soliciting the appointment of Coroner for the borough. If this office is to be anything but a nullity, it must be filled by a gentleman who has been made equal to the discharge of its duties by a medical education. It is worse than

foolish, because it is actually wicked and mischievous, to require any person who is not thus qualified, to execute the important functions which Coroners, at the great majority of inquests, are necessarily called upon to discharge.

THE concours for the chair of clinical surgery, now vacant in the Faculty of Medicine of Paris, commenced on the 2nd of this month. The candidates were, MM. SANSON, GUERDON, BERARD jun., LEPELLETIER, and BLANDIN, who all competed last year in the concours, which we reported so fully at the time. In addition to these gentlemen, we find only three new candidates, MM. JOSEPH DE LAMBALLE, SEDILLOT, and LAUGIER. M. LISFRANC, convinced of the impossibility of being received amongst a body to which he has always been hostile, has retired from the field; although, curiously enough, he has since been sent as one of the four judges, by the *Academy of Medicine*.

THE concours, in Paris, for the anatomical chair, will not open before the 14th of April next.

SOME months ago, MOISE-MONTE-SANCITO was elected a corresponding member of the *Royal Academy of Medicine*, Paris. At the last sitting of the Academy, M. GUENEAU announced that M. MONTE-SANCITO was unable to avail himself of the honour conferred upon him, as the *Austrian Government* refused their authorization to accept French degrees.

INTERCEPTED LETTER.

"DEAR DR. MACHMICHAEL,—You must apologize to my numerous friends who have been making anxious inquiries about me and all my concerns, and you must explain to all of them how impossible it is for me to resume at once my many arduous functions, immediately on my arrival in this labyrinth. You can scarcely imagine the effect of a change of subjects for contemplation, and of objects around me, and how difficult it is particularly for a person as unused to it, to get into habits of business, after having for so long a time indulged in ease and indolence, and in the pleasures of a country

life. BUSHAFANT, whose gigantic intellect enabled him to contemplate mankind in all its relations, made an observation, when on his flight from Russia, which has been often brought to my recollection, and which is particularly applicable to myself at the present moment. NAPOLEON, on his arrival at Wilna, had taken up his residence for the night at the house of the mayor of that city, and whilst walking about the room, in sullen meditation, began talking to himself,—for the Emperor was accustomed to put questions to himself and then reply to them. In the midst of the soliloquy he was heard to exclaim, “Good Heaven! how strange! There is but one step from the sublime to the ridiculous!” Now, far be it from me to compare myself, in many respects, with the great NAPOLEON, but I cannot help perceiving the accuracy of his observation to be applicable to myself, under present circumstances. To tell you the truth, my good friend, my position as a country squire, living richly in my own domains, never being visible beyond my own territory, unless in a splendid carriage, with four prancing horses,—this *sublime* state, contrasted with my avocations here, makes me feel that I am, at this moment, assuredly in a *ridiculous* plight, being every instant liable to be called to Kensington, or some other such place, to feel the pulse of a princess, and to look at her tongue, and then, perhaps, directly after, being obliged to address myself to her French maid, *Mademoiselle Nannette, eyes la bonte, ma chere amie, de montrer le pot de chambre.*” This, however, as you know, is only one of the many disagreeable things that the pure physician must submit to, in order to impress on his patient a sense of the superior knowledge which he possesses of all *internal* diseases.

“While alluding to NAPOLEON, there is a point to which I cannot but refer on this occasion, as one wherein I possess an acknowledged superiority over the late Emperor; I mean in my *classical learning*. His biographers tell us, that he was extremely ignorant of the *dead* languages, and that when he was at Brienne, receiving his preliminary education, such was his backwardness in acquiring a knowledge of Greek and Latin, that he procured with difficulty admission into the *École Polytechnique*. In future life he often alluded to this, and used to quote a passage from LOCKE on Education, wherein that profound philosopher has, incautiously for the interests of our Universities, used these words, “When I consider (says LOCKE) what ado is made about a little Greek and Latin, how many years are spent in it, and what a noise and bustle it makes to no purpose, I can hardly forbear thinking that the parents of children who are in the hands of the schoolmaster’s rod, are the only persons who are the only instrument of their education, and a language

or two to be the whole business of education. How else is it possible that a child should be chained to the oar for seven, eight, or ten of the best years of his life, to acquire a knowledge of a language or two, which I think might be had at a great deal cheaper rate of pains and time, and be learned almost while playing?”

“You must not suppose, my dear friend, that the time which I have spent in the country has been altogether lost, or that it has been uselessly employed. It is under circumstances of rural retirement, that I have experienced the extended benefits of that strict moral and virtuous course of education which I received at Oxford, and that I have been able also to reflect on the immoral and licentious habits so generally practised in my time by the students of the University of Edinburgh. ‘The idea of rural felicity,’ observes an enlightened writer, is so congenial with the human mind, that we cannot wonder to find it cherished amidst all the hurry and dissipation of public life, especially if we consider that such a life is often attended with labour and sorrow, with weariness and disappointment. When we look abroad into the world, we see one man fixed down to his desk, or stationed behind his counter, and from morning to night busily engaged in arranging his accounts, or dealing out his commodities, with scarcely sufficient intervals for the refreshment or support of nature. We see another, aspiring after some place of honour or of profit, wrapt with suspense in the pursuit, frequently baffled in his object, and if at length successful, dissatisfied with the acquisition. While a third, whose situation may appear more enviable, who,—alike exempt from the toils of the city and the ambition of the court, has no other concern than to enjoy the amusements and pleasures of life,—is often found a miserable prey to chagrin, from the caprices and jealousies which are sure to infect the brightest circles of gayety and fashion. In all these cases the mind naturally looks forward to the country, to the independence of some rural retreat, the peaceful labours of husbandry, the diversions of the field, or the scenery of nature, for purer sources of enjoyment. How true is the language of THOMSON:—

‘Retirement, rural quiet, friendship, books,
Ease and alternate labour, useful life,
Progressive virtue, and approving Heaven!’

“Besides participating in the amusements and recreations of a country squire, I have occasionally employed myself in reading those classic authors from whom I derived such delight when at college,—a source of intellectual pleasure which no one can appreciate, except he who has partaken of it. I have not troubled my head much, as you may well believe, with reading *professional books*. Indeed, excepting Mr. WANDROP’s work on blood-letting, I have not obtained much

pleasure from any other literary production, and that book I have not only perused with great attention, but have interspersed it with notes on the blank-leaf copy which you were so kind as to procure for me, and which copy, now that it contains my notes, I think would be a very useful present to our College library. His knowledge of medicine not being limited to surgery alone, he has been enabled to treat the subject in a much more comprehensive manner than he could have done had he not possessed a thorough knowledge of physic. It is there where general practitioners have advantages over the *purse* grades. Indeed, I am free to confess, and it matters not for me, at my time of life, to let it be generally known, that I have often had occasion deeply to lament my ignorance of surgery, and I shall take some favourable opportunity of pointing out to the younger fellows how seriously their worldly interests are affected by their ignorance of that art, and the bad habit most of them have of affecting to sneer at everything like a knowledge of those diseases which require surgical aid.

"Now that I am once more amongst my professional brethren, it behoves me to devote all the energies of my mind to promote the good of our great cause, and as I can expect but few patients at this season of the year, I shall not fail to ponder well on College matters. The granting of licenses must not be delayed a day, and you may order Dr. ASHWELL to come first before us, on trial. The very idea of these German doctors makes me smile. But we must treat the matter gravely. So long accustomed as we had been to license the Scotch dubs, I never thought anything about *them*, and certainly we had some first-rate men amongst them, but to have to do with a squad of Dutchmen is really quite ridiculous; and if it were anyhow possible to keep the machine in Pall-Mall going without granting their admission, we should not run the risk of placing within our enemy's reach so powerful an engine of satire. I always remember, with regret, the laugh against us for inducing the good ARCHBISHOP to give CHARLES CLARKE a degree. But as things are, we must fearlessly adopt extreme measures.

"Next to the 'ways and means,' as my dear friend Sir ROBERT PEEL calls them, comes the Metropolitan University. Here we must strain every nerve. As I told you before, I have never been consulted by any member of the Government, directly or indirectly, at which, however, I am not surprised, considering that I think and act so differently from them on all points, and especially as they must know how cleverly I prevented the Peel-Wellington Administration from making any changes in Pall-Mall East. I do not myself see how we shall avoid being swamped, and I do augur

that we shall share the same fate as Lincoln's-Inn-Fields and Blackfriars. All that I can gather about the matter, on which I can depend, is, that the whole system is already arranged. BACON has been, I must do him the justice to say, most diligent; and as he can, with equal ability, simulate a Tory, a Whig, or a Radical, he is just the man for that kind of employment. I only fear that should he see his way clear, he will throw his friends at Lincoln's-Inn overboard, and accept office. He must be watched closely. Neither would I trust Sir ASTLEY, notwithstanding all he says, if the *certificate*-system he wholly exploded. He flourished and lived under it, and its annihilation would be disastrous to him, had he not something else to look to. I rejoice to learn from Lady BRODIE, that Sir ASTLEY has taken a *serious turn* latterly. It is such a *revolution*, that I can only *hope* it is true. I do not expect that we shall get much good from the negotiations of HOLLAND and CHAMBERS. HOLLAND having endeavoured, after being a Whig all his life, to cut a favour with the Tories, when every rational man must have believed that they would hold office for ever, and having, now that the Whigs are in power once more, again become a Whig, I have no faith in him. His opinions will not be hearkened to; even the sweetness and simplicity of his manners will have no effect. CHAMBERS is too lofty and rough, and wants that *suaviter in modo* which gives me so much influence over the human mind. Let TUPPER, NUSSEY, TEGGART, PELLER, and all the top men in that line, know of my arrival. I have yet seen no one but Madame V., whose case, I am happy to say, I have hit exactly. I discovered that she has an affection of the *heart*, and I told her that the system of treatment which I would adopt was mild, and unattended with pain or danger, and that a ——— might also be required to perform a *radical* cure. Write a paragraph for the *Sunday Times*, announcing my having been consulted on this interesting case, and believe me always yours,

"H. H.

"Curzon-street, Dec. 1835."

ADMINISTRATION OF CREOSOTE,

AND SOME OTHER MEDICINES, NOT ALWAYS REMEDIALY SUCCESSFUL.

To the Editor of THE LANCET.

SIR,—I have perused the account of a case of spasmodic affection of the stomach, with vomiting, not relieved by creosote, in THE LANCET of Dec. 24, signed by Dr. Walker, in the latter volume he refers to a

lately-published clinical lecture delivered by Dr. Elliotson. The cases recorded by Dr. Elliotson are three, as Dr. Walker admits, and the case now related by Dr. W. is but one case; I think, therefore, that he ought to have carried his observations farther. By reference to other clinical lectures of Dr. Elliotson, Dr. Walker would have discovered that Dr. E. has had cases in which creosote has failed to relieve gastrodynia and vomiting, as well as Dr. Walker, and that Dr. Elliotson, therefore, does not anticipate invariable success in the use of that medicine. There are many circumstances which materially modify the action of medicines, which must be taken into account. Thus, there was a case in our hospital last week, in which prussic acid was given to allay gastrodynia and vomiting; but each dose of the medicine increased the vomiting; but, on looking to the mode of exhibition, there was discovered the cause. The patient was taking the hydrocyanic acid in peppermint water, and that made him vomit. Peppermint is known to have this effect with many people. On substituting cinnamon water for aq. menth. pip., the medicine immediately had the desired effect, and she was discharged cured in a few days. Now Dr. Walker administered the creosote in his case in mucilage, and how do we know but that it was the mucilage, and not the creosote, that caused the vomiting? Nay, there is now a patient in our hospital who could not retain on his stomach a dose of a mucilaginous mixture which she was taking for a cough, although she did not vomit on taking other things. Again, ascribe the effects produced to the creosote, and even idiosyncrasy might play its part. There are those on whom medicines of various sorts have very unusual effects. Thus, a patient in our hospital last month, had her gums become tender whenever she left off mercury, and they got well again as soon as she resumed it.

We can only account for such anomalous cases by regarding them as the result of idiosyncrasy, so that by that same cause it will and does happen, that with one patient creosote will answer best, with another opium, with a third prussic acid, and so on. Accordingly Dr. Elliotson does not employ creosote indiscriminately, as might be inferred from Dr. W.'s letter, or from the perusal probably of one clinical lecture, but at this moment he is giving to one patient prussic acid, to another creosote, and to another stramonium, to allay pain in the stomach and vomiting. In the case in which he is giving stramonium, creosote succeeded for a while, and afterwards proved unavailing, and now stramonium affords relief. In another case prussic acid failed altogether to relieve vomiting, which ceased after the first dose of creosote (see *in sq.* 31). In others, prussic acid avails where creosote fails; but, certainly, in point of efficacy, none of them surpasses

creosote; and in very many cases it has proved beneficial after the failure of everything else; but then it must be administered in different ways, according to circumstances; and as to Dr. Elliotson's "plan" being "two drops in mucilage and water every six hours," that is not at all the case, for he usually gives it in plain water, and sometimes is obliged to increase the dose to twenty drops or more, and that not only every six, but every four, or every three hours.

I would not have written in answer to Dr. Walker's letter had he not committed an error which is likely to do much mischief, and is too often repeated,—viz., that of drawing general conclusions from isolated facts. In another medical periodical, a week ago, Dr. Elliotson is censured for his indiscriminate use of iodine, as though he employed it as a panacea—as an universal remedy for all diseases, which no one who knows anything of that gentleman's practice can for a moment assert. It may not be amiss to state here, what is not generally known; viz., that if creosote be not very carefully purified, it contains an emetic substance, which passes over with it in the distillation. This fact was unknown to the chemist who first prepared creosote; and, consequently, much of the creosote which he at first sent into the market, actually contained a most powerfully emetic substance. Hence, perhaps, in part, have arisen the discrepancies with regard to its virtues as an anti-emetic. I am, Sir, yours respectfully,

A STUDENT AT THE NORTH-
LONDON HOSPITAL.

Dec. 22, 1835.

. We object to opening our columns to the controversy which would arise from the publication of some passages and remarks which we have omitted—but without at all interfering with his legitimate object—from the letter of our correspondent. We have endeavoured to limit his statements to facts which may here usefully obtain insertion.

MEDICAL MAGNETISM.

To the Editor of THE LANCET.

SIR,—The candid impartiality with which you listen to both sides of any question that may be brought before you, assures me that you will give a place in your journal to the following simple statement of facts—

Mr. DAVIDSON says, in his letter inserted in last week's LANCET, that he regrets having been mentioned in connection with the subject of mineral magnetism. Now this can be a cause of regret with Mr. D. I am at a loss to conceive; he was not forced into

the subject, but came forward of his own free will, to make some statements to defend some friends.

To crush out at once, Mr. D. brings forward formidable names. He says, Drs. Faraday and Ritchie deny any curative property in the magnet! However valuable the authority of these names in every other respect may be, it is inadmissible in this, as based upon theory only. One fact certainly is worth all the theories in the world. Neither of these gentlemen will hold a thing impossible because he does not see how it is effected. This would be unphilosophical indeed! Mr. D. further states, that there is nothing new in my method. Now Mr. D. ought to have stated at the same time, that he is incompetent to give an opinion, because he himself allows that he knows nothing of the magnet. The gentlemen on whose authority Mr. D. seems to make this statement, are neither of them fully acquainted with my views, and they certainly would not wish to condemn any one's opinions before hearing them. And though it is with the utmost reluctance that I make use of names, I believe that I owe it to myself to state, that Mr. Faraday pronounced my views, as far as he was aware of them, to be new on some points, and worthy of investigation. Singular it seems to hear opinions quoted, which differ essentially from those expressed by the parties themselves. Dr. Ritchie said, before the Westminster Medical Society, that in magnetizing, both poles were produced simultaneously. Now this is certainly different from what is said by Mr. D. As to myself, I do assert, that in magnetizing, the poles produce their like and not their opposites; all magnetizing is but a continuation of the like pole, and quite the same whether by contact or induction. I finally maintain, that like, and not opposite, poles assist each other. By simply following out these views, I have succeeded to obtain results, both in the construction and application of the magnet, not achieved before. My magnets are more powerful than others, because they are constructed on what I conceive the right principles.

It will be fresh in the recollection of every member of the Westminster Medical Society then present, that it was with considerable reluctance I accepted Mr. Hale Thomson's kind offer to experiment on amaurotic patients in the Westminster Ophthalmic Hospital. I say with reluctance, because I foresaw the objections that could be raised against experiments on the eye. It is moreover well known that many cases of amaurosis are accompanied by organic changes, and that but few are purely nervous. Mr. D. says I selected four cases as favourable for the magnet. This is a mistake; for though I considered one of the cases rather favourable, I did not consider the three others to be so; because one of them is ac-

companied by glaucoma; the other became amaurotic after an epileptic fit; and the third had been operated upon previously for cataract, when a piece of the capsule remained in the posterior chamber.

Mr. Guthrie, moreover, has kindly expressed himself several times, that none of the cases could be considered appropriate. Now in the one case I excepted, the patient professes to have received considerable benefit; the same, though in a less degree, was the case with two of the others. In most cases where the magnet is used, it is applied over the clothing and does not come in contact with the body, when, of course, no objections as to effects produced by the metal only can exist. And now a few words with regard to what Mr. D. calls an inquiry after truth. In the first place, I think it would have been fair to have stated that I at once admitted that cold would produce lachrymation, and that I applied the cold iron, fully expecting it would do so. But I say that iron will not produce that great mobility of the iris, which follows the application of the magnet. There can be little doubt but a piece of cold iron will produce similar effects on the eyes of four or five healthy individuals, but not precisely the same, as Mr. D. says, for on some it would not produce any perceivable effect whatever; others would feel heat, and some both cold and heat. But what has this to do with the magnet? Mr. Thomson not remembering that cold iron produces lachrymation, very naturally considered it as one of the effects of the magnet, and he certainly would have taken an opportunity to correct his mistake, had such occurred. To me Mr. D.'s inquiry after truth, seems a wish to tell the public what great authorities are opposed to the magnet being used as a remedy, and to make them aware that he is of the same opinion. I remain, Sir, your very obedient servant,

CHARLES SCHMIDT.

137, Regent-street, Jan. 5, 1836.

TWO CASES OF GLANDERS IN THE HUMAN BEING, CURED BY CROKOTE.

Related by Mr. J. P. CHEETHAM, London, in,
the Veterinarian, Jan. 1835.

THE susceptibility of the human frame to contract those dire maladies designated by the terms glanders and farcy, has now been almost as clearly demonstrated as the want of power to resist the virus of smallpox. It is with much pleasure that I am enabled to direct the attention of the readers of your useful Journal to two cases of glanders in men, that have been successfully treated.

A summary detail pertaining to the appearance and history of the affected horse will exhibit the nature of the disease.

In the month of April last, I was requested to examine a bay horse declared to have a common cold, with secretion of pus from the nostrils, but which had continued during an inordinate time. A person who shall be nameless, forwarded some balls that were said to be infallible. The owner, in order to be assured that they were administered, gave them himself; but not being very expert in this occupation, he lost a part of the cuticle from the knuckle of the fore-finger.

The symptoms presented by the horse were, the glanderous discharge with the fetid effluvia; extensive ulceration of the pituitary membrane covering the nasal septum; enlarged and indurated lymphatic glands, occupying nearly the whole space between the posterior maxillary bones, projecting beyond their margins, and displaying themselves even to the sight; and the cough short and difficult, indicating the tubercular condition of the respiratory organs. His coat and outward appearance, however, presented an apparently healthy aspect.

My advice was to destroy him, being certain of his death, and likewise knowing the danger of propagating the disease to other horses, and to the persons who were in attendance. The owner was unwilling to sacrifice his favourite, and pressed me to give medicine, valuing neither time nor labour. In order to satisfy his mind, I ordered the blue draught (sulph. cupri) to be administered twice a day.

In the course of a week after this, the owner informed me that the horse had amended. Considering this rather a strange anomaly, I forthwith visited the patient, and satisfied myself that, instead of amending, he was quite the reverse, for blood was interwoven with the discharge; the breathing was laborious and difficult, and, especially, it was accompanied by a very peculiar sound in the nasal passages. In a few weeks the proprietor told me that the horse had been sent to the knackers' yard, and at the same time I heard that he and his man were similarly diseased.

The smell and the discharge were of an identical character with those emitted by the horse; and on examination my opinion fully coincided with his. From the resemblance of the characteristic symptoms in both, a general description will suffice. The virus was conjectured to have entered the system, through an abrasion of the skin, on the back of the hand, and in the other, through the medium of a sore on the lower lip.

The lapse of time prior to the appearance of the disease is not known. For a long time they continually smelled the mucous efflu-

vium that proceeds from glanderous matter; there was an increased secretion of mucus from the nose, which was attributed to mild catarrh, until the character of the discharge, the blood intermingled with it, pain in the frontal sinuses and the cavities of the nose, and short and interrupted sleep, roused them to a state of anxiety.

The pus with its gluey, slimy, glanderous appearance, satisfied me as to their real state. I could discern no distinct ulcers on the pituitary membrane; but from the statements given by the patients, I should incline to decide that they existed in the remote parts of the nose. The throat, on pressure, was rather painful, and the lymphatic glands were enlarged.

These patients having come so much under my own observation, I shall give some account of the treatment of their respective cases by Dr. Elliotson. The servant was admitted into the North-London Hospital, and the master attended by Dr. Elliotson.

By injecting a solution of creosote in water up the nostrils thrice a day—by this simple means, and this alone—the servant was brought to a state of convalescence in ten days, and the master in a little longer time. If the local application of the creosote had proved insufficient, it would have been administered internally. The strength of the injection was changed according to the stimulating effect produced. At first the cases admitted of two minims to the ounce of water, until the parts began to alter their morbid state.

These facts will add to the triumph of those speculative theorists who consider that glanders is a mere local affection. My purpose here is not to open the way for controversy on a disease that every pretender assures himself he possesses a specific for. The cases, however, are worthy of record. Perhaps they may lead to a course of experiments on the power of the creosote over this pest of the equine race. Let these experiments be fairly conducted, and let us cease to annoy others with our fanciful opinions, and wait until the treatment of glanders can be founded on a rational and secure basis.

[In a paper in the last volume of "The Transactions of the Royal Medical and Chirurgical Society," Dr. Elliotson refers to the above two cases. "I am anxious," says he, "to mention its effect (the effect of creosote) in two cases of chronic glanders, affecting one nostril and the frontal sinuses with pain, and a copious and fetid discharge. The disease in the two persons was clearly contracted from a glandered horse; and I purpose doing myself the honour of laying the facts before the Society early next Session, as I never read of or met with an instance like these in the human subject, former cases having been acute glanders or chronic farcy. The sedulous injection of a

weak solution of creosote up the nostril removed the whole of the symptoms after a very few weeks, and I hear the patients are still well. I need not say that the disease has always hitherto proved fatal in the horse."

With some exceptions, few and far between, and some of them of a very doubtful character, glanders "has always, hitherto, proved fatal to the horse." Should we at length find a cure for it in creosote, although only in its chronic form, the veterinary profession will be under deep obligation to Dr. Elliotson. We shall wait with some impatience for this valuable document, and in the meantime, some zealous veterinarian will, we trust, put the power of creosote to the test in the cases of chronic glanders, and favour his brethren with the result.—*Ed. V.*

GUY'S HOSPITAL REPORTS.

THE example set by Mr. F. SOUTH, an "interne" of *St. Thomas's Hospital*, Southwark, has found speedy imitators in two "externes" of *Guy's Hospital*, its neighbour; and we have before us, consequently, a thick pamphlet under the above name. The circumstances under which this production has originated, the anticipations of its projectors, and the prospects of the contemplated series, must form subjects for our pen on another occasion. At present we shall simply say, that so low is the ebb of literature at "Guy's," that the medical officers have actually been to Bath for an introduction to their work!

Dr. Bright "opens the ball." We have danced through one fandango with the old lady, and below present our readers with a condensed account of her conversation while performing the labour. "If a man," said the dowager, "have, through ignorance, in early youth, or at any other time, whispered soft falsities in the ear of the public whom he hath courted, he should certainly repeal and amend his tale when he gets older and wiser. I once committed errors of this kind, and deluded those whose favour I sought. In a few years more I saw that I was wrong. I ought to have 'confessed' at once; yet something held me back; but now, after the revolution of many more years, I am going to tell you my faults." Thus tripping on, with tongue and feet, we obtained from our partner the astounding confession that Dr. Bright had, for many

years, abandoned a practice which he had previously recommended for its excellence to the profession, without ever hinting to them until this very day, that that practice was materially calculated to keep up the disease which he originally designed it to lessen. We condense the details,—which are distributed through half-a-dozen pages of the "Reports"—into the following passages. The original article, with a case of "Simple fever, protracted by Irritation of the Bowels, and attended by Relapse," appears in the form of "Observations" or the

TREATMENT OF FEVER.

THE physician should review from time to time his published opinions, that he may see how far experience bears out his former impressions. With this feeling I detail a case of simple fever protracted by irritation of the bowels. Eight years ago I stated my thoughts on the treatment of fever. Additional experience has induced me to make some important modifications, adopted from the practice of others.

In a great majority of the cases of fever treated, more particularly of those which are admitted into an hospital, the period has passed when the febrile action could be cut short. It is established, and, as it must run its course, it is our task to conduct it through as safely as possible. No danger, then, so frequently presents, as that which results from irritation in the lining membrane of the alimentary canal, more particularly in portions of the ilium, the cæcum, and in the colon, generally with great derangement in the digestive functions. To obviate this state, I formerly said that the combination of the hydrargyrum c. cretâ the ipecacuanha, and the compound chalk powder, in different proportions, with the mildest nourishment, caused the symptoms regularly to retire. This practice has been followed by others with great satisfaction, but I now conceive that even this mild combination has, in many cases, kept up the irritation longer than would have been the case, had a more soothing practice been adopted: in point of fact I have not, for many years, had recourse to this combination, except for temporary purposes, scarcely ever now continuing its use in the way I once recommended.

As regards purgatives in the protracted stages of fever, I almost entirely confined myself to small doses of *Hydragryrum c. cretâ*, varying from two grains to five, and followed, in about four hours, or the next morning, by a dose of castor oil, often limited to two drachms, seldom increased to

half an ounce, and never exceeding six drachms, to which I very often add from two to six drops of tincture of opium.

I further observed, eight years ago, "that as a part of the diaphoretic plan in fever, the ipecacuanha wine assisted a free discharge by the skin: but, that in many cases, harm rather than good is done by the use of saline remedies and diaphoretics in any form, as they irritate the bowels. Forcibly impressed with the injurious effects of most of our diaphoretic remedies, I have of late, in a very great degree, relinquished them; and have substituted a remedy, which I was first induced to try, from seeing its very favourable action in the hands of Dr. Addison; that is, the carbonate of soda, in doses of from ten to twelve or fifteen grains, three times a-day, in some mild aromatic infusion, as the infusion of mint; and this now generally supplies the place of all other saline combinations. It certainly irritates the bowels less than most other remedies given in fever, though it is occasionally necessary to guard even this with a drop or two of the tincture of opium. How the soda acts I am unable to say: but sometimes, in spite of all our care, diarrhoea threatens, and the stools assume the peculiar unhealthy appearance which belongs to this character of fever. To check them too suddenly would be wrong. In these cases, I find most excellent assistance in a clyster of a few ounces of Gruel or starch, with a small quantity of the sirup of poppies, varying, according to circumstances, from a drachm to three drachms; and this repeated once or twice, or oftener, in the day, according to the urgency of the symptoms. For this remedy I am indebted to Dr. Robert Williams. I have, in most instances, found it decidedly preferable to the ordinary opiate clysters which I was accustomed sometimes to employ, and which will still be occasionally found indispensable. The advantage of the sirup of poppies over the tincture of opium seems to be, the greater mildness of its action. In that class and stage of fevers to which the present observations refer, I should say—Keep the patient tranquil, shave the head, and apply a cooling embrocation. Let the only food be fresh barley-water, or toast-water; or if, occasionally, a little more support is required, arrow-root and mild animal broth. Give the soda regularly: regulate the evacuations with the hydrargyrum c. cretâ and the castor oil: if the bowels need restraint, use infusions of poppy sirup and starch: if tenderness come on, apply the linseed puddle; or leeches, if the tenderness be urgent. Ascertain the condition of the bladder frequently, by placing the hand over the lower part of the abdomen. If the strength fail, the infusion of aspergularia, with a few grains of the subcarbonate of ammonia, is generally the best stimulant

tonic: when wine is administered, it should be only by the ounce.

The case to which these observations refer was an instance of febrile irritation, kept up to a great length of time, and, when convalescence had apparently been established, a little neglect of diet, with animal food, led to a relapse, which threatened a fatal result. In the onset of the disease, a few grains of calomel, well guarded in their operation, will occasionally be found most decidedly useful, but I am quite convinced that great mischief results, in all stages of the disease, from the incautious use of this remedy.

NORTH-LONDON HOSPITAL.

REMOVAL OF CALCULI FROM THE URETHRA.—Mr. Liston, on the 1st instant, removed three small calculi from the urethra of a little boy, aged four years and a half. The patient had suffered for some time with symptoms of stone in the bladder, and he had been sounded at one of the London hospitals, but no calculus was detected. On his admission here, the sound being introduced, it was found that the urethra was partially obstructed by calculi, about half an inch from the orifice. The grating of the instrument over these bodies rendered the diagnosis, as to the presence of any stones in the bladder, very obscure. Mr. L. removed three small stones of a sub-triangular shape, and of about the size of half a common nut, in the following manner. He introduced a sharp-pointed curved bistoury through the meatus, and widened the passage on each side. The stones were then easily scooped out. Mr. Liston preferred this mode of procedure in this case, to making an incision from beneath the urethra. Had the stones been situated further down the passage, he would, he said, have pushed them behind the scrotum, and cut down upon them through the perineum.

THE TAXIS IN HERNIA.—In a clinical lecture the other day, Mr. Liston remarked that he believed that operations for strangulated hernia were resorted to far more frequently than was really necessary. He believed that almost all cases might be relieved by the steady and persevering application of the taxis, particularly if resorted to within twelve hours in inguinal hernia, and six or eight hours in crural, after the strangulation has occurred. The warm-bath and bleeding might be advantageously employed in many cases. Of course in the use of the taxis, it required in the operator a perfect knowledge of the direction which the hernia takes. It was a mistake to suppose that this application required less address and skill than the cutting operation;

for, in fact, its successful use generally reflected as much credit on the surgeon, and was attended with much less danger to the patient; there was less fear of acute peritoneal inflammation coming on, and, of course, more chance of recovery. It must be understood, however, when recommending the steady and persevering employment of the taxis, that he did not sanction any sort of violence, nor the carrying the application beyond reasonable limits. The first indication in this operation was the reduction of the bulk of the tumour, which was effected by squeezing the air contained in the extruded bowels into that within the abdomen. The pressure was to be kept steadily up for fifteen or twenty minutes, and the contents, if possible, gradually pushed back into the abdomen.

LOCK HOSPITAL.

CASE OF GONORRHOEAL DISCHARGE, ACCOMPANIED WITH CONDYLOMA AND CONDYLOMATOUS ULCERATION.

LUCY CARTER, *ætat.* 17, was admitted on the 13th of March, 1835, under Mr. WALKER'S care. Her complaints, which she has had for more than two months, commenced with severe ardor urine two or three days after connection, and a discharge occurred during the ensuing week. She has had a bubo in the left groin for two months, which gives her but little pain; there is an ulceration in the inferior commissure of the vagina, which she has had for three weeks, and three or four small condylomata at the edge of either labium, which have been there for the same period. She has taken no medicine. Her present symptoms are, a profuse thick yellow discharge from the vagina, scalding in micturition, &c. Her general health is not very good; there is much shortness of breath; general uneasiness about the chest; with pleuritic pain over the right side. The bowels are very much confined. The catamenia have been absent for one month.

She was put upon a purgative plan of treatment, and a saturnine lotion was applied to the bubo and condylomata.

19. The scalding has nearly gone; the sore in the inferior labial commissure presents a turned edge; a small bubo is presenting itself in the right groin.

26. The bowels are very constive, and she has been obliged to take large doses of aperient medicines (*Compound Decoction of Aloes and Rhubarb*) to keep them open. She has also suffered much from weight and pain across the forehead.

April 3. The bowels have been better regulated lately; the gonorrhoeal discharge still continues thick, yellow, and profuse, in

quantity, and there is slight scalding in micturition. There is much excoriation from the ulceration around the orifice of the vagina.

12. The purgative plan of treatment has been continued with much relief to all the symptoms present, both internal and external. The old pain over the forehead and eyes sometimes returns, resembling in the severity of its attacks the low ague.

17. She has had no return of pain in the head since the last report; the discharge is nearly gone; the scalding has subsided, and the ulceration and excoriation are healed. She was discharged this day.

IN the *MOCK LANCET* of last week, RODERICK MACLEOD, the amiable editor, compiler, or fabricator, of that weekly bundle of stupidity the "*Medical Gazette*," "confirms" all that we have said respecting the application which was made to Mr. LISTON, respecting the Chair of Surgery in the University of Edinburgh, and concludes his notice by observing, "With respect to "the gentleman by whom the invitation "was sent to Mr. LISTON, it now appears "that a Mr. DICK was the individual;" and then, echoing *THE LANCET*, RODERICK says,—"This is the whole of the matter." Here, however, the amiable mind of RODERICK will be gratified on discovering that he has committed another mistake, as it is *not* the whole of the matter. The gentleman whom he designates "a Mr. DICK," and who wrote to Mr. LISTON, is the *CONVENER* of the *Town Council* of Edinburgh. Further, we may state that it is known in Edinburgh, that the Lord Provost applied personally to Mr. LISTON, when that gentleman was lately in Edinburgh, to ascertain if Mr. LISTON would take the Chair of Surgery, and the magistrate who takes charge of the College affairs, and who is *CHAIRMAN* of the College Committee, addressed a letter to Mr. LISTON, in which was contained a similar inquiry. Nothing, therefore, more than the following facts, viz. that LISTON having been consulted, and having declined the appointment, Sir CHARLES BELL was then "sounded," and the distinguished knight, having given a favourable answer, received the Chair from the Council,

To the Editor.—Sir,—On Wednesday Dec. 23, at the Board of an Hospital which is known to the medical profession for the great integrity that distinguishes its proceedings of all its members, the following contest for professional respectability took place. A young lawyer, after discussing some knotty points at the Board, indulged in sundry caustic reflections which proved to be very unpalatable to a physician of some notoriety, who replied in his customary manner, and, on resuming his seat, declared that every word spoken by the lawyer was altogether false. The lawyer did not approve of this mode of *arguing* the case, and on rising, declared the fluent doctor, with three emphatic iterations, to be neither more nor less—I blush to say it—than “a liar.” Little more beyond a few apologies to the Board was said, and the doctor retired—to look it was whispered—for “a friend;” but the surprise was wrong, for next day the following pithy dialogue was heard. “Well, Doctor, I suppose you have been to Chalk Farm this morning.” “What!” replied Dr. S., with most feculent look, “to fight with a t—d? No, damme.” High moral contempt no farther could go,—nor better could character be illustrated. I am, Sir, your obedient servant.

Dec. 29, 1835.

MESSES. WATKINS AND HILL.—In a note sent to us by these gentlemen (the whole of which we need not insert), the following statement occurs. The note from Mr. Wilkinson, referred to below, justifies the statement of Messrs. W. and H.:—“If Dr. Schmidt or Dr. Epps had been contented with simply stating that a bet of fifty, or a hundred pounds, was offered by a gentleman (relative to the construction of a magnet), we should have had no reason to complain, but when they gratuitously add that we *accepted* the bet and *failed*, it is really too bad. The truth is, that the moment the bet was offered by Mr. Wilkinson we instantly declined it, and never thought more of Dr. Schmidt or of his magnets, until we saw our names in THE LANCET. The enclosed note from Mr. Wilkinson (to one of our firm) will prove the correctness of our statement. We have been very unkindly and unfairly dealt with in this business by the two learned Doctors.—5, Charing Cross, Dec. 30, 1835.”

O. FRANCIS, Surgeon, of Ipswich, presented himself as a candidate for the office of Coroner in that borough in a circular of which the following is a copy:—
“Sir,—I beg respectfully to announce myself as a candidate for the office of Coroner for the borough, and to solicit your vote on my behalf. I am aware that the duties

of Coroner have hitherto been generally performed by members of the legal profession; but, evidently, for some years past, it has been a growing opinion that medical science may be more advantageously employed in the investigations which come within the province of this officer. Should I be honoured with the appointment, no effort on my part shall be wanted to discharge the trust reposed in me.—I am, &c.”

Mr. Wm. Cooke has in the Press a brief Memoir of the late Sir William Blizard, read before the Hunterian Society, with additions.

A Popular Manual of the Art of preserving Health, embracing the Subjects of Diet, Air, Exercise, Education, Bathing, &c. By Mr. J. R. Davis, Surgeon. London. Whitaker, 1836. pp. 504.

A Treatise on the Diseases of the Eye and its Appendages. By Richard Middlemore, M.R.C.S., &c. In 2 vols. London. Longman, 1835. 8vo. pp. 690 and 858.

On Perforation and Division of Permanent Stricture of the Urethra by the Lancetted Stiletter. With Observations on Spasmodic and Inflammatory Stricture, and other Urethral Affections. By R. A. Stafford, M.R.C.S., &c. 3rd Edit. London. Longman, 1836. 8vo. pp. 322. With Engravings.

Davis's Obstetric Medicine, to Part 43. London, Taylor. *.* This excellent work is now near its conclusion. The plates present some of the best specimens of lithographic drawing which we have ever seen appended to a medical work.

Remarks on the Unity of the Body, as illustrated by some of the more striking Phenomena of Sympathy, both Mental and Corporeal, with a view of enlarging the Grounds, and improving the Application of the Constitutional Treatment of Local Diseases. By George Macilwain, M.R.C.S. &c. London. Highley. 1836. 8vo. pp. 294.

A Practical Treatise on Midwifery, containing the Result of 16,654 Births, occurring in the Dublin Lying-in Hospital, during Seven Years. By Robert Collins, M.D. late Master of the Institution. London Longman. 1835. 8vo. pp. 526.

Practical Observations on Homœopathy with a variety of Cases tending to prove its decided superiority over the ordinary System of Medicine. By W. Brookes, M.R.C.S. London. E. Wilson. 1836. 8vo. pp. 133.

. We deem it right to say, in copying, according to our custom, the title of the foregoing book, that notwithstanding the unqualified statement which is presented in the latter half of the title, the volume does not contain one particle of evidence in support of the declaration which it contains. The name of not one of the medicines

which are alleged to have been administered in the "cases," is given; nor is the name or the place of address of any one of the alleged "patients" appended to any one of the "cases." Indeed, the volume does not afford the slightest ground for believing that the "cases" are any other than fabrications, from the first to the last. Considering the circumstances, in fact, under which the book is put forth, we cannot regard it as any thing else than a mere puff, which is calculated to throw no kind of credit on the professional character of the advertiser.

ificates," "Brandreth's Pills," and "Rowland's Kalydor." A notice respecting the assumption of the F.R.S. may stop at least this new fraud. I am, Sir, your obedient servant, M.R.C.S.—Gower-street, Jan. 2.

We have received a great many letters respecting the attendance of students at the Kinnerton-street School. No one appears to deny that the class amounts to the number stated by Mr. Evett, who we understand fills some office in that establishment, but all of our correspondents challenge the allegation that the entries are those of students who have actually paid for tickets of admission to the lectures and the dissecting-room. It is also as generally declared by our correspondents, that a use has been made of the name of Sir BENJAMIN BRODIE, in persuading pupils to attend the school, which it does not become an examiner in the College of Surgeons to allow, much less to encourage. However, if true, little wonder can be felt at the fact, when it is notorious that Sir B. BRODIE is the largest shareholder in, if not the sole proprietor of, the building. With regard to "free admissions" to the school, God forbid that we should complain that students are allowed to dissect at any school for nothing. Sir BENJAMIN, after the thousands of pounds which he has already drawn from the pockets of students under the certificate system, can afford to let a dozen or two of pupils teach themselves anatomy at his school-room, without charge for a "ticket." Moreover, he may expect subsequently to share in so many sums of two-and-twenty guineas each, for the piece of worthless parchment which is handed to "passed" candidates for the diploma of the College in Lincoln's-Inn-Fields. So that, though the students do not pay PETER at one toll-gate, they will pay PAUL at another.

CORRESPONDENTS.

The late paper on the Sounds of the Heart, by Mr. E. L. Bryan, should have been dated from Stowmarket.

To the Editor.—Sir,—The person who has so long called himself Professor DEWHURST, and who has already added to his name so many doubtful titles, has now the impudence to sign himself "Fellow of the Royal Society." I have an instance before me in the "Educational Magazine," though his name is not, of course, on the list of Fellows. I should not have troubled you on this subject, had not I and many of my friends been frequently applied to by letter, by this "Professor," for subscriptions to a work, the proceeds of which he wants, as he says, to rescue him from pecuniary distress, of which he gives a terrible account. Yet, though he alleges himself to be in the most abject poverty, he figures away as "President" of a pompously named "Philosophical Society," which he announces as having many noblemen amongst its members, while in his capacity of surgeon he recommends, in "cer-

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain. Ins. Deca.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Dec. 28	44.50	34.50	29.90	29.84	—	S.W.	Much severe weather during the week.—Rain on 28th, 29th, 30th, 31st and 2nd.—Thaw commenced on the 3rd, with rain.
29	40.25	37.	30.06	29.99	—	W.	
30	40.75	29.50	30.05	29.96	0.0125	S.W.	
31	34.	29.75	30.08	30.04	0.0125	S.E.	
Jan. 1	29.75	13.75	30.24	30.05	—	E.	
2	27.50	23.50	30.37	30.33	0.15	S.E.	
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Jan. 5th, 1836.

W. JACKSON.

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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

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LECTURE VIII.

HEMORRHAGE OF THE CEREBELLUM. — LESIONS OF SENSIBILITY IN HEMORRHAGE OF THE BRAIN.

IN our last lecture, gentlemen, we also touched upon hemorrhage into the various points of the cerebral hemispheres, and having discussed the functional disorders accompanying each lesion, we passed to the cerebellum. We now propose to continue the history of sanguineous effusions in this latter portion of the cerebro-spinal axis, and in so doing we would demand not only your attention, but something of indulgence and patience; we shall be compelled to enter into several details on this subject, that may appear tedious. The question which we are about to investigate has not been studied by many writers, it therefore requires a minute analysis of the cases which we have been able to collect in the records of the science; these are not numerous, our task will not therefore be very long. We are acquainted with only thirty-two published cases of hemorrhage into the cerebellum. Let us see what we can learn from a careful analysis of those cases. In investigating the substance of hemorrhage into the substance of the cerebellum we have two questions to resolve; 1st, Does an effusion of blood into this portion of the brain actually produce paralysis, as in cases of cerebral hemorrhage? 2nd, Supposing the existence of paralysis with cerebellar apoplexy demonstrated, on which side does the lesion of motility manifest

itself; have we paralysis on the same, or on the opposite side?

As to our first question, if we would decide it simply by *à-priori* reasoning, it is a much more difficult one than you might at first imagine. We are not sufficiently acquainted with the physiology of the cerebellum; experiments have not determined, in any thing like a satisfactory manner, the functions which belong to this portion of the brain; we are, therefore, compelled to rely almost exclusively upon pathological observations, and we shall presently see in what manner they resolve our question. As to our second question, whether paralysis takes place on the same side as the effusion, or at the one opposite to it, if we would determine this point also by *à-priori* reasoning, we must examine anatomical facts; and what do they lead to? To the conclusion that paralysis should manifest itself on the same side as the lesion, in cases of hemorrhage into the cerebellum, because its fibres pass to a part of the spinal marrow where there is no intersection as in the pyramids. If, then, we adopt the conclusions to which anatomy seems to lead, we should say that the loss of motion is collateral for cases of apoplexy of the cerebellum, because here we have no intercrossing of fibres; it is opposite in cases of cerebral apoplexy, because the fibres passing from the hemispheres intercross at the superior part of the spinal marrow, in its anterior pillars; however, we beg you to remember what was said upon this latter point in our last lecture, when we endeavoured to overthrow the anatomical explanation hitherto received, and to show that if hemorrhage of the cerebral hemispheres does produce loss of motion in the opposite side of the body, the reason of the phenomenon escapes our knowledge.

I have just told you that anatomical facts would lead us to conclude, that in cases of effusion into the cerebellum, the paralysis should manifest itself on the same side of the body; this, however, is far from being the case; experience demonstrates, that in a great majority of such cases the paralysis is crossed. The lesion of motility occupies the side opposite the effusion. This, as you see, is the same effect produced by effusion into the cerebrum. Let us now try to re-

solve the questions we laid down a little while ago. Let us assemble our facts together, examine and analyze them, and endeavour to ascertain some general principles, by carefully comparing what has been observed by others with the facts of our own experience.

Several of the facts which shall serve as a basis for our conclusions, are published in the fifth volume of the *Clinique Médicale*; however, many more have come to my knowledge since the publication of that work, and we can now lay before you a mass of thirty-two cases, all, observe, relating exclusively to

Hæmorrhage into the substance of the Cerebellum.

Amongst these thirty-two cases, there are only twelve which do not serve to answer the questions we have put; they are not accompanied by sufficient details, although interesting on many other accounts; thus their authors generally content themselves with mentioning "a strong attack of apoplexy," &c., but neglect to say by what modification of movement the effusion was followed, and take no notice whatever of the nature of such modification; of these twelve cases, seven refer to hæmorrhage into the median lobe of the cerebellum; six of these are related by M. SERRES in the eleventh volume of his anatomy of the brain; the other is by DAXCE, in his memoir on acute hydrocephalus, printed in the *Archives de Médecine*, January 1830. In none is any particular mention made of the state of motion in the limbs. Three other cases refer to hæmorrhage in one or other of the lateral lobes, one of these belongs to SELLIER, the other to myself; however, I only saw the patient after death; the third you will find briefly noticed in Dr. AREACROMBIE'S work on diseases of the brain, page 238; here also the effusion took place into the right lobe of the cerebellum, but the author merely says, "the patient lay in a comatose state for forty hours, and then died. He does not refer in a distinct manner to loss of motion. There remain now two cases, and in those the effusion was double, occupying both hemispheres of the cerebellum at the same time; one has been published in the *Archives Générales de Médecine*, and is given without any details whatever. The last case is related by MORGAGNI in his work "De sedibus et causis morborum." He found the individual dead, and the upper limbs strongly contracted. This is too imperfect an account to afford ground for any deductions. Hence we have only twenty cases in which sufficient details are given to allow of our comparing the lesion with its effects. They are more or less perfectly described, and we shall now examine them in succession. And, first, to determine our first question:—

Is Apoplexy of the Cerebellum accompanied by Paralysis?

What do the facts say? In the twenty cases just alluded to, we find only three in which no paralysis existed. The first of these three cases was published by M. BAYLE, in the second volume of the *Revue Médicale* for 1824, page 70. Here the lesion existed in the middle lobe of the cerebellum. The patient fell down suddenly, without consciousness, but the power of motion remained. M. BAYLE assures us, that when the patient was pinched, he withdrew his limbs with a certain degree of flexibility. Paralysis was absent, then, in this case. The individual died on the fifth day, and on the third before his death, was seized with convulsive movements of the lower limbs, and some stiffness about the region of the neck.

The second case of apoplexy of the cerebellum without paralysis, is contained in the thesis of M. MICHELET, on "colorations of the cerebral substance" sustained before the Faculty of Medicine in 1827. Here the patient, a young girl, eight years of age, had been struck with an apoplectic attack two years before her death. She had amaurosis, but no paralysis; an ancient cell was found in the right lobe of the cerebellum; however, it is right to observe, that this case is not sufficiently exact to be conclusive. The author does not say whether he had examined the patient from the commencement, at the date of her first attack. She might have been paralytic then, and have recovered the motion of her limbs. This case, then, merely shows, that at a certain period of time effusion into the cerebellum was not accompanied by any lesion of motility.

The third observation has been published by M. DROUILLAIS, in his inaugural dissertation. Here no paralysis existed, although an effusion of blood was found in one of the lateral lobes of the cerebellum. The patient died, exhibiting nearly the same symptoms as those mentioned in the case of M. BAYLE.

Thus, out of twenty cases in which the lesion of motility is described with accuracy, we find only three where motion remained intact; in all the rest, viz. seventeen, we find the existence of paralysis expressly mentioned. Here our first question, then, is answered, "Does paralysis accompany effusion of blood into the cerebellum?" Yes, certainly. Our next question is, "What is the seat of the paralysis?" The answer; Paralysis shows itself in the form of hemiplegia. Finally, we may ask, in these seventeen cases, where hæmorrhage took place into the cerebellum, giving rise to paralysis,

What was the particular seat of the Hæmorrhage?

Did the effusion occupy the middle lobe, the lateral lobe, or both together? Does it coincide more frequently with one form than

with another? Let us again examine our facts. Of the seventeen cases accompanied by hemiplegia, one only acknowledged for its cause an effusion into the median lobe. This case is reported by M. GUJOT in the journal which preceded the *Lancette Française*, in, I think, the old *Clinique des Hôpitaux*, t. 1, no. 70, page 110. In the sixteen remaining cases, the effusion was situated in one or other of the lateral lobes. Thus we have determined two points; first, that paralysis exists; second, that it exists in the form of hemiplegia; and, finally, that in seventeen cases of hemiplegia determined by effusion of blood into the substance of the cerebellum, one only occurred with hemorrhage of the median lobe, eleven of the lateral.

Again, we have here to ask a question which we have already resolved with respect to the cerebrum. Thus we may inquire if this hemiplegia, existing, as we have just shown, in sixteen cases, manifests itself on the same side as the lesion, or opposite to it; in other words,

Is the Paralysis of Cerebellar Apoplexy direct or crossed?

Let us have recourse to our facts as usual. What do we find? Of the sixteen cases, the paralysis occupied the opposite side of the body eleven times; eleven out of sixteen, crossed paralysis; two of these eleven cases belong to M. SERRAS. One has been published by M. CAZES in his thesis on paralysis, in 1824. Another was observed by Dr. CHAMBEYRON at *Salpêtrière*. A fourth case was observed in the service of M. PROBY, and published under his authority in the French *Lancet* for 1829, October 17th. Another, and one of the earliest cases, was given to the public by Dr. HUNTER, in his thesis. Finally, you will find five others in our fifth vol. of the *Cronique Médicale*. We should, however, remark to you, that in Dr. CHAMBEYRON'S case and in one of those which we have published, hemorrhage into the substance of the cerebrum coincided with effusion into the cerebellum; strictly speaking, therefore, we have only one instead of eleven cases, of sixteen which show that paralysis may occur at the side opposite the lesion in the cerebellum. We have been compelled to enter into details that may appear long and tedious, but they were necessary, absolutely unavoidable. The questions we had proposed, could only be answered by an appeal to facts. We were compelled to assemble these from different sources, submit them to analysis, and lay before you the results.

Before proceeding any further, we have to establish a division which is not without importance in the study of cerebral apoplexy. Either the cerebellum alone is injured, or effusion has taken place at one and the same time into the substance of the cerebrum

and the cerebellum. Let us take the first division and ask,

When the Cerebellum alone is compromised, can we have direct Paralysis?

a circumstance which, as you know, sometimes occurs with hemorrhage of the cerebellum. The records of medicine furnish us with only a single case of paralysis occupying the same side as the hemorrhage, in cases where the lesion is strictly confined to the cerebellum. It is published by M. TAVERNIER, in his thesis on loss of memory, sustained in July 1825. We must examine this fact with some care, as it is unique—the only exception to a rule which embraces a good many facts of an opposite kind.

The individual who forms the subject of this observation was attacked for the first time, in the year 1812, with an access of apoplexy, marked by a complete loss of motion in the limbs on the left side of the body. Eight years passed over without the recurrence of any accident. In the year 1820, the patient suddenly lost the power of motion in the right side of the body, and this time the access terminated fatally. On examining the body after death, the ancient lesion was discovered in the left side of the cerebellum. A recent clot was found occupying the middle lobe of the same organ: this latter evidently corresponded with the late attack, and was the cause of death. Here we have an example of an old apoplexy, shown by the remnant of a cyst, which gave rise during life to direct paralysis; that is, to loss of motion on the same side as the lesion. The case seems well detailed, but if we study it, we find a great objection, which in our eyes considerably diminishes its value. Thus M. TAVERNIER did not attend the patient during the first attack in 1812; the history of the case was given him by the patient's wife: it is therefore only hearsay testimony. The woman may have observed badly; she may have mistaken one side of the body for the other, as people often do: in a word, her evidence cannot be accepted as conclusive, and we must regard this case as only half a fact. We therefore conclude, that when the effusion of blood engages the cerebellum alone, the paralysis is invariably situate in the opposite side of the body; at least we are compelled to draw this conclusion, until new observations come to shake it in a more direct manner than that of M. TAVERNIER. Now for our second division:—

When Hemorrhage takes place simultaneously in the Cerebellum and in the Cerebrum, what do we observe?

We have lately seen an example of this event in disease: three others are recorded in our work on diseases of the brain. You will also find a case in the *Journal Hebdomadaire*, t. 1, page 41, and two or

three in the work of M. ROSTAN on "Ramollissement." You saw that when hemorrhage exists in the cerebellum alone, the paralysis is opposite; but let us suppose another case. Imagine a patient with a double hemorrhage, one in the left lobe of the cerebellum, the other occupying the right hemisphere of the brain; what should we observe here? Paralysis of the four limbs? Double hemiplegia corresponding to the double hemorrhage? No such thing; although the cerebellum may be full of blood, no effect is produced by it on the motions of the body. It is the brain alone which influences motion, masking, or rather altogether absorbing, the faculty of the inferior organ; assuming to itself the whole direction of voluntary movement, and thus giving rise to a phenomenon, which, though inexplicable, is worthy of the most attentive consideration. The cases published by ROSTAN and others prove this fact beyond doubt, although their authors never thought of the application when they published them. And remark, that in several cases where we have a different kind of lesion in the brain and cerebellum, as atrophy for example, the same thing takes place. Thus a diminution of one lobe of the cerebellum, which if it existed alone would certainly modify the faculty of movement, loses this power as soon as it becomes associated with atrophy of the cerebrum, and paralysis is observed only on the side opposite the injured hemisphere of the brain.

We have now passed in review hemorrhage of the cerebrum and cerebellum, together with the lesions of motility that accompany it. Let us pass to effusion of blood into the substance of the spinal marrow, or, rather, to the

Paralysis occasioned by the effusion of Blood into the Spinal Marrow.

Here the phenomenon is a simple one and easily understood, for the cause acts in the immediate vicinity of the nerves that supply the voluntary muscles. In most cases the paralysis is double, the limbs on both sides of the body are deprived of motion, and the seat of this double paralysis will naturally depend on the seat of the effusion, as the latter occupies a more or less elevated point of the chord. In some cases, however, hemorrhage of the spinal marrow is followed by hemiplegia; this is of rare occurrence; but you will find an example well detailed in the work of M. OLLIVIER on diseases of the chord. Finally, we may remark that the paralysis is never crossed, as we see is almost universally the case in hemorrhage of the cerebrum or cerebellum.

Hitherto we have confined ourselves to loss of motion as it may exist in the voluntary muscles of the limbs. It is time to consider paralysis of other parts of the body: to examine how far the other func-

tions, depending upon muscular action, are deranged by hemorrhage into any part of the nervous centres. However, we shall speak of paralysis principally in connection with hemorrhage of the brain, for the influence exercised by effusion of blood into other parts of the nervous centres, upon the muscles we now allude to, is not well understood. Let us examine each of these muscular parts according to the different regions in which they are situate, and first for

Paralysis of the Muscles of the Eye.

Paralysis of the muscles, which direct the movement of the globe of the eye, has sometimes been observed; it is, however, a circumstance of rather rare occurrence; the loss of motion does not strike all the muscles to an equal degree; hence their antagonism is lost, and the phenomenon so well known under the name of strabismus, takes place; but this symptom, we again repeat, is seldom seen in cases of cerebral hemorrhage. The eyelids may also be deprived of motion, and particularly the levator palpebrae superioris. In some cases it precedes the loss of consciousness, and the general paralysis, for a very considerable time. We call to mind one, especially, in which the patient was unable to keep his upper eyelid from constantly falling down, for three weeks before the attack.

Paralysis of the Cheeks.

Those different parts of the face, the muscles constituting the cheeks, may also be engaged, and, indeed, this happens more frequently than for any other of the parts comprised in the present series. It is worthy of remark, that the facial paralysis always occurs on the same side as the hemiplegia, a fact which we cannot explain by the decussation of the anterior fibres of the brain in the pyramids. When once established, it produces certain phenomena that are worthy of being noticed. The paralysis is most appreciable in the buccinator muscle; hence, when the patient eats, the paralysed cheek is distended passively, until the alimentary mass is removed by a purely mechanical action, and, in severe cases, at each expiration the cheek becomes in like manner passively distended, the buccinator swells with air, and when the latter is pressed through the mouth, it gives rise to the phenomenon popularly known under the phrase "funerary pipe," smoking a pipe. The want of antagonism in the muscles of the face is also the reason why the patient, when he laughs or talks with vehemence, &c., makes ridiculous grimaces we sometimes observe.

We have said that the face is constantly paralysed on the same side as the limbs. We must correct this assertion, for exceptions, though excessively rare, still exist. We have seen one case in which hemiplegia existed on one side of the body, and para-

lysis of the face at the other. This is the only case we have witnessed, and here probably the nervous centres were affected with a double lesion.

The Movements of the Tongue

are very variously modified in persons affected with cerebral hemorrhage. In the first place we observe a certain number of cases where the movements of the tongue remain intact—where it conserves a perfect integrity of motion, while the other parts are more or less profoundly injured. In other cases the motions of the tongue are imperfect; the organ at first remains immovable for a short time, and is then suddenly thrust out, after extraordinary efforts on the patient's part. Finally, in other cases, the tongue is completely paralyzed; the patient is unable to put it out; the slightest motion is imperceptible, and the organ remains lifeless in the bottom of the mouth, in spite of the most violent efforts to advance it. In this latter case language is lost, not from any injury which has been done to the organs of voice, but from want of the mechanical means necessary to distinct articulation. Sometimes the tongue is affected with only a partial kind of paralysis; the patient is able to thrust it out, but the tip deviates sensibly to one or other side. We may ask then, To which side? Answer: The deviation of the tongue is not constant; however, we may lay it down as a very general rule, that the point turns towards the paralyzed side of the body; thus, if the hemiplegia exists on the left side, the tongue deviates to the left &c. The other case is infinitely more rare; examples however exist (and we have seen more than one), where the tongue was directed towards one side of the body, while paralysis occupied the opposite membranes. The motion of the tongue is generally recovered long before the limbs begin to enjoy the faculty of locomotion; thus, it is not rare to find a patient speaking without hesitation, and complete master of his tongue, in ten, twelve, or fourteen days after the occurrence of cerebral hemorrhage, while the lower or upper extremity is still weak and motionless. In most cases, then, the lesion of motility, as regards the tongue, is much less considerable than in the limbs; there are, however, some exceptional cases; thus we have examples on record of individuals who have fallen down in a state of apoplexy. On recovering, the members remain weak, the walk is unsteady, the arms feeble, nothing more; but the voice is gone, the paralysis of the tongue is complete, and the patient is unable to articulate a single word. Now for certain other muscles.

Paralysis of the Neck

is excessively rare in cerebral hemorrhage. We have never had occasion to observe it.

When the muscles of this region are paralyzed, the head inclines towards the injured side, while the face is drawn to the opposite. Paralysis of the muscles of the larynx is also extremely rare; however, you will find a very curious example of complete aphony accompanying cerebral hemorrhage, in the work of M. MOULIN.

Respiration and Deglutition.

The respiratory muscles are not affected, except in cases of a most dangerous nature, where the attack has been sudden, and the coma supervenes with intensity, in a rapid manner. The muscular tissue composing the pharynx and the larynx is sometimes struck with paralysis, but this also is very rare. We never observed it except in severe cases, and it is generally a mortal symptom; the result of this paralysis is a difficulty, or, in some cases, a complete impossibility, of deglutition, and the prognosis, as we said, then becomes very unfavourable. In certain other cases, this difficulty of deglutition forms the prominent symptom; for a considerable time before the actual effusion into the brain, we observe no other premonitory phenomenon. Dr. FLANDIN has published a case of this kind relative to a young man twenty-eight years of age, who, in consequence of violent mental emotions, was suddenly seized with *malaise*, and impossibility of swallowing; there was no other symptom worthy of notice until the following night, when the limbs on the left side of the body were suddenly deprived of sensation and motion; the difficulty of deglutition, with the paralysis, continued unabated for thirteen days, when the former gradually abated; the hemiplegia however continued unchanged. This is a rare and curious case; it shows in how many bizarre forms nature seems to present the same injury of the nervous centres.

Paralysis of the Rectum and Bladder

has also been observed in cases of cerebral hemorrhage; however, we believe these latter accidents occur much less frequently than has been imagined; nevertheless, it is always good to be on your guard, for the urine may be retained, especially in recent cases. When therefore you have a patient affected with apoplexy, you must be careful to examine from time to time the region of the bladder, and as the patient does not enjoy sensibility, you must not only touch this region, but ascertain the actual state of the bladder by percussion. The muscular fibres of the stomach have been said to partake sometimes in the general paralysis, but this is an assertion which requires further proof before we can admit it.

Duration and Termination of Paralysis.

Once produced, the paralysis which is really the effect of cerebral hemorrhage, presents

itself with the essential character of persistence: it may last with unabated intensity to the patient's death, or it may diminish without completely disappearing, or it may at length disappear in a perfect manner. When the paralysis subsides, it generally does so in a slow and gradual manner, and this is an important fact to observe, for it shows that the lesion of the nervous centres consists in effusion of blood, and not in simple congestion, when the patient continues to live for any considerable length of time. The paralysis may persist for twenty years, or even longer, and then the limb either conserves its original form, or the nutrition of the extremity becomes diminished, and it wastes away in a sensible manner. In other cases the diminution of the paralyzed member is much more rapid. We remember one example in particular, where the limb was evidently much smaller than natural within eleven hours after the date of the effusion. The paralysis, as we have said, may gradually diminish, but still at the end of many years some modification of the motility yet remains. The limbs are not active in their movements; they feel heavy, or the fingers remain habitually flexed, &c. These permanent accidents often coincide with little or no lesion in the brain. We had occasion to examine the body of a patient affected with paralysis twenty-seven years; the loss of motion, however, had gradually diminished, and at the second attack, which proved fatal, nothing remained but a simple weakness of the limbs on the left side of the body. After death we found, in the substance of the right thalamus, a hard line, of a dull whitish colour, not more than six lines in length. This was all that remained of the ancient coagulum; recent one existed in a different point of the brain. Another division, which we established a while ago, is that in which the paralysis disappears completely at a greater or less period after the occurrence of hemorrhage. Such a case has been seen, and thence we are induced to conclude that the coagulum has been completely absorbed, and that the nervous influence is transmitted with its original force through the cicatrix, the last vestige of an ancient hemorrhage. In some cases of the kind now alluded to, even this cicatrix is removed. In others, however, we discover more or less trace of lesion, such as cysts of various sizes, &c.; and yet, long before death, all paralysis has vanished. Here, then, you see one and the same condition of the brain, in which paralysis may be absent or exist, according to individuals,—a new proof, in addition to those so often insisted upon in the commencement of our present course, that besides the morbid conditions appreciable to our senses in the dead body, there are others, equally important, which escape our anatomical investigations, but

which add their all-powerful influence to the former, in favouring or preventing the development of functional disorders.

The Disappearance of the Paralysis, in general follows a certain order.

What is that order? In most cases the tongue, the face, the lips, first recover their movements; the tongue ceases to deviate, the mouth recovers its natural form, and is no longer awry. After that the limbs regain the power of motion, and almost always the paralysis disappears more slowly in the upper limbs than in the lower. We have already noticed how members which have remained a long time paralytic lose their volume, or become stiff or contracted; but this is not all: in many other cases, shortly after the apoplectic attack, the side of the face and the paralyzed limbs are from time to time agitated by convulsive movements; one would think that the blood at once stimulates and deadens the nervous influence. In cases of this kind we have sometimes found the nervous pulp surrounding the coagulum perfectly free from any lesion that could explain the symptoms of irritation; in others we have seen the coagulum surrounded by injection of the cerebral substance, or by more or less softening, accompanied with coloration of the nervous pulp. Thus we have endeavoured to complete the history of paralysis depending upon effusion of blood into any portion of the nervous centres: it now remains to consider lesions of sensibility, and lesions of intellect, in connection with the same subject.

LESIONS OF SENSIBILITY OBSERVED IN HEMORRHAGE OF THE BRAIN.

During the course of this and the last lectures, we passed in review the various accidents of motility that present themselves, either in connection with hemorrhage of the brain, of the cerebellum, or, finally, of the spinal marrow: having disposed of this, the most important and interesting part of our subject, we shall now take up the lesions of sensibility which accompany effusion of blood into the cerebro-spinal axis.

These lesions are much less constant in cases of cerebral hemorrhage than those of motility, and much more difficult to trace to any determinate alteration of the brain. However, we must follow nature as she presents herself, although we may be unable to explain her actions: we shall therefore consider lesions of sensibility in the brain itself; in the cutaneous integuments; in the organs of sense; and, fourthly, in the different mucous membranes susceptible of being submitted to experiment. First, let us examine

Lesions of Sensibility in the Brain.

Sometimes the occurrence of hemorrhage is not preceded by any trouble of sensibility in the brain. In other cases it has

been preceded, for a greater or less period, by a few accidents connected with modified sensibility. Thus the patient is subject to a weight in the head, to cephalalgia more or less violent; he is giddy, troubled with vertigo, &c., and these symptoms frequently prelude an effusion of blood into the substance of the brain. They are, in fact, phenomena of congestion, alternating in degree, and at length terminating in hemorrhage.

Modifications of Sensibility of the Skin

we have to distinguish under two classes. We must study them, first, as they present themselves before hemorrhage has taken place; secondly, as they are seen after the occurrence of that accident. Before the instant of being struck with apoplexy, many individuals do not experience any modification of the cutaneous sensibility. This is a general rule, but admits of many exceptions. Thus some patients experience a curious sensation in the limbs: they feel a peculiar kind of coldness, as if the hands were suddenly plunged into cold water. Others complain of a pricking pain, of numbness &c., in the fingers or toes, or even in the whole of the limb. The different perversions of sensibility which we have now pointed out as preceding the effusion of blood, may exist always in the same point of the skin, or affect in turns different points of the cutaneous periphery; they may manifest themselves on both sides of the body at the same time, or be confined, as was said, to a single member, which is commonly the one which will subsequently be attacked with paralysis.

Nothing is more variable than the period of time separating the first appearance of these lesions of the cutaneous sensibility from the moment of hemorrhage; sometimes they precede the latter by a few days only; in other cases the numbness, pricking pain, creeping sensation, &c., have existed many years before the occurrence of hemorrhage. We have seen a remarkable example of the latter circumstance in the case of a woman at *La Pitie*, who, at the age of fifty-two, had been struck with an attack of apoplexy; from the age of seventeen this female experienced a sensation of creeping in one of the hands; at first intermittent, the sensations at length became constant, and shortly before the period of effusion, were joined by a similar feeling in the lower extremity, together with some giddiness and headache. Thus you see that the prodromes of this kind may be prolonged for a very great period indeed, and that in cerebral hemorrhage the attack is preceded by various disorders of sensibility; sometimes these latter are so well marked that we can even predict beforehand the side of the brain which will subsequently be implicated in the disease. Remember, however, that accidents of this kind are

rare, and that you cannot expect to meet them frequently as the precursors of apoplexy.

We now arrive at those lesions of sensibility which are observed after the effusion of blood has actually taken place. In many cases the loss of voluntary motion is not accompanied by a destruction of sensibility; the patient is unable to move, but he feels at other times that sensibility is either completely abolished, or merely modified, and in this case the modification of feeling usually takes place in the same side as the paralysis; in a few rare examples, however, the feeling becomes abolished at one side, and motion at the other. The sensibility once modified in consequence of cerebral hemorrhage, what do we observe? In proportion as we become removed from the instant of hemorrhage, the sensibility of the skin returns, and is almost universally restored, long before the limbs have recovered the power of motion. Thus, in the first few days after an attack of apoplexy, if you pinch the patient's skin, he does not evince any symptoms of feeling; in a few days more, sensation, though dull, exists; and, still later, the power of feeling has returned in the limbs, though still incapable of executing the slightest motion. The sensibility of the various

Mucous Membranes accessible to the Touch

may also be modified in a greater or less degree; the conjunctiva covering the globe of the eye is sometimes so insensible that it admits the approach and even the contact of the finger, without giving rise to any uneasy feeling; in some cases the membranes at the entrance of the naris, mouth, &c., seem much less insensible at one side than the other, and all these modifications, very various in degree and seat, seem in some measure connected with a lesion of the fifth pair of nerves. The face and lips also suffer in some cases of the above kind; in one case I have seen a remarkable diminution of sensibility of one side of the mouth and nostril, in an individual in whom the whole corresponding side of the face was also insensible.

The Organs of Sense

may partake in their turn of the general disturbance; the sense of vision remains intact in a great number of cases; however, when the attack of apoplexy is very violent, the power of seeing is frequently completely lost. When vision is troubled, the accidents may appear, either before the hemorrhage has taken place, or after its occurrence, or at the same instant that the patient is attacked. Before the effusion, some individuals experience various disorders of the sense of vision, various strange and unusual sensations, which are felt at no other time. Some are tormented at the idea of flies constantly passing immediately before the eyes; others

have a veil or fine membrane like a spider's web drawn before their eyes, covering everything with a species of cloud, as when the crystalline lens begins to alter; others constantly see a coloured object in everything they regard; nil bodies to them are painted with little red or black points. Diplopia or double vision has been sometimes observed as a precursory symptom of cerebral hemorrhage, and in some few cases this phenomenon has been intermittent; other individuals are struck with complete blindness, and this presents the most striking premonitory sign, existing nearly alone until effusion takes place; or the loss of vision may disappear and return again at uncertain intervals. Some authors affirm that in certain cases the sense of vision acquires an unaccustomed degree of sharpness before the attack of hemorrhage; we have never seen an example of this latter phenomenon. Thus you see that several functional troubles are connected with a disturbance of the brain for a greater or less period before the occurrence of hemorrhage: they show that some change, which we are unable to appreciate, but whose nature it would be of the utmost importance to determine, takes place in the cerebral pulp, or in its manner of acting, long before the lesion which characterizes apoplexy.

At the instant the effusion of blood takes place, vision may remain intact: it may be destroyed or weakened on one side or both. When the hemorrhage is very violent, vision of both eyes is generally abolished. In cases of less gravity, the power of sight may be simply weakened, or lost at one side of the body only; and in this latter case what do we observe? In some individuals the loss of vision occurs at the paralyzed side of the body; in another class it is at the opposite that the modification of sight is observed.

We have endeavoured, by a careful examination of cases, to determine whether these different troubles depend on a difference in the seat of the lesion, and although we have not been able to establish this in a satisfactory manner, it still remains probable that the diverse modifications of vision in the cases of cerebral hemorrhage we have just described, are connected with the seat of the effusion, and the influence it exercises on the various roots of the optic nerves. You know how these nerves are derived, by numerous filaments, from different parts of the brain, and, moreover, how the intersection of the two chords is incomplete; hence some fibres pass directly from the brain to the organ of vision; others, on the contrary, decussate the fibres of the other nerve, and pass obliquely to the visual organ of the opposite side; hence we can conceive, that as the hemorrhage may implicate one or more of these different fibres, the loss of vision may take place at one side of the body or at the other, and the

various modifications of this sense be in some measure explained. The observations we have just made, refer principally to loss of vision at one side of the body rather than at the other; but a more general question presents itself, viz.,

When the power of Seeing is completely abolished, can we affirm that a particular portion of the Brain is injured?

—that the lesion, that is, occupies the thalami, the corpora quadrigemina, &c.? No, certainly not; if the hemorrhage be violent and extensive, we have complete abolition of the sight, no matter what region of the brain be attacked, because in these grave and dangerous cases, the whole organ is equally compressed; however, we have cases on record which show the existence of a similar phenomenon with a small coagulum, situate now in one part of the brain, now in another. M. SERRES, to whom we owe many researches upon this point of the physiology of the brain, affirms that blindness does not occur when the lesion is situate above the level of the thalami nervorum opticorum; the effusion must take place in the optic ganglia, on a level with their commissure; but this and several other opinions of the same kind require further examination and more imposing proofs before we can admit them without reservation. It is certain that blindness may coincide with a lesion, not of the brain, but of the cerebellum; we have before drawn your attention to this interesting point of pathology: we shall not, therefore, recur to it again. We must not neglect to mention a phenomenon of the visual organs often connected with cerebral hemorrhage, viz., dilatation of the pupil; but as this symptom is merely the consequence of loss of sensibility to the retina, it comes under the same head as blindness, and may be classed under the modifications of vision.

The other senses follow the same rules as vision. The hearing may be modified either before, during, or after the effusion of blood. Many patients complain of ringing in the ears, strange noises, and various other hallucinations of a similar kind. As to the senses of smell and taste, we have nothing particular to remark, except that they also may present different modifications of sensibility in cases where the fifth pair of nerves is implicated in the lesion of the brain.

We have thus discussed the various lesions of motility and sensibility that occur in consequence of hemorrhage into the nervous centres. We have also, as you may remember, examined how far these diverse modifications of the power of motion are connected with a difference in the seat of the lesion. We might submit lesions of sensibility to the same method of examination. The sensibility of the different organs and surfaces is modified, without any nota-

bles difference, whether the lesion be seated in the brain or cerebellum. When hemorrhage takes place into the mesocephale, the cutaneous sensibility is very rapidly abolished, and the same observation may be applied to effusions of blood into the centre of the spinal marrow.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DISEASES OF THE JOINTS.

Delivered in the Session 1835-6.

BY MR. TYRRELL.

LECTURE III.—DISEASES OF THE LIGAMENTS OF THE KNEE-JOINT, AND DISEASES SIMULATING THOSE AFFECTIONS.

Progress of Cases previously described.—Gentlemen, I shall to-day continue the subject which occupied my last clinical lecture, — diseases of the joints. (See LANCET, No. 644, page 528.) Respecting the four cases of fibrous capsule of the hip-joint, then described, three are well. The patients were, an elderly man, a boy, a young man, and a woman. The two patients whose cases were left for further consideration were Septimus Carter and Sophia Mouth. *Septimus Carter*, as regards the affection of the hip, seems quite well. He was here yesterday, when I carefully examined him. Pressure over the joint did not cause any suffering. He has some slight pain about the knee, attributable to a slight continuance of disease of the fibrous capsule.

The woman, *Sophia Mouth*, whose local disease I said had been retarded by ill health, is improved as regards the local disease. The secretions are better, but her health is so far from being good, that she wishes to leave. The air of the hospital does not agree with her. She is to quit to-day, but I have procured her address, and shall ascertain the progress of the case for your future information.

After these cases, I mentioned two cases of inflammation of the synovial membrane of the knee-joint, one in which an increased secretion had given rise to a puffiness of the joint, the other characterized by a diminished secretion. The first patient was well when I mentioned the case, and the second has since been dismissed as cured. There is no more to be said of prognosis, on moving either the knee or the thigh.

Next we had the case of disease of the cruciate ligament. In this the head of the tibia was attacked. The patient had been

presented as cured, so far as the disease admitted of relief—that is to say, all pain was gone, and the man was able to use the limb with tolerable freedom, the motion being a little interfered with, in consequence of the alteration of the articular surfaces.

The other case was of a rather aggravated kind, in a woman named Sullivan. The condyles of the femur were enormously enlarged, without giving way. I have seldom seen so great an enlargement without there being abscess, or more severe disease than existed in this instance. At the last report I made, she was directed to apply to and keep on the surface of the joint, the blue ointment, with soap cerate, in equal parts, adding a little opium. The subsequent report says, “the condyles are much reduced in size. There is some pain and tenderness over the lateral ligament, which pain is increased at night, but not so greatly as materially to disturb rest. The health is a little impaired. She complains of pain in the head, which might be attributable to irritation of the mucous surface of the bowels, she having slight diarrhoea, for which she was directed to take the compound chalk mixture, and a small quantity of port wine was given to her.” Two days afterwards, the report says, “the bowels continued a little relaxed, but the headache is relieved; the local affection, however, appears rather aggravated,” in consequence perhaps of the debility ensuing from the affection of the bowels. The pain was rather more at night, disturbing her rest, and she complained of some tenderness on the surface of the condyles, particularly in the situation of the external and internal lateral ligaments. In the space of the next four days, a considerable amendment took place. The general health was much improved, the pain and tenderness of the joint were less, she rested well at night, the bowels were regular, and the appetite was improved. Yesterday, the day after, I inspected the part, and was rather surprised to see the diminution that had taken place in the condyles, which is very unusual to any great extent. Perhaps the thin shell of bone had shrunk after the absorption of the internal deposit. The diminution, also, of the periosteum, which had been thickened, may have tended to account for the diminution in the size of the part.

There is mentioned in the report, “pain in the situation of the lateral ligaments.” These ligaments, in such a case, are naturally put on the stretch; for the distance of the points of attachment above and below is necessarily increased, and slow inflammatory action is thus produced. Since the condyles have diminished, the pain has altogether ceased. I expect at our next meeting to report this case as cured, so far as it is curable; that is to say, that all inflammatory action has been subdued.

CASE 1.—Disease of the Internal Lateral Ligament.—I shall to-day direct your attention to one case of disease of the ligament of the knee, and to another which has the semblance of that disease. The first is the case of Anne Fitts in Queen's Ward, aged 36, of regular habits, an inhabitant of Bethnal-green, admitted October 29th. She said that about two months ago, after exposure to cold and damp, she experienced a dull aching pain in the right knee, increased on motion of the joint, and particularly severe at night. Leeches were applied without benefit, and on her admission, she complained of much pain on the inside of the right knee, particularly in the situation of the internal lateral ligament, more severe at night and disturbing her rest. There was some pain over the whole joint, but more upon the inner side. The leg was flexed upon the thigh to a great extent, and any effort to extend it produced great pain. The muscles which flexed the leg appeared to have got into a contracted condition. I ordered her half a grain of acetate of morphia at night, and, to relieve the local affection, a moxa was applied over the lower part of the vastus internus muscle. Here you may remark, that there was a deviation from the principle which I inculcated in a former lecture. I said it was best to apply the moxa near the part which was the seat of the disease; and so it is where there is sufficient substance to admit of the eschar. The coverings, however, over the knee-joint are so thin, particularly over the internal condyle, that there would be a risk, on the separation of the slough, of the ligament being exposed, and producing a more severe form of disease. So the moxa was applied a little above it.

November 7th, the report says, her pain greatly relieved; sleeps well at night; pressure over any part of the joint is not productive of much pain; the general health remains good; the moxa discharging very little. From this time to the 20th, she made very little progress; there was rather more pain in the knee, and she was unable to extend the leg. However, she slept well, the appetite was good, and the secretions were in order.

December 2. Rather more pain in the knee, which she attributes to efforts to extend the leg. Had little rest last night in consequence of this. I desired that the moxa should be repeated, as the former had nearly closed, and, further, that instead of the passive motion from day to day, the knee should be placed on a splint, with a hinge, which, by means of a screw, could be gradually extended, and that it should be screwed out daily, but not to such an extent as to produce suffering. The application of the splint produced some pain, which lasted a very short time however, and she now suffers but little. There is but

little tenderness, and what remains is just in the situation of the internal lateral ligament, otherwise she is well. Yesterday, also, I had the opportunity of seeing her, and I was pleased to find that the leg, instead of being closely flexed on the thigh, had now got nearly to a right angle with it, and, no doubt, by the continuance of the same means, we shall eventually render this part perfectly free, that is to say, the limb entirely extended.

Remarks.—This is a common case of affection of the knee, particularly in women. The internal lateral ligament is, for an obvious reason, more liable to diseases in the female than any other ligament in the knee-joint. We find, on looking at the skeleton, deprived of the soft parts, that even in the well formed male the femur has a little inclination inwards, towards the median line, as you trace it from above to below, and that from the difference in the length of the two condyles the tibia is put nearly in a straight line, so that every person who is well formed, is slightly in-kneed. But where the pelvis is broad, as in women, and the upper part of the thigh-bones is separated to a great extent, the inclination inwards, towards the median line, the obliquity, is greater; consequently, all females who are well formed, have that particular inclination of the limb which is termed in-knee conspicuous. Sometimes this occurs to a very considerable extent. You may observe in a woman who is walking, when the pelvis is very broad, that she has a slight waddle, inasmuch as she is obliged to throw the inner condyle of one femur over the other, as she brings it forward in progressive motion, otherwise she would strike one knee against the other. This gives a rolling walk to women who have a wide pelvis, and on every occasion of forcible extension of the leg, as in running, jumping, and so forth (and it occurs also in falling), the internal lateral ligament receives the greatest stress, and is, therefore, more frequently injured, and more subject to disease, than any other ligament of the joint. Next to this the posterior ligament oftenest becomes affected, because in the extension of the leg beyond a certain degree, that ligament is put most on the stretch. There was no other evidence of affection of the knee, in the present case, further than some general pain, which, however, was trifling in comparison with that which existed just over the internal lateral ligament. The contraction of the muscles is not uncommon. The muscles are not placed so immediately about the knee-joint as they are about the hip. We have, principally, tendons passing about it, and it is curious that the triceps muscle more frequently becomes contracted than the others, which go to supply the knee. The contraction of the knee may be attributed not

so much to any morbid condition of the muscles as to the position which the patient maintains to enjoy rest, or freedom from pain. The patient, therefore, lying on the back, flexes the leg on the thigh, and suffers less in that position, particularly when the internal ligament is affected. The ligament being diseased, the moment the leg is extended the former is stretched and the pain more severe. From constantly maintaining a flexed position for many days together, therefore, the contraction becomes almost permanent, and considerable force is required to effect the extension when it has existed for many weeks or months. The points in this case, therefore, are, that the part diseased was indicated by the seat of the pain,—and the character of the disease by the pain being worse at night,—thus affecting the fibrous tissue. The motion of the joint without crepitus, showed the synovial membrane to be free from any participation in the injury. She has been cured under the simple application of small moxæ, and attention to the general health.

CASE 2.—*Affection simulating Disease of a Ligament of the Knee-Joint.*—

Harriet Winch, aged 29, a cook, residing with a family in Thames-street, was admitted into Lydia's Ward on the 4th of September. She states that about two months ago, after much exercise, she experienced pain at the posterior part of the left knee, which in a short time became so severe as to oblige her to discontinue work. She then went into the country, where, from rest and quiet, the pain left her. She returned to her situation, and in the course of two or three days the pain again attacked the knee with increased violence, and was particularly severe at night, disturbing her rest. Leeches were applied to the knee, but with little or no benefit. On her admission, she complained of a dull aching pain at the posterior and inner part of the knee, particularly towards evening and during the night. The posterior part of the joint was apparently a little swollen, and extremely tender. I found after her admission that I had been led into an error, probably from not quite understanding her description of her case. I understood that she had had an affection of the knee, applied some counter-irritant and leeches, gone into the country, and there recovered, attributing the recovery of the local affection to the application of leeches. But it appears that in stating this she referred to the treatment on the second attack, when she was an out-patient elsewhere. I should have been more careful in my inquiries when she was admitted, and should have in consequence ascertained the nature of the disordered condition of the small portions of caloric, and applied, every night, with leeches

to the knee, for the extreme tenderness, which was thus relieved for a short time, and she was cupped over the vastus internus to six ounces. This afforded little relief. She was now ordered an additional quantity of opium, and from the sensation of extreme heat in the knee, a cooling spirituous lotion was applied to it, as she thought it would be grateful to her.

On the 16th (nearly a fortnight after) the pain and tenderness were somewhat less; the rest at night was much less disturbed, the condition of the bowels and secretions was good; the uterine functions were regular. The opium was still continued, and a blister was now ordered to the knee.

23. Rest rather better at night; in other respects much the same. The former blister having healed, place another over the joint.

Oct. 6. Complaints of much pain in the posterior and inner part of the joint. Omit the opium, as it produces headache and constipation. Blister repeated for the third time.

11. The pain and tenderness less; rest at night less disturbed, but she still complains of pain in the head, which is referable to the forehead.

23. The pain in the knee greatly relieved; pressure produces but trifling suffering, but the pain in the head is still very distressing. The opiate was again tried, with a stimulant, the liquor opil, with the camphor mixture. Apply the strong blue ointment, with lint, to the knee, not to be rubbed in, but merely laid on the surface.

30. Pain in the head less, but still distressing. In other respects much the same.

Now from my inquiries, and seeing the little benefit derived from the local remedies, I began to suspect that there was an hysterical diathesis, and the local disease was continued principally from this. I now ordered her to take the compound galbanum pill, and, with this, a small quantity of hyosciamus every night.

Nov. 4. Not quite so well; the inner part of the knee continued rather tender; rests better at night, but is occasionally disturbed with pain. She was now ordered to take the pill twice a day, and upon the affected part was to be placed the soap-kerate, simply with a small quantity of opium, the blue ointment having produced some degree of superficial irritation.

11. Less pain in the knee than since her admission, but pressure over the inner part of the joint gives pain; rest at night not disturbed, and general health improved.

18. Pain in the knee again severe, and the joint tender. I now increased the power of the anti-hysterical medicine, giving the ammonia of the tincture of valerian twice or three times a day, in drachm doses.

25. Much the same. Complaints of pain in the knee, and rest disturbed at night. Frequent tremors of the limb, which last

about ten minutes, after which the pain is very much increased. Tenderness over the whole joint, more particularly at its inner and posterior parts; pain in the head distressing. I now changed the remedy, giving her the subcarbonate of iron, still, however, holding the opinion, that the affection depended a good deal on hysteria.

Dec. 2. Pain and tenderness the same; complains of throbbing at the joint; says she has occasionally extreme heat at the inner part, which continues about a quarter of an hour, followed by a corresponding degree of coldness; trembling of the limb occurs more frequently; pain is increased for a short time after the cessation of the tremors; appetite more impaired; the secretions from the bowels are extremely offensive, of a dark colour; the bowels are torpid, but the uterine functions are natural. I directed that she should have the *asafoetida* injection, about half a drachm of the common *asafoetida* dissolved in half a pint of tepid water, and injected every evening. On the 8th, after she had had one or two injections, she complained of some tightness across the chest; rest much disturbed; headache remained; altogether much in the same state. Appetite a little improved. This patient, also, for the present, will quit my care, as she is desirous of leaving the hospital to obtain country air, which, after the first attack, did all that was necessary.

Remarks.—This has been an interesting case, inasmuch as in the first instance there was every evidence of affection of the joint of a serious kind, that is to say, acute inflammation of the internal lateral and the posterior ligaments. Perhaps the situation in which the affection was described by her to exist, prevented me from inquiring so far into the history of the case as I should have done; and this combined with a belief that she had been relieved, as I said, by counter-irritation and leeches, induced me to believe that it was a case of disease of those ligaments, from inflammation, which would be relieved again by rest, and the treatment which had before been adopted. I therefore treated the case at first as declared in the report which I have read to you, and until I found that she had the nervous tremulous pulse belonging to hysterical patients, that she was frequently the subject of headache, seldom without it over the forehead, and that she had a pallid look. This, however, was a little puzzling, when we came to find that the uterine secretions were in a proper condition; but as I have seen frequently exceedingly well-marked hysteria, even in a violent degree, while the uterine functions have apparently been in a good condition, I was not so much surprised as I otherwise might have been.

Now there are further symptoms here with regard to the knee, which it may be as well to point out, that convince me the

affection is not one of actual inflammation of the ligaments, but that it is a *sympathetic affection* depending upon a peculiar condition of the constitution. If she had had merely inflammation of the internal, lateral, and posterior ligaments, the pain would have been confined to those parts particularly when the limb was at rest, and she would have complained of pain there especially on pressure; but when you come to examine the surface of the joint, it matters little where you press. If you press on the patella, on the ligamentum patellæ between the patella and the internal lateral ligament, there, or even on the vastus externus, or internus, or on the insertion of the internal muscles, or higher up, or lower down, it is all the same; she still complains of pain. It is true she complains of pain more if you press on the posterior or lateral ligaments, or on the anterior part of the joint; but supposing that had been fibrous disease, what would be likely to occur under the unimproved condition of general health? I know that the fibrous disease would have gone on. Besides thickening, we should have had ulceration taking place, and further tumefaction, an increase of pain, with general rigors, indicating the commencement of suppuration, instead of which you find that in one day's report the knee is described as being rather better, the pain less severe, and the rest better; then a day or two afterwards, without any obvious reason, the pain is aggravated, and the local disease rather increased, and the patient thus going backwards and forwards. This is not the character of actual disease of the ligaments, unless there be some peculiarity of the constitution, some apparent change, from time to time, which will enable you to account for the local alterations that take place. This case has been one of considerable interest, and it has assumed so closely the character of ligamentous disease, that I shall take care to investigate it further. I have therefore desired Mr. WHITE, who kindly assists as my clinical clerk, to take the patient's address, and she has promised to let me know from time to time how she gets on. She has gone to reside in a purer atmosphere with her parents. I have directed that she should take occasionally an aloetic purge, composed of aloes, hyssopus, and colocynth. I have given her also the compound steel mixture, with a small quantity of castor. This she is to take regularly, and I have directed her to apply to an intelligent medical man in the neighbourhood, who will modify the medicine from time to time, according to the symptoms. I trust and think that I shall be able in a short time to give you favourably of this case, and of confirming the views I had taken, namely, that the first of all, the peculiarity which is designated "hysteria" puts on the semblance of

local disease, and, again, how much the general health has to do with the continuance of local affection, whether sympathetic or real.

CASE 3.—*Complicated Disease of the Knee-Joint.*

There are two other cases in the house at present, which afford proof of further extension of disease of the knee. One is a man named Richard Gifford, a sailor, who has partial ankylosis of the knee-joint, a man of intemperate habits, aged 47. He was admitted into Abraham's Ward, on the 19th of November. He states that at about the year 1819, sixteen years since, while at sea, he received a severe blow on the outer side of the knee-joint, from the fall of a block. Much pain and swelling followed the injury. He was obliged to discontinue work, and then he obtained admission into the *Bermuda Hospital*. Blisters were frequently applied, and blue ointment was rubbed upon the surface of the joint, and under this treatment the swelling gradually disappeared. He left the hospital as cured, but there remained stiffness of the joint. From that time till about two years ago he suffered but little, except from stiffness, when the joint, without any apparent cause, began again to swell, and was very painful, particularly at its outer part. He got admission into the hospital ship, the *Dreadnought*, lying in the river, and in about three months he was discharged as well. The stiffness of the joint, however, increased, and in about two months after this the affection again came on, and then he was admitted, complaining of a dull aching pain in the left knee, not referable to any particular spot. It was much increased during the night, and on pressing the head of the tibia against the condyles of the femur, an acute darting pain was experienced, particularly at the anterior and inner part of the joint. The condyles of the femur were somewhat enlarged, and the motions of the joint very limited. There was slight power of flexion and extension. He cannot bring the limb perfectly straight, nor can you carry it far back. The pain was not particularly severe during the day; it seemed to extend up as far as the great trochanter, and along this course there was some slight tenderness. The limb was a little wasted. The secretions were natural, and the general health good. Upon examining the joint, I should say that there was evidence of there having been destruction of bone, from the deposition in those parts. The head of the tibia was rather sunk, approaching to the posterior part of the condyles of the femur. This could not have taken place without there being ulceration of the posterior ligament, perhaps of the transverse ligaments.

On the inner side the knee was found to have advanced more towards the femur; it

was very trifling on pressure upon the thigh-bone. Complaints of some soreness about the condyles, much increased at night.

29. Much the same; can bear pressure on any part of the joint, except on some part of the inner condyle.

December 2. More pain in the joints and at the inner part of the condyle; rest at night much disturbed; the appetite remains good; bowels slightly constipated, but regulated by the house medicines. Repeat the blisters. Not much alteration since the last report; if anything, tenderness rather diminished.

Remarks.—I believe that in the first instance, that, from the description given (which, however, will hardly enable us to decide accurately), he had probably had inflammation affecting the ligament and the synovial membrane. He describes the pain to have been very great, and the swelling very considerable, so that he could not continue his work. In the *Bermuda Hospital*, probably from the active treatment that was then adopted, the disease was checked before proceeding to the extent of suppuration, so as to form an aperture by ulceration. But in consequence of the destruction of ligament, of the synovial membrane, and of the cartilage, the articular surfaces became united by granulations, and then again the granulations were prevented from becoming ossific by submitting the part to slight motion. This is not an uncommon termination of diseases of the joints; rarely, however, does it reach, in the knee-joint, this termination, because when suppuration occurs, the constitution suffers so much that the patient sinks under it.

We have, however, specimens here to show to what extent the disease may go. Here is one in which you will see the joint nearly obliterated, and the condyles of the femur united to the head of the tibia by ossific matter. Here is another preparation, in which you will see the head of the tibia resting on the anterior part of the condyles of the femur. In this instance dislocation had taken place, in consequence of ulceration of the ligament, the synovial membrane and cartilages, and the man's foot had come forward, so that the anterior part of the tibia was at right angles with the anterior part of the thigh-bone. In that position union took place, even to the extent of ossification, as you will see by the preparation. Now in the case of which I have just read the particulars to you, there has been very slight alteration from ulceration, and why I say there has been ulceration is, because the head of the tibia has separated a little from the condyles of the femur. The patient lay in bed, with the limb supported on a pillow, which allowed the tibia to pass backwards. This is, however, better seen with reference to a case which I will now read to you.

CASE 4.—Inflammation, ulceration, and destruction of ligaments of the knee-joint.—

Samuel Ruffles, aged 24, residing at Blackheath, a porter by occupation, of regular habits, was admitted into Abraham's ward on the 1st of October, 1835. He states that when about seven years of age he had some slight affection of the knee-joint, arising from a blow he received at play. About Christmas, 1834, he fell with some violence on this knee, and the accident was followed by considerable pain and swelling, so as to oblige him to discontinue his work. Leeches were applied to the part, and he remained pretty well, occasionally suffering pain in the joint. At last the pain became so severe, and the joint so much swelled, that he could no longer use the limb. After some time an opening formed of its own accord by an ulcerative process of the inner side of the leg, about two inches above the joint, which gave exit to a large quantity of pus, together with synovial fluid. Upon his admission he complained of severe pain in the knee on pressure, particularly at night; the tibia was partially dislocated backwards, and the head of the tibia was also somewhat enlarged. The wound discharged a healthy pus, the limb was much wasted, the rest at night disturbed, but the general health, considering all things, pretty fair. He was desired to take the compound rhubarb powder, consisting of rhubarb, soda, and calumba, and three grains of the sulphate of quinine in infusion of roses, and he was to take half a grain of muriate of morphia, to procure rest at night, and half a pint of porter a day, and he was placed on the house diet. A moxa was applied to the outer side of the joint, the knee was to be slightly flexed, and supported on a pillow to allow the condyles of the femur to sink backwards.

Oct. 8. The moxa discharges freely; pain less; sleeps better, but slight motion of the joint produces great uneasiness.

14. The condyles of the femur appear to have recovered much of their natural condition, but still, at the joint, there is a darting pain occasionally. On the whole, the general health is improved.

21. Complained of no pain except on motion, moxa discharged freely; the wound on the inner side of the thigh produced a discharge of healthy pus. The size of the knee is diminished; rest good. I desired now that the leg should be placed on a swing box, which would give him more facility to move in bed, and at the same time allow the condyles to sink backwards.

26. Has had much pain since the leg was placed in the cradle, and but little rest in consequence. A slight swelling is traced on the inner side of the knee.

30. Suffers very considerable pain; the swelling was increased.

Nov. 2. There being fluctuation, an opening was made to give exit to a quantity of

healthy pus. This relieved the pain, the condyles of the femur still slightly project forwards, but not so much as when placed in the cradle.

11. The wound on the outer side of the joint discharged freely, no pain in the knee, pressure over the joint does not produce pain, sleeps well at night, and general health good.

18. Discharge from the wound less, in other respects much the same.

24. Is still doing well.

December 1. Is free from pain, the wound on the outer side of the joint is healed, that on the inner part discharging pretty freely; the general health remains good. A small sore is formed on the heel from pressure. On the 7th, three days ago, he was improving and gaining health and strength.

Remarks.—In this instance the case is rather more clear, showing injury at an early period of life, producing chronic inflammation of the ligament. He recovers from the first attack, and then, by further violence, gets a more severe form of it, quickly running from the adhesive stage to the ulcerative. Great swelling immediately takes place, great disfigurement ensues, the ligaments are soon destroyed by the ulcerative process, and unless care be taken, they quickly separate from their attachment, and the articular surfaces become dislocated. That has been the case in the preparation on the table, and to such an extent as to produce a deformity that would be hardly credible. I have seen several instances of this kind in which the tibia has been dislocated backwards in this way upon the femur. That could not place without destruction of the lateral ligaments, the posterior ligaments, and the crucial ligaments. At this time the disease has extended also to the synovial membrane, and the cartilages, which have been destroyed in the process of ulceration. The extent to which suppuration takes place in these instances is very various. Sometimes you will have the destruction of cartilage, of the synovial membrane, and of the ligaments, with but little apparent formation of matter, as in the case of Gifford. In that case there does not appear to have been suppuration to any extent, and no external aperture was formed, and he got rid of the severe state of the disease under rest and counter-irritation. But at other times you will find the formation of matter very extensive, as in the instance of the man Ruffles, where the matter formed in the cavity of the joint, and then discharged itself through an opening formed by nature. At this time the constitution suffered much, for when the disease proceeds to ulceration to any extent, constitutional irritation is produced of a symptomatic kind, but often of a most severe description, so that the cases we get of this kind in the large metropolitan

hospitals, more frequently require to be removed to get rid of the source of irritation to save life, than to attempt to cure them otherwise, as in this patient. When I admitted this man Ruffus into the house, there being an opening communicating with the joint, there being partial dislocation, and strength below par, I was doubtful whether I should not have to remove the leg, but he has gone on so well, under good diet and careful attention, that I have no doubt now of the ultimate favourable termination, unless the healing process is disturbed by some accident; we shall get the granulations perhaps to inoculate, and then he able to use passive motion. This will depend, however, on the closure of the wound into the joint, for so long as that wound exists, it cannot be right to use passive motion, because we may increase the injury by it. But as soon as the external wound is closed, passive motion may be resorted to, and he will then get some use of the joint, perhaps to the extent that the man Gifford has, and perhaps a little more. These cases will then show the greatest extent of disease compatible with the safety of the limb.

We have thus seen the knee-joint affected, and the synovial membrane liable to be diseased, as well as the articular extremities in their cancellated structure, and the ligaments, but more particularly the internal and the posterior, in which case the disease of the ligamentous structure extends to the synovial membrane, and the cartilages beneath become destroyed. The articular surfaces are removed, a new deposit takes place, which unites the osseous extremities of the bones, sometimes by fibrous matter and sometimes by osseous matter. These cases, which proceed to an extreme degree, rarely do well, in consequence of the difficulty of maintaining sufficient power in an atmosphere like this, but the cases I have cited are exceptions to the general rule. I have not at present any other case of interest of this kind in the house, and as we have now followed this subject up in three lectures, I shall go to another subject when next we meet.

A TABLE, published in Dr. Lombard's work on the influence of professions on pulmonary consumption, shows that, of all the circumstances enumerated, the most injurious to the lungs is the inhalation of animal and vegetable emanations, which pollute the air of localities. Next, but at a great interval, come bodies floating in the air. Next, the most active causes in the development of consumption are, the want of regular exercise and habitual residence in a malarious district. In the fifth place comes the want of clothing, the trades which require to be performed, or great motion of the arms.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON A CASE OF

SIMPLE FRACTURE OF THE LEG,
FOLLOWED BY GANGRENE.*Delivered in the Session 1835-36.*

BY MR. GREEN.

THIS morning I shall address to you, gentlemen, some observations on a case of simple fracture of the bones of the leg, which was followed by gangrene. In a case that was admitted on the 6th of October last. The patient was Charles Hayling, aged 47, a flour porter, of good stature, and muscular, though not bulky. He had been a gin and porter drinker; latterly, however, only taking porter on account of a cough. I do not know, however, whether, to cure the cough, he took the porter, or left off the gin, but he had had a cough for some time. In other respects he said he was temperate in habits, and not accustomed to intoxication. While standing on the step of a door, a brewer's dray was suddenly pushed back, and jammed his right leg between the wheel and the step. He was immediately brought to the hospital, where it was found that the tibia and fibula were fractured, with comminution, at about the middle of the leg. There was considerable effusion around the seat of the fracture, and a small wound on the outer side of the leg, not however communicating with the fractured portion of bone, so that the injury came within the description of what is termed a *simple fracture*. There was also some grazing of the skin; and a remarkable fact is stated by Mr. TREW, under whose care the case came. No pulsation could be felt in either of the tibial arteries at the ankle. Now this, in connection with the subsequent circumstances, is a fact worth notice. The knee was half bent, and placed on the side, and, though there was not much bruising, on account of the swelling and tension, the leg was wrapped by Mr. TREW in flannels steeped in hot fomentations. The bruising I was informed was not very considerable, though there was so much swelling and tension as to render it advisable, in Mr. TREW's opinion, to apply fomentation by warm flannels.

In the evening of the next day, the 7th of October, he complained of great pain in the limb, and appeared rather delirious, wishing to get out of bed, and speaking sharply and rather incoherently. Still his mind was easily recalled, and he answered questions very satisfactorily. The limb had become much more swollen, and the discoloration

was increased, both above and below the fracture. There is also some swelling about the knee; the foot is cold, and much less sensible than natural. Fifty drops of the tinctura opii were given to him in the evening. Thus we already see that on the very day after the accident, a change had taken place, which was very unfavourable. You will observe that the sensibility of the foot had become diminished, and the power of sustaining its natural temperature was much lessened, and that this was accompanied with constitutional irritation; at any rate some disturbance of the nervous system had occurred, which was to be regarded as an unfavourable sign.

The circumstances bring to my mind the case of a man, which indeed has been published, with a compound fracture, in which at the end of about ten days, when the patient seemed to be going on favourably, violent hemorrhage took place, and it became necessary to amputate the limb, though the condition of the patient was very unfavourable. Indeed, stimulants were essential to bring him to bear the operation, and yet its necessity was absolute, for the loss of a very small quantity more of blood would have destroyed the patient, as we could not get at the artery. The patient being of a healthy and robust frame, and the loss of blood apparently the only cause of the depression, I injected several ounces of blood into a vein at the bend of the arm, and the man, in consequence, revived uncommonly, took nourishment, and seemed to be going on well; but on the next day he altered and was sinking. I repeated the transfusion, but without any effect. The first untoward symptoms were, restlessness, and a desire to get up, but he was easily quieted; still when left to himself his mind wandered. What change could have induced the latter symptoms which he exhibited? It turned out afterwards, that mortification had occurred on the face of the stump, and I do not in the least doubt but that it was this which caused the first symptoms, and also prevented the second transfusion from producing good effect. The mortification may have been partly the effect of the great loss of blood reducing the powers of the system below the requisite condition to sustain vitality, followed by the infliction of such an injury as amputation. Mortification of the stump took place, which we failed to overcome.

To return to the case before us. The foot was observed to be cold. Opium was given in the evening, and it was thought well to envelop the whole limb in a poultice.

Oct. 8. The patient is much easier. The opium had produced him a quiet night. Bowels regular; his general health unaffected. Perhaps you will think this rather too strong an expression after hearing that the pulse was 110; however, the appearance

of the man justified the remark. His countenance was good, his complexion bright, his lips and eyes were natural, and he said he was very comfortable; so that I apprehend that some who may have stood by his bed, might, when his limb was covered up, on simply looking at his countenance, and hearing him speak, have said there was really nothing the matter with him.

The report goes on to state that his pulse was 110, rather full, and not wanting in power; tongue clean; skin warm and moist; perfectly sensible. The peculiar wandering has gone off; it was a very remarkable symptom. The leg is now more discoloured, as if it had been severely bruised. The foot exhibits many large patches, and a bluish red colour on a perfectly white ground. There is œdema about the ankle, and much tumefaction about the lower third of the thigh. The skin of the thigh is very hot, but not discoloured. The superficial veins of the thigh are remarkably charged. There is still the same want of sensibility in the foot, and an absence of pulsation in the tibial arteries. It short it became perfectly distinct that gangrene was taking place to a considerable extent; but it was remarkable that the system generally bore the injury so well. It seemed at that time scarcely to have taken the alarm. It is remarkable, I mean, as an unfavourable symptom, for very commonly you will find that where the system does not take the alarm, when there is sufficient cause for alarm, there exists some cause which is likely to interfere materially with the patient's recovery. It has been noticed, — and I think there is some ground for the observation, though it is difficult to come to any very decided conclusion upon a point where the instances must take place under such varied circumstances that one cannot feel justified in generalizing with great confidence, — but it has been observed that persons who do not complain much at the time of undergoing an operation, but bear it apparently perfectly well, often do very ill afterwards. This fact seems in some degree to bear upon the case now before us. Here was a patient in whom, although there was quite sufficient cause, from incipient gangrene, for violent irritation of the system, yet the system seemed to be unaffected. I saw him on the 8th, which was the third day, and I well remember, as mentioned in the report, that while the appearance of the limb was gangrenous, his general health was unaffected.

Well, I had to make up my mind as to the treatment. Although, in some respects, of a favourable constitution, yet the man had, beyond doubt, been far more addicted to the use of spirituous liquors than was calculated to render him a particularly safe subject for the consequences of such an accident. Here was a patient, however, connected with a constitution, and an opinion

sider two things; first, whether, under any circumstances, it would be proper to amputate at this period; and, secondly, whether, considering that in this particular case there was gangrene, and a destruction of parts to follow, which it was scarcely possible he could survive, yet his general health being still unaffected by it, whether, by removing the source of irritation by amputation, we might not prevent the subsequent derangement, and the probably fatal constitutional effects which were likely to arise without that operation? I might say that a third point presented itself to my mind, which, though it did not bear very importantly on the treatment in connection with the other two questions, yet is worthy of notice, and that related to the cause of the gangrene. The limb was so jammed by a cart-wheel as to produce a severe contusion; and there was a good deal of swelling after the accident, but still, according to the report of the appearance of the leg immediately after the accident, it did not appear even probable, still less certain, that the gangrene was entirely produced by the local injury. There was no appearance, on admission, of the parts being so crushed as certainly to evidence the cessation of their vitality. Therefore, the question might very well be asked, What was the cause of the gangrene? Doubtless, the bruising was one cause; but it seemed probable that there was something more. One naturally asked then, Is any main artery so ruptured as to cut off the supply of blood? I called your attention to the fact, that there was no pulsation in either the anterior or the posterior tibial arteries; but if, for instance, there had been rupture of the popliteal artery, that might have explained the want of pulsation in the arteries at the ankle, but not, with certainty, the occurrence of mortification.

I recollect the case of a young gentleman, who, in riding a race, struck his knee against a tree, and fractured both bones of the leg. The limb immediately began to swell, and so continued until it was swollen to a prodigious size. The surgeon in attendance was utterly at a loss to account for this extraordinary swelling. The patient was treated in the usual way, and after the usual lapse of time at which a fracture might be supposed to be united, it was found that the union had not taken place. He was placed on Dr. AMESBURY'S fracture apparatus, but with no better success, the swelling did not subside, the fracture did not unite; inflammation, suppuration, and abscess, supervened; then came on a bleeding, and then it was necessary to amputate the limb. And the cause of this was ascertained to be a rupture of the popliteal artery, very close to the fracture, which was probably produced by the violence of the blow. Now gangrene

known one or two other cases of ruptured arteries where gangrene did not supervene. Nature may fully provide for the supply of blood to parts when arteries are ruptured, by anastomosing branches. But there was no pulsation in this case in the tibial arteries. How came that? Was there any coagula in those vessels, the consequence of the severe blow? I am not acquainted with any facts which will warrant such a supposition in such a case, but there is a preparation on the table, taken from the Museum, in which you will observe a clot in the brachial artery; and I recollect having heard Sir ASTLEY COOPER speak of this case as one in which the mortification of the limb (for the arm mortified in this instance) was supposed to be dependent upon the formation of that clot; but I do not know any further particulars of the case than those which I have detailed to you. We may readily suppose that where an obstruction to the circulation takes place by means of a coagulum, an insufficient supply of blood will be distributed to the parts below, and that obstruction may be the cause of the mortification.

But no such circumstances were found to exist in this case; there was no rupture of the artery, no coagulum, no little specks of coagula here and there, as you might have expected. The vessels were empty; nothing obstructed the circulation, nor was there any thing in the history of the case, or in the after examination of the limb, sufficient to explain the very interesting and important fact, supposing it to have been accurately ascertained,—and I do not doubt (considering what Mr. TAYLOR has stated) that it was thoroughly ascertained,—that there was no pulsation in the tibial arteries. Whether that was connected with the gangrene, in the relation of cause or effect, I am unable to say.

Let us return then to the questions; First, Would it have been proper to amputate under any circumstances? Secondly, Whether in this particular instance it was proper to amputate at that time.

With respect to the first of these questions, surgeons, I think, are still in some doubt whether amputation should be performed (gangrene having taken place) before a line of demarcation occurs. Most of them have agreed to wait for that line of demarcation, in opposition to the opinion of the older surgeons, that amputation is a remedy against the spreading of mortification. Indeed, I think ample experience has shown that if you amputate during spreading gangrene, under ordinary circumstances, mortification of the stump generally takes place, and you gain nothing by the operation. But, certainly, we do not want cases showing the propriety of operating at another time, and there are individuals who have adopted the opinion that where mor-

tification arises purely from local causes, and is dependent upon circumstances entirely within the part, you may amputate before the line of demarcation has occurred. Instances might be adduced where this plan has been successfully resorted to. Thus in a man who was admitted under the care of Sir ASTLEY COOPER, mortification had taken place from aneurysm in a vessel of the arm, and Sir ASTLEY amputated without there being anything like a line of demarcation. There was a case of simple fracture in this hospital, in a maniac, who, being troublesome here, was sent to the parish house, but with the arm properly bandaged. But he succeeded in removing the splints, and mortification took place. Amputation was there had recourse to while the gangrene was still extending; and it did not reappear in the stump, but the man did perfectly well. Taking all things into consideration, we may perhaps say, as a general rule, that it is proper to wait until the line of demarcation has shown itself; while, at the same time, there are certain cases where you may amputate previously, supposing the mortification to arise from a cause which is entirely within the part and only relating to that part. Have a care, however, that the exception which you make to the general rule shall be perfectly in point.

And now, to come to the next question, whether, in the particular case before us, amputation should have been performed, although the system was not affected, and although the mortification might have been referred to the precise spot implicated. But I was very much in doubt whether the mortification could be referred solely to the local injury, and I am inclined still to think, though the issue of the case is before us, that such was not the case. The man was a great drinker, and perhaps, though I have no means of exactly determining the point, some alteration had occurred in the state of the large vessels. He certainly did not appear to have any disease of the heart, yet there might have been such an alteration there or in some of the large vessels as would produce a change in the circulation. It therefore appeared to me exceedingly doubtful, to say the least of it, that the mortification depended solely on the local injury. However, his appearance on admission being good, and not such as indicated that mortification was pending, I considered that we should give him a better chance of recovery by waiting until the parts should be in such a state as would allow the amputation to be safely performed, so far as regarded the prospects of healing, and until such symptoms appeared as would render the operation imperative, but which did not exist at the time I was considering these matters.

On the 9th of October I found that he was not so well, and had lost his appetite.

He had slept tolerably well during the past night, except when disturbed by shooting pains in the leg; the limb was more generally bluish, and a part of the skin above the injury presented rather a reddish hue, as if there was some token of separation. On the outer and back part of the limb there were several small vesications containing serum. The bluish appearance gradually subsided into the natural appearance, upon the thigh. The tumefaction had not increased, but the swelling extended to the upper third of the thigh, and there was a curious sensation in the femoral artery, as if air had been diffused through the cellular tissue. The other parts of the thigh had a doughy feel, but did not pit on pressure. Pulse 108, rather jerking, but not capable of sustaining pressure. The tongue was slightly coated; the bowels were regular. I omitted to say before, that as his habits had led me to infer that his strength could not be supported without his accustomed stimulant, I ordered him four ounces of gin daily, and full diet, directing the dresser to watch for any febrile symptoms, and then diminish the quantity of both, in order that the actions of the system should not be roused into tumult.

On the next day the quantity of gin was ordered to be increased to six ounces, with a little port-wine mixed in sago or gruel. I think it makes a great difference, whether stimulants are mixed with food or not. In food they do not seem to exert the same influence in rousing the action of the heart; they do not have the immediate effect of diffusive stimulants, for they are not then so concentrated.

On the 11th it appears that he had slept well during the former night. He was without any appetite. The state of the limb was not much varied. The foot was more bluish, but had some little warmth and sensibility remaining. The leg was dark blue. The thigh was emphysematous, and rather bluish; pulse 104; tongue whitish; bowels relieved last evening.

12. The report states that he did not sleep last night, in consequence of much sharp pain extending down to the foot. There is considerable vesication on the leg, on the outer side especially; but little sensation below the ankle; the swelling of the thigh has increased since yesterday, and now extends to the groin; the whole is emphysematous; no line of demarcation; pulse 100; tongue clean; bowels regular; skin comfortable; appetite good. I thought that advantage might be gained by using some other stimulant, and five grains of the carbonate of ammonia, five minims of the tincture of opii, and fifteen minims of the tincture of hyoscyamus were ordered every three hours, after a good sleep.

13. He slept tolerably well; gangrene

more diffused, but no distinct line of demarcation; the crepitation has increased; pulse 108, full, and tolerably firm; tongue whitish. Ordered a mutton-chop daily.

14. I made to-day three incisions, each about two inches in length; one on the front, one on the outside of the leg (both through the living and the dead skin), and one on the outer side of the thigh, in consequence of his having experienced a good deal of pain, which seemed to me to originate very much in the tension of the parts. I also thought it probable that there might be some matter or sloughs under the skin.

15. Much relieved from pain by the incisions, and feels better. The line of separation has commenced on the outside of the leg.

16. Had no sleep last night, from great pain in the middle of the leg. There is a slight sensation of fluctuation just behind the middle of the leg. I passed a lancet deeply into it, but no pus escaped. The discoloration of the leg had not extended; pulse 108.

17. Passed a good night, but his constitution is now beginning to suffer. The cheeks have a patch of pink on them; skin hot and dry; tongue dry in the middle, with moist edges; pulse 116, full, and irritable; bowels open. He has become thinner, but is in less pain. The separating line is still proceeding. The leg, just below the knee, is extremely sensible when pressed upon, and the emphysema now spreads over the whole front of the thigh, which is more swollen.

18. Much the same; pulse 118, jerking. The lower part of the leg is now quite black. An irregular line marks the boundary of the gangrene.

19. Slept tolerably well last night, and is in less pain, but his features are beginning to shrink, and there is more hectic flush upon his face; pulse 120; pain diminished; and the line separating the living from the dead parts has slightly commenced. There is a plentiful but thin discharge from the thigh.

20. The separating line is now quite distinct; he slept very well last night, but his powers are beginning to flag; pulse 120, jerking, and very easily compressed; bowels regular; appetite impaired.

21. He wandered much during the night, but towards morning became sensible, though his manner is rather hurried; he is decidedly worse than he was yesterday, and the friends were determined to amputate, as being the only chance of saving his life.

22. I now found the appearance of separation much more marked, though not even at that time presenting a distinct line of demarcation. The operation had taken place, and the separation was not complete. The limb. At this time it was quite evident that his powers were decidedly sinking, and perfectly ob-

vious that they were unable to carry him through the process of separation of the limb. Accordingly the amputation was performed at 2 o'clock on the 21st. The skin and cellular tissue at the back of the thigh were full of adhesive matter, and glued firmly to the fascia. Pus escaped on cutting through the muscles. There was rather more venous blood than usual lost, and he became rather faint. Brandy was administered, but he appeared sinking. Three ligatures were applied, and a strap of adhesive plaster was used, *pro tempore*. He was taken to bed and a drachm of tincture of opii was administered. I remained with him for some time after the operation, for he certainly was in a state of complete depression from the operation. It was evident that the system had received a very severe shock, and though the quantity of blood lost during the operation was not very great, yet I apprehend that it was very sensibly felt. There was one symptom which you will often see in persons who have lost a good deal of blood, an anxiety about the breathing, as if there was a difficulty in filling the lungs, a restlessness, a turning from one side to the other, a gasping with the mouth, and, withal, considerable depression. However, I left him, with directions that he should be supported as far as possible. Diffusive stimulants were given *ad libitum*, in order to keep the powers of the system going until, if it was possible, a reaction might take place, and some symptoms of restoration should appear. At seven o'clock, having taken brandy twice, he was still very low; the pulse was very quick and weak, but yet he rallied after each administration of the brandy-and-water. The stump had been dressed, and there was but little oozing from it. Still, notwithstanding all these means for rousing the system, he died at half past nine o'clock on the same evening, without having exhibited the slightest appearance of reaction, although by that time he had taken nearly half a pint of brandy. An attempt was made to give him forty drops of the liquor of opii in a camphor mixture, a short time before his death, but only a very little of it could be got down.

Then came the examination of the limb, but I am sorry to say that there was no examination beyond that. I wished to look at the heart and great vessels, but the friends would not allow it. It was found that a triangular portion of the tibia had been detached and driven backwards, being in close connection with, though not pressing on, the posterior tibial vessels. Three inches below that, the bone was surrounded by a considerable portion of lymph. The arteries on being slit open appeared to be healthy, and contained but little fibrine. The muscles on the other side of the leg also seemed to be healthy. The fibula was fractured obliquely, immediately below the outer mal-

leolus, a considerable way below the fracture of the tibia. On cutting into the knee-joint, bloody matter escaped, and the cartilaginous substance was a little disorganized.

Could any other plan of treatment have been adopted in this case, with a better chance of saving life? Was any thing omitted which could have contributed to his recovery? Really, on reviewing the circumstances, I am not aware that a different plan could have been adopted. The man was intemperate; he had received a severe contusion on the leg, accompanied by fracture; and, apparently, partly from the contusion, and partly, perhaps, from the state of his circulation, induced by his habits, gangrene occurred. Had amputation been performed when first the operation suggested itself, the probability is that gangrene would have taken place in the stump, or that the patient would have died from the effects of the operation, as he did at a later period. The plan of treatment consisted in supporting, without rousing to tumultuous excitement, the powers and the functions of the system; and they were tolerably well sustained until the parts began to separate, when the aspect of the case was not at all favourable; and although the line of demarcation from adhesive inflammation, had never been completely formed, the actual separation of the dead from the living parts only took place partially, and, in the course perhaps of a few hours, the patient began to pass into that state which Mr. Hunter so expressively called "symptomatic of dissolution" produced under an overwhelming injury. Under these unfavourable circumstances amputation was performed, when it could no longer be delayed, but, unfortunately, the state of the system during the amputation, combined with the shock of the operation, produced the unsuccessful result which we have to regret.

DIAGNOSIS OF DISEASES OF HEART.

ON PALPITATION, NERVOUS, PLETHORIC, AND SYMPTOMATIC.

By JOHN FOSBROKE, M.D., Physician to the Royal Dispensary.

THIS is so prominent a symptom of affections of the heart, that the physicians of yore lumped together all diseases of that organ under the term "palpitation," just as I have known some modern professor or other doctor relieve himself from all manner of perplexity, by conferring the title of "Morbus Cordis" upon every puzzler that came before him. Our approaches to pre-

cision in the knowledge of diseases of the heart have not been very ancient. Dover says, that the old apothecaries, who "always described diseases in the fashion of the day," said it "at one time, that every body died of polypus of the heart, but being laughed out of the polypus, mortification of the bowels came in fashion; and, when a patient was dead, the surgeon was paid to make out the disease incurable." Dr. Parry will stand high in the estimation of the profession, so long as that man is considered the greatest physician who collects the most facts, and reasons best on those facts; but he blended together hypertrophies and dilations under the general term "enlargement," giving here and there some distinctions between the two in the course of description. Mr. Abernethy went nearer to the wind, and knew, in a general manner, the two brief differences of thickening and dilatation, and attempted to distinguish these, and almost all diseases of the heart, by the pulse. I remember him, in his striking and facetious lectures, talking of "aggrandizement of the heart's substance, being attended with aggrandizement of the heart's action, a pulse vibrating like a cart-ropes, and increase of the heart's bulk by dilatation, with diminution of its action. Where the action is increased, the heart is enlarged in its diameter, the carotids pulsate, and both those arteries are dilated, to carry off the quantity of blood forced upon them. Ossifications, strictures, and contractions of the annulus venosus, are attended with an extremely weak and quick pulse. And for why? the arteries are fully supplied with blood! Because it cannot make its way through the contracted heart. They interfere with muscular power, diminish the heart's contractions, and give rise to a pulse scarcely to be felt, and to pain in the part." (*M.S. Notes of Anat. Lect. on the Heart, by J. F.*) So talked Mr. Abernethy, and practitioners continued for some time to discriminate diseases of the heart through the pulse, like the Chinese, who pretend to discover all diseases through the same medium. I apprehend it is no better guide in the one case than the other.

Beddoes says, that John Hunter did more for the advancement of medical science, than the whole University of Edinburgh, from the time of Monro and Allen to his day, and, if he had had more of our and fewer Oxford prejudices, he might have said, than all the medical corporations and schools in Great Britain.

Since Hunter, the French have advanced farther in his footsteps, than those eminent egotists in England who have been his pupils, and have his name always on their lips. It was reserved for the French to throw a broad beam of light on the anatomy of the heart, and to draw the line, with beautiful precision, between hypertrophy

and dilatation, and to show their various causes, combinations, and distinguishing characters. "The French," says Dr. Haighton, "attend very much to, and connect very accurately, the symptoms and pathology of diseases; and, generally speaking, their diagnosis is at comparison better than ours; but they seem as if their only object was to find out the disease, without any reference to its relief or cure, for their treatment of disease is most miserable." Truly enough, their treatment of acute disease has been miserable, comparatively, with our own, but they have had different institutions, and, since the ridicule of Molière, strong prejudices, to deal with. In this respect they appear to improve every day, and in the treatment of chronic diseases, I am disposed to think they are advancing beyond us in the extent, minuteness, and correctness, of their therapeutical experiments. But, whether our inferiors or equals in treatment, they have supplied ourselves and all Europe with that whereof we lacked most grievously. "Among physicians, equal in other respects, those who are brought up to distinguish internal affections with accuracy, must always be superior. There is almost as much difference, in the cultivation of this fundamental talent, between some of our schools and that of Paris, as between the chemistry of Glauber and that of Lavoisier. Such a foundation being once laid, the proper structure may indeed not be raised upon it. But no other foundation is fit to receive the edifice of medical knowledge; without it, the superstructure must be both irregular and unsubstantial" (*Dr. Boissier*).

It appears to me, from what I saw when I was studying at Paris, and from the tendency of the clinical observations in their publications, that they so much value the study of "organic medicine," by which they mean diseases arising from changes of structure, that they pass over the more numerous diseased actions which depend merely on changes of function, as almost unworthy of regular application, because they are more uncertain, bewildering, and conjectural. In this country, we are bound to attend to them, because they form the chief part of our practice. Medicine means, in England, the "Sick Trade," and the pride of science is nothing in comparison to the pride of money-getting. Mere physiological demonstrations form the staple of this trade, and men explain them in books by a hundred different theories; and sometimes a man, by spinning a cobweb, containing scarcely an iota of truth, catches fools enough to make a fortune. I think that the French are actuated too much by the spirit of organic medicine in their inquiries into diseases of the heart. They look too exclusively at organic changes, thickenings, dilatations, obstacles, &c., and pass over, too

indifferently, the morbid action which accompanies those effects, and arises from the influence of the circulating and nervous systems. My object is, therefore, to show how disordered vascular and nervous action affect the heart in both organic and functional disease.

I observed, in the last communication, that there were three kinds of palpitation, the nervous, the plethoric, and the symptomatic.

The original cause of nervous palpitation is, that the heart is the organ of the most universal sympathy (*John Hunter*). Irritability is variously bestowed, and variously appointed, in various parts of the body, but in all creatures the heart is the most irritable part (*John Bell*). It is the first organ that receives morbid impressions from the brain, when that organ and the nervous system are disturbed by the mind, or by physical causes. It is the part most directly connected with mental emotions. (*Dr. Haighton and Blundell, Notes of Physiological Lect., by J. F.*) What is more familiar than the different degrees of irritability and irregularity of the heart's action, which are produced by profound and protracted emotions of anxiety, grief, and despondency, or what more common than the sudden suspension of every commotion of the circulating system, and the return of a calm and placid state of the whole frame, when the influence of the depressing passions is removed?

The plethoric kind arises from the influence of the blood. Inasmuch as muscles are irritable in proportion to the supply of blood, and deprived of irritability, and even paralyzed, by the want of it (*Dr. Haighton and Blundell*), the heart, as it is supplied with a greater quantity of blood than other muscular structures, is endowed with the principle of irritability in a greater degree. Secondly, as the blood is the proper stimulus of the heart and the heart's action, it may be over-stimulated by the excess of its own blood (*Mr. H. Cline*). Thirdly, according to some, the exciting power is relatively increased, not only in proportion to quantity, but quality; that is, in proportion as the blood is fibrinous, as the clot is more than the serum (*M. Andral*).

The original cause of the third kind, or symptomatic palpitations, is the existence of any disease of the heart itself, or of any organ whatsoever, near or remote, capable of opposing an obstacle to the circulation (*Prof. Rostan*), or exciting sympathetic irritation of the heart. Alterations of the heart will often depend on impressions made by remote organs; in irritation of the brain, its motions are accelerated (*Prof. Macartney, MS. Notes of Pathological Lect., by J. R.*); it is liable, indeed, to be affected by derangements of the most minute structures,

for its sympathies are most extensive. (*Prof. Alison. MS. Notes of Clinical Lect., by J. F.*)

How are these three kinds of palpitation to be distinguished from one another? In so far as we are capable of discriminating them, it will generally happen that we shall be able to discern functional derangement from organic disease of the heart. Some may regard palpitation as a matter-of-course symptom; but upon a thorough knowledge of it, upon a comprehensive view of the several kinds, and upon a clear distinction between such as have a nervous, vascular, or symptomatic origin, not only an equal knowledge of heart cases must turn, but the practice also must frequently depend. Common nervous and symptomatic palpitations are of every-day occurrence; but are there not cases of mixed nervous and plethoric palpitation, which assume the characters of hypertrophies and other organic affections of the heart? and is it not a chief point to know all modes of distinguishing them. "for it is a great matter to be able to say whether there is any structural disease or not?" (*Dr. Macintosh.*)

I. Nervous palpitations have been great stumbling-blocks in the way of discriminating organic from functional derangement of the heart. Pathologists inform us that we shall know them by the following signs and circumstances:—

1. They are most readily excited in persons of a nervous and sanguine temperament (*Dr. Macintosh*); in persons subject to extreme mobility, of nervous and debilitated habit, and therefore in women more than in men (*Prof. Home*); and in young, nervous, and irritable persons of both sexes, in particular states of the brain and its connections (*M. Rostan*); in fact, in hysterical females, hypochondriacs, and persons called nervous (*M. Martinet*).

2. Under all these circumstances of constitution, sex, and age, the usual exciting causes of the disturbance of the nervous system and of the heart, are, moral affections, intellectual labour too long continued, losses of all kinds (*M. Rostan*), the excessive indulgence of various passions, stimulants, violent exercise, excessive depletion, the participation of the heart in the general disordered nervous action of the system in hysteria, chlorosis, and epilepsy (*Dr. Macintosh*); so that the principal causes are, mental or cerebral excitement, depression, or irritation.

3. They happen to persons who have experienced other nervous phenomena (*M. Rostan*).

4. They are at first slight and transient, and are at last reproduced more frequently by the heart becoming more irritable (*Dr. Macintosh*). When, owing to a particular state of the brain and its dependencies, they are augmented by moral causes, they are only instantaneous, they produce no

profound alteration of health, and they supervene almost suddenly (*M. Rostan*).

5. The pulse is quicker than natural, from 84 to 96 (*M. Laennec*).

6. They are frequently most distressing when the body is in a state of repose, during the first part of the night, and often prevent sleep for many hours (*Same*).

7. There is sometimes a sensation of internal agitation, particularly in the head and abdomen; and, as in hysteria, the urine is copious and limpid (*Same*).

8. They are less troublesome, when the patient is taking exercise in the open air than at other times (*Same*).

9. The sound of the heart's contraction, though clear, is not heard loudly over a great extent of chest (*Same*).

10. Palpitation is without impulse; that is, "the head of the auscultator is not sensibly elevated, and by this circumstance it is distinguishable from the increased motion and shock of hypertrophy (*Same*).—This is a doubtful observation.—J. F.

11. They are known by the absence of the signs that accompany diseases of the heart (*M. Rostan*).—Doubtful again.—J. F.

12. Palpitations not depending on organic disease, more frequently affect the auricles than the ventricles, and the right auricle than the left (*Professor Home*).

I shall endeavour to show in what respects these phenomena, whether derived from the history of cases or stethoscopic signs, are true, or more or less equivocal. But beforehand, I shall state what constitutes that kind of palpitation which I have termed the "plethoric" in contradistinction to the "nervous."

Palpitations, in general, independent of organic disease, have been considered by most pathologists "a purely nervous affection." *Dr. Macintosh* observes that though he has never been obliged to open a vein or apply leeches, he "can readily imagine a combination of circumstances, which will render the one practice or the other advisable: for instance, in a young plethoric person, who is affected at the same time with some febrile movement." I have before observed that this notion of palpitation being so universally "a purely nervous affection," has been carried too far. I have seen enough to convince me of their arising frequently from vascular engorgement of the cavities of the heart. I have also seen a double cause operating in the same case; a plethoric state of the heart blended with disordered nervous action. But those physicians who have compiled books on the practice of physic, have glanced at the distinction between the nervous and plethoric kinds. *Dr. Parry*, who was a very profound and logical inquirer into the diseases of the heart and circulation, saw that they arose from accumulations of blood in the cavities of the heart; and in cases attended

*with pain in the left arm, resembling angina pectoris, he conceived that the existence of palpitation was a proof of the disease not being angina, but one of those anomalous affections which originate from blood being so accumulated. But he considered that the effect of the excess was not always the same. The first and most obvious consequence was to stimulate the healthy heart to inordinate action, which, after a time, was liable to be followed by a proportionate diminution of action, whence syncope and even death might ensue; on the other hand, another and immediate effect of such accumulations was to induce a more sluggish action of the heart's frequency and force, which has been observed in persons of full habit, and in the subjects of angina pectoris, during the time that the accumulation is produced by muscular exertion. He ascribed these two opposite effects of the same cause, to the difference of predisposition caused by different local causes,—fatness, extenuation or flaccidity of the muscular substance of the heart, ossification of the coronary arteries, or mechanical pressure on the brain, and certain narcotics, predisposing to torpor and retarded action of the heart,—to organic causes, as preternatural enlargement,—to acute causes, as inflammation, vascular fulness of the substance or internal membrane of the heart,—to chronic causes, as the irritability arising from want of bodily exercise, or, as he terms it, “defect of due exertion of the voluntary muscles,” predisposing to inordinate action. To this last and most important observation he adds that the predisposition to over-excitability of the heart from fulness of blood, “accompanies that condition of constitution which is usually called ‘nervous,’ in which the heart is peculiarly disposed to be affected by the whole train of mental emotions.”

Several cases which I have seen of late, and more especially the very important circumstances in the two by no means familiar cases of Gwynne and Howls, which will be given, fully bear out these two last important and correct propositions. They shed much light on the origin of palpitations, inflammation, and enlargement of the heart, and they bear out the evidences which I have had of mixed nervous and plethoric palpitations existing in the same case. Reitan observes that where there exists no organic lesion, a plethoric state sometimes causes palpitations more or less strong. Professor Home has noticed their concurrence, in plethoric or inflammatory diathesis, and the necessity of treatment by blood-letting and low diet. M. Martinet also distinguishes palpitations arising from plethora and congestion of the heart, and lays down a system of treatment. Professor Andral, with the accuracy which belongs to that consummate pathologist, has had a clear insight into this matter. Under the influence, he

remarks, of a plethoric state, more blood being formed in the economy, and, consequently, a greater quantity being passed through the heart in a given time, an excess of action, and palpitations, may result from it, which may either disappear with the plethoric state, or, if they persist, at last produce hypertrophy, on the same principle that any muscle whatsoever will increase in thickness under the influence of violent exercise. Adding much more than this, he gives a striking case in a blacksmith, and points out what is exceedingly important, the manner in which vascular engorgement may be confounded, through the identical character of the signs, with enlargement of the heart from thickening, now known by the barbarous term hypertrophy. The forthcoming cases will illustrate these as well as other points. The more I have seen of plethoric palpitation, the more obvious has become its importance in connection with diseases of the heart, for the ultimate effects of such forms of palpitation do not always stop at mere palpitation. Dr. Parry ascribes to undue accumulations of blood, those anomalous affections of the heart which resemble angina pectoris. “Pain in the chest, more especially in the left side, stretching into various parts of the left arm, is common to all diseases in which blood is unduly accumulated in the cavities of the heart; and if, during the paroxysm, this motion of the heart is excessive, both as to force and frequency, producing what is commonly called ‘palpitation;’ that circumstance shows the disordered state to be of a different kind from that which constitutes angina pectoris.”

Pathologists having seen angina (which above all other affections exhibits the tendency of the heart to spasmodic action) prove fatal without any organic lesion whatsoever, have decided that these changes are not the real cause. Indeed, we see preparations enough of ossifications and other structural changes, in museums of morbid anatomy, which were not only not fatal, but not indicated by symptoms during life. Professor Macartney thinks that no man has ever died yet of organic disease of the heart alone, but from morbid action supervening on morbid structure. Even death by ossification does not occur till the heart is excited, and morbid action added. No part, he observes, is so liable to be affected through the medium of the nervous system, by the mind, or the stomach, which throws light on the success of Mr. Abernethy's practice. (*Notes of Pathological Course, by J. F.*)

With these impressions, some pathologists regard even angina to be frequently the effect of “general plethora,” or, as Dr. Hosack of New York thinks, of “disproportionate accumulation of blood in the heart and large vessels;” or, in the words of

Dr. Forbes, who coincides with Dr. H., "a congested state of the heart and large vessels." Even Dr. Parry, in tracing out the causes and characters of angina pectoris, in a first-rate specimen of strong reasoning and critical powers, did not attribute the disease entirely to the effects of ossification of the coronary arteries, for he distinctly states that the symptoms show that accumulations of blood about the heart and large vessels, take place (*Dr. Macintosh*).

II. Plethoric palpitations may be known more or less by these circumstances:—

1. They are excited or increased by every kind of motion or exertion, especially by lifting the arms and exerting the chest, by ascending stairs and acclivities, and doing whatsoever hurries the blood through the heart and lungs.

2. They are increased by cold, moist, and foggy weather, or whatever produces chill of the body, and so forces the circulation from the exterior to the interior vessels of the body.

3. They are more persistent than nervous palpitations, and occur by day as well as by night.

4. They are often accompanied by pain and weight of the arms, and particularly of the left arm.

5. They are sometimes attended with throbbing and fulness of the vessels of the head and neck, and pressure about the throat and ears, particularly in going up ascents.

III. The third kind of palpitations, or *symptomatic*, are said to be of a more temporary nature than the nervous or plethoric (*Professor Graham*). They originate from the participation of the heart in the affections of every other organ, and exhibit the morbid influences to which it is obedient under undue excitement (*Dr. Blundell*). They accompany—

1. *Pericarditis*, in which both the palpitation and dyspnoea merely indicate sympathetic irritation of the heart (*M. Andral*).

2. *Adhesion of the Pericardium*. Mr. Hunter was of opinion, that when adhesions take place between the pericardium and heart, the patient generally recovers, but is troubled with a palpitation, irregular pulse, oppressive breathing, faintings, debility; and the name of angina is generally affixed to these symptoms; but if the inflammation of the pericardium approach to the suppurative process, it produces death. (*Mr. Hunter, MS. Notes of Lectures, by T. Creaser, M.D.*) Mr. Henry Cline, who paid much calm and patient attention to diseases of the heart and circulation, also thought that fluttering, from the frequency of the pulsations or contractions of the heart, with intermission of the heart's action, denoted inflammation of the pericardium, and adhesion of it to the heart. (*MS. Notes of Lectures, by J. F.*)

The late Dr. Baillie thought that adhesions

in the bag of the pericardium were often cause of an intermission in the pulse. Dr. Armstrong says he had seen several instances of such adhesions without intermission, and thinks that Dr. Baillie was mistaken. Neither of these parties was altogether right or altogether wrong. Every symptom is equivocal, and occurs in other affections of the heart, and therefore the existence of such a cause can only be detected from the history of the case.

3. *Pressure of fluid in the pericardium*.

4. Chronic enlargement of the heart, whether *hypertrophy or dilatation*, distinguished by the signs peculiar to those affections.

5. *Ossifications*. Sometimes, but not in variably, a cause.

6. *Maladies of the aorta*.

7. *Pneumonia*. Known by the symptom peculiar to that disease.

8. *Serous effusion into the pleura*. Singularly detected.

9. *Phthisis pulmonalis*. I shall refer to cases on this point.

10. *Accidental tumours developed in the lungs, or in the course of the great vessels*. Also a case in point.

11. *Ascites and encysted dropsy of the ovary*.

13. *Hemorrhages or excessive bleeding*. The palpitations are excessive, but the beat of the heart, though precipitate, is not strong.

13. *Hysteria*. On this combination I shall speak hereafter.

14. *Chlorosis*. So also on chlorotic palpitation.

15. *Hypochondriasis*.

16. *Amenorrhoea*. I shall give cases, illustrating particularly the "turn of life."

17. *Leucorrhoea*.

18. *Repressed cutaneous affection*.

19. *Biliary engorgement and liver affections*. A common cause.

20. *Enlargement of the thyroid gland, or neck vein*. Noticed by Dr. Parry.

21. *Affections of the stomach and bowels above all other causes*.

22. *Gout*. Noticed by Dr. Armstrong.

Symptomatic palpitations owing to each of these different causes, are known by the signs of those maladies of the heart from which they originate; and, if they do not originate from the heart, by the absence of all the signs of structural disease of the heart (*M. Bowdler*). It is certainly a very great assistance in diagnosis to bear this in mind; but it is not invariably easy, and the most comprehensive knowledge of cause to boot, to detect the affection of which palpitation is symptomatic. Each of the classes of causes in connection with palpitation is a study of itself. The difficulty is increased when more than one of these causes is combined, and when indeed, two, if not all three kinds of palpitation, are complicated together.

I have prefaced some cases and abstracts of cases, by laying down general principles

In the foregoing manner, that their application to those cases, and their treatment, may be the better understood. What I wish to show is, not the structural and mechanical effect of enlargement of the heart by thickening of its walls, or dilatation of its cavities, contraction of its orifices, and disease of its valves, but the influence of morbid action through the nervous and circulating systems, both in organic and functional affections of the heart, which I think is either overlooked, or merely alluded to here and there, by pathologists.

Ross, Jan. 9, 1836.

CASES AND ARGUMENTS

ADDUCED TO PROVE THAT "GONORRHOEAL RHEUMATISM" IS

COPAIBA RHEUMATISM.

To the Editor of THE LANCET.

SIR.—I should feel obliged by the insertion of the enclosed remarks in your excellent Journal. I am, Sir, your obedient servant,

FRANCIS EAGLE.

29, Poultry, Jan. 12, 1836.

CASE 1.—May 1, 1834. I was sent for to visit Mr. C. H., who was labouring under a severe attack of rheumatism in the left leg. There is tenderness at two points only—namely, at the anterior superior spinous process of the ilium, and along the dorsum of the foot. He gave the following history of his complaint:—

About two months since, having contracted a gonorrhoea, a friend prescribed for him a mixture of cubebs and copaiba, which he took for rather more than a week, when he experienced a severe attack of pain similar to the present. He discontinued the copaiba, and, with the aid of warm clothing and mild aperient medicine, got rid of the pain in a few days, and again had recourse to his copaiba mixture, when, on the following day, having a return of pain, he suspected that the copaiba had, to use his own expression, "something to do with it." He now left it off for a week, and the pain subsided as before, but on again taking the copaiba mixture, the pain for a third time returned. Fully convinced in his own mind of the connection of the copaiba with the return of the pain, he determined to try other remedies for the gonorrhoea, and resorted to them with partial benefit for some weeks. Being, however, very much annoyed at the long continuance of the disease, he consulted an eminent surgeon, at the same time stating his objection to take copaiba in any form. His objection was overruled, and a compound copaiba

mixture prescribed, which he took accordingly, but on the very day following, having taken but two doses, the pain in the leg and thigh returned with increased violence, accompanied by considerable fever and general biliary derangement, which compelled him to keep his bed, in which state I found him.

The treatment now adopted consisted in the local application of leeches, and the administration of mild aperients to improve the chylopoietic viscera, and although the pain had affected the parts for some weeks, more or less, my patient was perfectly well in sixteen days, and up to the present date has experienced no return.

CASE 2.—A young man, aged 27, messenger in a fire-office, whose habits of life were far from abstemious, perceived, on the morning following a debauch, a discharge of yellowish matter from the urethra, and immediately applied to a surgeon for advice. A copaiba mixture was prescribed for him, of which he took a dose three times a day. On the second day, however, all discharge having vanished, he discontinued its use, and went to bed rather unwell. During the night he awoke with considerable pain immediately under the left scapula, and on the following morning applied to me, when I at once advised the application of twelve leeches to the part affected, to be followed by a warm bread-and-water poultice, at the same time directing my attention to the state of the stomach and bowels, which were out of order, and in five days he returned to his office.

Remarks.—The belief that the rheumatism arising during a gonorrhoea is a specific disease, requiring a specific remedy, is, if I mistake not, founded upon a very shallow foundation—1st, that because it arises during gonorrhoea, it is gonorrhoeal; 2ndly, that it is curable only by mercury.

At page 210 of Dr. Titley's work on "Diseases of the Genitals," speaking of this disease, he says, "That this form of disease sometimes, though rarely, occurs during the continuance of a gonorrhoea. The pain and swelling are more especially confined to the knees and ankles, though, in some instances, the symptoms are more diffused, the pain is more acute, and the general disturbance of the system more violent. It is usually not until gonorrhoea is on the decline that these symptoms supervene, though, occasionally, they have appeared to follow a sudden cessation of the discharge produced by the use of cubebs or copaiba. There is often much puffiness and tenderness of the ankles, especially towards evening. The skin is not externally red, and the pain is not much increased on pressure; the pulse is quickened, the stomach becomes disordered, and the appetite declines, or altogether fails. Occasionally it happens that all these symptoms are suddenly relieved by

an eruption of papulae, in clusters, or, sometimes, of pustules, in very minute patches. When these appear, not only are the pains relieved, but the constitutional symptoms also yield; and the eruption, after some days, though sometimes not for many weeks, grows paler, and a desquamation succeeds, leaving a slightly discoloured state of the skin, which gradually subsides."

It is a fact worthy of considerable attention, that two of the most careful observers of disease, Mr. Hunter and Mr. Abernethy, but especially the former, who devoted much time to the study of the venereal disease, in all its forms, should have made little or no mention of gonorrhœal rheumatism. This fact appears in a still more striking point of view, when we consider that they scarcely ever, if ever, adopted the copaiba method of healing the disease; while Sir Astley Cooper, Dr. Titley, and others, staunch advocates of the copaiba system, have devoted considerable space to its nature and treatment.

The preceding extract from Dr. Titley's work, is an accurate description of what may fairly be called "copaiba fever," followed, as it so often is, by an eruption peculiar to that medicine, and by no means confined to its administration during a gonorrhœa. The circumstance of this form of rheumatism occurring during a gonorrhœa is, it is true, a coincidence, and may be nothing more; for, unless it be proved that it arises very frequently where no copaiba is administered (against the opposing evidence), it is fair to doubt its existence as gonorrhœal rheumatism.

Copaiba produces derangement of the intestinal canal, fever, and cutaneous eruptions. All this it does commonly, whereas gonorrhœa not once in a thousand cases produces either of those effects.

But even admitting that this form of rheumatism is a consequence of gonorrhœa, what explanation can be given of its production? Does it arise from sympathy? Or does it arise from specific venereal irritation, which its curability only by mercury would seem to imply? And if so, why is it not followed by secondary symptoms?

I assume the position, then, that the rheumatism occurring during a gonorrhœa, is, in very many instances, a production of the remedy, and not of the disease; that it is "copaiba," and not "gonorrhœal" rheumatism, upon the following grounds:—

1. Upon the preceding cases, and their daily occurrence.

2. Upon the fact that it arises during the administration of copaiba in other diseases.

3. That while it is proved that copaiba produces intestinal derangement, fever, and cutaneous eruption, commonly, such consequences of gonorrhœa, in the abstract, are extremely rare.

4. That if the copaiba be withdrawn,

where the rheumatism appears, the latter affection generally subsides immediately.

5. That if the copaiba eruption follows an attack of rheumatism, the rheumatism almost immediately subsides.

6. Upon the absence of any notice of the matter by Hunter or Abernethy, who did not adopt the copaiba system.

7. Upon my own experience, that while this form of disease frequently arises during the treatment of gonorrhœa by copaiba, in cases treated upon the soothing system it is extremely rare.

FEEDING, IN A HORSE, AFTER

LOSS OF THE ENTIRE TONGUE.

Related by M. CAILLEUX, in the Memoirs of the Veterinary Society of Caltrados.

A HORSE, belonging to the 4th regiment of HUSMARS, was very difficult to groom, so the soldier who had to manage him, fixed in his mouth a strong chain of iron, deeply serrated. Another man held the ends of the chain, and giving it a terrible jerk whenever the horse was rebellious; sawed off the tongue completely at its base, and it fell to the ground. Much hemorrhage did not follow. The portion of tongue detached was four inches and a half in length, and the disunion was effected at the frenum, or precisely at the point which separates the base of the tongue from the free portion of it. My first thought was to destroy the animal; but the interest which every one took in him, on account of his power, and his docility in every respect, except when he was groomed, and the desire to ascertain how he would feed himself when the useful part of the tongue was taken away, encouraged me to endeavour to save his life. Having stopped the bleeding, I kept his mouth constantly open with a gag, which I could extend or contract at pleasure; and I frequently injected cold barley-water, sugared and honied, and deprived the animal of every kind of food. On the third day I thought the wound sufficiently favourable to allow him a little barley-meal and water. He plunged his head into the feed half way up to the eyes, and then by means of the strongest inspirations, and sucking up a very little at a time, he contrived to empty the vessel. I then made him a paste, of bran and barley-meal, which he attacked it with avidity, seized a portion of it between his lips, and seemed astonished that he could do no more with it. I therefore renounced for a while this mode of feeding him, and contented myself with rendering his barley-water more nourishing by increasing the quantity of the meal, and stirring the mass well while he was drinking

ing it. In this manner he was fed during three or four days; at the expiration of which period the wound was healed.

I now presented him afresh with the kind of mash which I had before made, and I remarked that he set himself to work more gently in order to eat it. He kept his head constantly in the manger, and, having gathered between his lips a small portion of the food, he pressed it against the bottom of the manger so as to force a part of it into his mouth. He then gathered another portion, and, subjecting that to the same kind of pressure, the first pellet was forced somewhat further backwards; and so he continued, until, bit by bit, it was pushed on to the back part of the mouth, and swallowed. This was the work of a long time, and proceeded very slowly, but by degrees he was able to dispose of the whole of his feed. During the time of his repast he was in a profuse perspiration, showing the difficulty which he found in satisfying his appetite.

This continued during three months, when it occurred to me to mingle a few grains of oats with his barley-meal and bran. At first the oats were swallowed without being masticated; but, by degrees, mastication returned. At length he began to eat with less difficulty, and the profuse sweat with which he used to be covered, disappeared.

This kind of food, convenient enough for a horse that does no work, did not accomplish our purpose: we wished to restore him again to the ranks, and to fit him for that, it was necessary that he should have more substantial food. I gave him some hay, at first in small quantities at a time. He took it in the same manner that he had been accustomed to manage his mash; he gathered it together with his lips, and formed it into a kind of pellet with his lips, and then pressing it against the bottom of his manger, he gradually forced it sufficiently far into his mouth to be enabled to seize it with his grinders, a new pellet constantly pushing on those that were before. It was fifteen or twenty days before he could manage this cleverly; and then, being kept apart from the other horses, he was able to manage the whole of his ration. Oats were, as before, mingled with his mash, and their quantity was gradually increased, while the hay was proportionally diminished, until he was fed at the same time, and in the same manner, as the other horses belonging to the regiment. As to chaff, he could not manage that, and it was not given. His former condition returned, he now does his duty as before, and is in perfect health. A similar case to this I do not recollect to have seen. I did not expect to succeed at all; but its fortunate result induces me to publish a case which, I think, will be interesting to my professional brethren.—*Veterin. Jan.*

JERVIS-STREET HOSPITAL, DUBLIN.

TREATMENT OF FRACTURES OF THE LEG AND THIGH BONES OF CHILDREN WITHOUT SPLINTS.

[The following remarks were made by Dr. WALLACE, on going through the above hospital, on Thursday, January 7]:—

This case of fractured thigh, gentlemen (in a boy fourteen or fifteen years of age), is worth your attention. The fracture exists where the upper joins the middle third. I shall treat it without splints. It has been my practice to treat fractures in the legs and thighs of children for more than ten years without splints, and I have never had occasion to regret the plan. Deformity never, I may say, occurs, and even when it does, a very few weeks see it removed. When I commenced this plan, some of the routinists cried out, "Oh, what a shame to neglect the patient in such a manner!" They little knew the object in view. I do not believe, however, that I have ever before adopted the practice in so old a person as this. I am induced, on the present occasion, to give it a trial, not only from the results of my own practice in younger cases, but from finding in a paper by Mr. RADLEY, published in *THE LANCET* a short time ago, that this practice has been by some persons lately applied to the fractures of adults. I confess that I should be tardy, in general at least, in going so far, because, if any deformity resulted, it would not be so likely to disappear afterwards. This is the source of my opinion as to the propriety of treating fractures in growing persons without splints, while I would not treat those of older subjects in the same manner. See! how this boy lies. It is the manner in which children, who have got fractured thighs, always lay themselves. You see he is on the left or fractured side, the leg bent a little on the thigh, and the thigh on the pelvis; and he lies with his abdomen half turned round to the surface of the bed, his sound lower limb being thrown to the right, and his elbow and fore-arm, of the right side, thrown on and supported by the bed. Now, he will lie in this position until he begins to feel strength in his limb, and then he will instinctively begin to move, and exercise it through the bed, in proportion to the strength which he acquires. I have very frequently noticed, in treating the fractures of very young children, that they allow the splints to remain on, and submit, if they do not hurt them, with great gentleness to their restraint, until the bone has acquired some strength, and then they begin to be weary of restraint, will not allow the hand-ages to remain quiet, will be found constantly to fiddle with them, and will thus keep them loose. In fact, if you wanted to keep a child's

arm, which had been fractured, longer in splint than was necessary, you would scarcely succeed in doing so. The child, by its constant perseverance to remove restraint, would conquer. In treating fractures of the thighs in children without splints, I have never found that the attendant complained of any difficulty in the removal of the patient discharged.

CURE OF LUPIFORM SYPHILIS (A COMPLEX FORM OF THE VENEREAL DISEASE) WITH THE HYDRIODATE OF POTASH.

Here is another case deservng your attention. It is a case of the disease which I call "lupiform syphilis." This name expresses its origin from the venereal poison, and the resemblance which it has to lupus. Its remarkable characters are, its occurring in subjects who have not only had the venereal disease, but who have taken mercury in large quantities for it, and its commencing by tubercles, which pass into ulceration, and form groups of holes, which, sooner or later, heal, while others are formed in their neighbourhood, or on other parts of the body. Mercury will generally dry them up, but they soon break out again. For this form of disease there is no medicine which acts with the same certainty as the hydriodate of potash. You have at this moment in the hospital two other cases, those of *Free* and *Holland*, which demonstrate the great value of this medicine in this form of complicated syphilis. I will make these cases the subject of a clinical lecture. The man whom you see before you commenced the hydriodate of potash yesterday morning. Bring me the tests, and let us examine his urine. You see how it is already loaded with the medicine. He could have taken only half a drachm of the salt since yesterday. It is remarkable how soon the presence of this medicine can be detected in the urine, and how soon it escapes from the body when its use has been omitted.

CONTRACTION OF THE FINGERS AFTER DIFFUSE INFLAMMATION OF THE FORE-ARM.

Look at this case. It is a case of diffused inflammation of the fingers, hand, and part of the fore-arm. It has already formed matter and sloughs in the subcutaneous tissue. There were some incisions made in it yesterday, and you see with what great advantage; observe how much better it is to-day. I fear, however, that it will not end very satisfactorily. The patient is a very old man, and, besides, the sheath of the flexor muscles appears to be much engaged, and even, perhaps, the flexor muscles themselves are so; for, you may remark, all the fingers are bent towards the palm of the hand, and cannot be straightened. A permanent state of flexion of the fingers is

not an unfrequent consequence of diffuse inflammation of the front of the forearm. Whenever this is threatened, the greatest care should be taken to keep the fingers in a state of extension, not only until the sores are all healed, but for many weeks after. We have not unfrequently seen patients who from a neglect of doing this, have returned to the hospital with contracted hands many weeks after they had been discharged apparently well. You may remark how frequent diffuse inflammation is at present. This, you know, is one of its characters. Another of its characters consists in it either occurring in a limb without any evident cause, or from some very trifling cause. You see this illustrated in the present case. The patient says that it was caused by his burning, in a very slight manner, the end of his thumb, by touching some hot body,—a degree of injury which, probably, under other circumstances, would have produced no other effect than a state of painful itching for a few minutes.

NEW METROPOLITAN UNIVERSITY

A MEMORIAL, of which the following is a copy, has been presented to the Minister by the teachers of the *Blenheim-Street School of Medicine* :—

"The teachers of the School of Medicine in Blenheim Street, founded by the late Joshua Brookes, F.R.S., have hitherto abstained from making any representation to his Majesty's ministers respecting the projected establishment of an university in London, because they believed that the new institution would be founded upon the basis of the public good, and therefore governed by the strictest rules of justice and impartiality.

"But in consequence of the uncertainty which prevails with regard to the intention of the Government, and considering that this has given rise to rumours of an injurious tendency, and lest their silence be construed into indifference respecting the high interests involved in the question, they offer it to be their duty most respectfully but earnestly to request that all the schools of medicine at present recognised, and hereafter to be established, be placed upon a fair and equal footing under the new university.

"They submit that equal knowledge, evinced by the pupils ought to be rewarded with equal honours, no matter where, or by what means acquired, and that no advantages ought to accrue to any particular schools or classes of teachers, except the reputation derived from the manner in which the pupils acquit themselves at their examinations; unless the competency of the teachers is to be fairly tried in a public

concur, at which all their titles to distinction may be impartially investigated; and by either of these tests or modes of competition, the teachers of the Blenheim-street School are content to be judged.

"From the nature of the medical profession, the difficulty of obtaining evidence that leads to a just decision as to the comparative ability and merits of those engaged in it, and the consequent difference of opinion necessarily entertained respecting their qualifications, perhaps the only mode of appointing the Examiners and Professors of the Faculty of Medicine at all satisfactory, and calculated to prevent all invidious feeling, is by concour, a mode adopted with so much benefit to the public in France, and to which the advancement of medical science in that country is mainly attributable.

"The advantages and details of this plan, the teachers of the Blenheim-street School of Medicine solicit the opportunity of laying before his Majesty's Ministers, in any way that may be deemed expedient. Confident that were it adopted in the new University, they would have to congratulate the Government on the formation of an Institution, which would prove a source of prosperity and happiness to the country—a real and lasting blessing to mankind."

LYNN SELF-SUPPORTING INSTITUTION

FOR THE SICK AND HURT.

To the Editor of THE LANCET.

SIR,—In consequence of the prompt and handsome manner in which you noticed a former communication on the subject of our Institution, I am requested by the Members of the Board of Management, to transmit the following statement of facts.

The Lynn Self-supporting Institution has now been established two years, and I am happy to add, has fully answered our most sanguine expectations. The industrious working classes are delighted with it; and although it does not, perhaps, sufficiently remunerate the practitioner, yet it pays him better than parish practice. It must also be remembered, that through this plan, many persons contribute something, who never did anything before. But putting aside all consideration of advantage to the profession, and looking only to the effect upon those classes for whose benefit it was instituted, we have much reason to congratulate ourselves on the great improvement that this Institution is gradually working, both in the moral and physical conditions of the labouring classes.

Among the many advantages of this In-

stitution, the following deserve to be mentioned. It enables the industrious man, by a very small weekly payment, not only to ensure prompt and efficient aid for himself and family, in case of sickness, or accident, but it gives him the privilege of choosing his own medical attendant! It has also the happy tendency of raising the working man from a state of dependence and degradation, to one of independence and self-respect, thus surpassing all Institutions purely eleemosynary, which, from the nature of their constitution, can never effect this most desirable result.

Should any of the numerous readers of THE LANCET be desirous of establishing a similar Institution, I can only say that a copy of our Rules and Regulations shall be at their service; and I confidently depend upon your powerful aid in disseminating any information which has a tendency to counteract the baneful effect of the old dispensary system, which I verily believe has been the means of degrading, and of ultimately sending to the workhouse, many individuals, who, without such temptation, would have remained industrious and useful members of society. I remain, Sir, your very obedient servant,

JOHN TWEEDALE, M.D.,

President of the Board of Management.

Lynn, Norfolk, Jan. 9, 1836.

P.S. Permit me to avail myself of this opportunity to express my admiration of the cordial and disinterested co-operation of those general practitioners of this town, who so willingly have lent their aid in this novel undertaking, which, in the outset, presented many difficulties without any certainty of adequate remuneration.

J. T.

* Dr. Tweedale will confer a favour on the Editor by forwarding to THE LANCET OFFICE, at an early period, a copy of the rules and regulations to which Dr. T. has referred.—ED. L.

NONPAYMENT OF MEDICAL WITNESSES AT CORONERS' INQUESTS.

To the Editor of THE LANCET.

Reading, Jan. 9, 1836.

SIR,—A short time since I attended a coroner's inquest on a poor man, to whose assistance I had been summoned as the nearest practitioner. His friends being unable to defray the charge, I applied for payment to the Board of Guardians, a copy of which application, together with their reply, I subjoin.

Surely, Sir, this injustice to our profession cannot longer exist. I earnestly trust that Mr. Warburton will succeed in obtaining an Act of Parliament in the ensuing session,

securing to us a fair compensation for attendance in similar cases. Should you concur with me in the expediency of calling the attention of the profession to this subject without delay, an early insertion will oblige. Your obedient servant,

GEORGE MAY.

"To the Board of Guardians of the Reading Union.

"Reading, Jan. 5, 1836.

"Gentlemen,—I take the liberty to remind you that some time since I made a demand of one guinea for attendance on the inquest of — Taylor, and at a subsequent personal interview was favoured with your assurance, that the case should be reported to the Poor-law Commissioners, and that your decision would be guided by their opinion.

"I take leave to recall your attention to the subject, and should you determine to refuse my claim I hope I shall not be deemed presumptuous in requesting a statement of the Commissioners' opinion, as you will perceive that not merely this particular claim, but the interests of the medical profession in similar cases, are involved in their decision. I have the honour to be, Gentlemen, your obedient humble servant,

"GEORGE MAY."

"To George May, Esq.

"Reading Union, Jan. 7, 1836.

* Dear Sir,—I have to inform you that the Board of Guardians, in conformity with the promise they gave you, made application to the Poor-law Commissioners for instructions for their guidance in respect of the charges of medical men for attendance upon coroners' inquests, and I am directed by the Guardians to transcribe for your information the reply of the Poor-law Commissioners to that application:—

"The Poor-law Commissioners for England and Wales have to acknowledge the receipt of your letter of the 19th inst. (December), and with reference to your inquiry upon whom it devolves to defray the demand of medical men for attendance upon coroners' inquests upon the bodies of paupers, the Commissioners desire to state that they are wholly unacquainted with any authority under which the payment of witnesses at coroners' inquests, or indeed of any other expenses attending inquests, can be charged upon the poor-rates.' I remain, dear Sir, your obedient humble servant,

"THOS. G. CURTIS,

"Clerk to the Board."

* * * The members of the profession will do well to remember that their speedy personal applications to Members of both Houses of Parliament, will have a material effect, in the approaching session, on the decisions of the Legislature, with regard to the subjects discussed in the foregoing letters.—E.D. L.

TUNBRIDGE-WELLS CONTRACT.

REPLY OF MR. WAY TO MR. SOPWITH.

To the Editor of THE LANCET.

SIR, will you oblige me with an opportunity of correcting a misstatement in last week's LANCET, in which I am personally concerned, under a promise that I will not again so trespass on your indulgence.

Mr. Sopwith in his communication to you has stated, that I called upon him (*being one of the Committee*) for the purpose of pressing him to attach his signature to the Resolutions of our Association, and on his refusal so to do that, I told him that the consequences would be, exclusion from medical societies, and objection on the part of medical men to render him assistance in cases of emergency.

I regret that Mr. Sopwith should have made these observations, as he was putting a false and unfair colouring upon the whole transaction.

It is true that I called upon him with the view of obtaining his signature, from a desire that, in a matter alike interesting to all, there should be unanimity in the expression of our sentiments. It is also true, that I did represent to him (but upon his repeated request as a friend so to do) the possible consequences of his refusal to act in concert with us. But, Sir, Mr. Sopwith has omitted to tell you that in this interview I did most distinctly disclaim any authority as a member of the Committee, to communicate with him, and gave him as my motive for so doing (and for its sincerity at the time I can most truly vouch) a desire that he should avoid the unpleasant position in which, as a young man, just entering on his professional career, he must be placed by such refusal. With my conduct at the time, he appeared satisfied, and actually thanked me for the trouble I had taken. This explanation was again rendered to Mr. Sopwith at a second meeting of our Association, upon his referring (*much to my surprise*) to the subject, before the whole of my professional brethren present, to all of whom it seemed satisfactory. As to a refusal to afford him assistance in cases of emergency, though Mr. Sopwith would imply much more, all that was intended to be conveyed by me was, that he could not expect, in his absence from home, that courtesy which is usually given and received by medical men.

Having entered into this explanation solely to remove the stigma which was so evidently intended by Mr. Sopwith to be cast upon my character, I will only beg to add, with respect to the other statements in that gentleman's letter, that considering myself merely as the medium through which the communications from our Association

were made to you, I do not feel called upon individually to reply to them, though I may, perhaps, be allowed to say that they are equally misrepresented, and, if worth the time and attention, equally capable of being satisfactorily explained. I am, Sir, your very obedient servant,

W. WAY.

Tunbridge Wells, Jan. 11, 1836.

DUTIES OF MASTERS AND APPRENTICES.

To the Editor.—Sir,—The letter from a "Licentiate of the Apothecaries' Company," published in the number of your interesting and valuable journal for December 12, bears on a subject of no minor importance to the many individuals who make choice of the medical profession, and it struck me on its perusal as demanding reply. I do not for one moment desire to advocate the repetition of changes in the regulations of the Apothecaries' Company, or the unnecessary length of time originally required for the actual servitude of an apprentice. The tedious routine of studies to which students are subjected also, I consider to be exceedingly unwise and harassing, and highly discreditable to the Court of Examiners, a fact which is rendered remarkably evident after reading the letter of "A Medical Pupil" in THE LANCET of December 12th. Nevertheless, whilst such a Company is upheld by Act of Parliament, it is necessary to comply with its regulations, though I trust that a day of change is not far distant. My intention now is to dissent from the opinion of your correspondent in imagining that a practitioner has any right to expect benefit from the assistance of an apprentice who has placed at the command of his instructor 200*l.*; and I contend that it would be contributing greatly to the good of all, if practitioners thought less of the services to be rendered by their apprentices, and attended more to furnishing them with the medical knowledge which young men are placed with them expressly to learn. The generality of apprentices are compelled to undergo, in the strictest sense of the term, actual servitude, during their whole apprenticeship, being constantly employed at the counter, dispensing medicines for patients, whose cases they never have an opportunity of investigating, and the effects of many of those medicines they never have time to study although to learn them they have already paid their premiums; and I cannot reconcile to my mind the propriety of exacting from them that "assistance" which should be obtained through the medium of qualified assistants. Having thus expressed my thoughts on a very important subject, I remain, Sir, your obedient servant,

A GENERAL PRACTITIONER.

December, 1835.

COMPULSORY APPRENTICE AND TICKET SYSTEM.

To the Editor.—Sir,—At a time so fraught with importance to the profession as the present, when a new, and, let us hope, an improved system, is to be introduced, it may be desirable to state even individual instances of grievances which have been inflicted under the old system. I mention one which is mine, and probably is that of many other students also. When I first entered the profession, being totally ignorant of its regulations, and thinking that a knowledge of medicine was the only real object to be sought, I was apprenticed to a practitioner residing a few miles from the metropolis, who, at the expiration of the first four years, I had the mortification to find, had not obtained the license of Apothecaries' Hall. I was then rearticled to a licentiate, but owing to this delay I had not commenced my hospital studies previous to the late regulations coming into effect, and (having but limited means) am materially checked in my advancement in the profession, the arrangements of the apprentice and certificate system have placed a veto of many years on my position as a candidate for professional honours and emoluments. I am, Sir, your obedient servant,

J. V. S.

HONESTY TO PURCHASERS OF FIRST EDITIONS.—*To the Editor.*—Sir,—When first I saw Dr. Mackenzie's work on the diseases of the eye I was induced to purchase it, and I look upon it as an excellent and elaborate treatise; but I see a second edition announced, with plates, &c. Now, Sir, those plates must be a valuable acquisition to the new volume. I trust, therefore, that in common honesty to the purchasers of the first edition, the plates will be enabled to be procured by them, in the form of an appendix. Waiting to know whether we shall have to thank Dr. Mackenzie for this measure of liberality, so rare amongst authors—certainly never observed by book-makers—I am, Sir, your obedient servant,

A POOR MEDICAL BOOKWORM.

Dorset, Dec. 1835.

MR. DEWHURST.—*To the Editor of THE LANCET.*—Sir,—I perceive another attack made upon me in your journal of this day, and shall feel obliged by your inserting this reply as early as convenient, particularly as it has been done by a malevolent individual to injure me. I never assumed the title of "Fellow of the Royal Society;" I know myself better than to assume honours never conferred on me. I never wrote a single article in the *Educational Magazine*, but in the *Education Journal* I added to my name

F.E.S.L., which was printed *F.R.S.*; this error was immediately corrected in the subsequent numbers by me; and I need not inform you that typographical errors frequently occur in the most eminent printing offices. I am not aware, Sir, that it is a crime to ask a noblemen or gentlemen to purchase my work, for the benefit of my infant family; although I am well acquainted with the individual who, under the assumed signature of M.R.C.S., has imposed upon you to insert the letter in question, as by an interview I could easily demonstrate. Had not misfortunes from a severe illness of two years from a dissection wound plunged me into difficulties, I should not have had to solicit subscribers. Had I been able to pay the fees, I long ago should most probably have been elected *F.R.S.*; and in consequence of my inability, Earl Stanhope three years ago generously presented me with a ticket, conferring on me all the privileges of a member of the Medico-Botanical Society; and similar honours have been conferred on me by many London, Dublin, and provincial learned societies. That I have founded a philosophical society I admit, and I can see no reason why my poverty should destroy my claims to the office of president, which I am proud to say I have held for two years with the approbation of the members (now about 320 in London and the country), and any time you choose to attend *yourself*, I shall be happy to transmit the necessary ticket of admission for that purpose. As to the latter part of the "M.R.C.S.'s" letter, I have already alluded to it in my letters inserted last summer in *THE LANCET*, so I shall not again refer to it. I remain, yours respectfully,

H. W. DEWHURST.

January 11, 1836.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Jan. 9, 1836.

Mr. RICHARD QUAIN in the Chair.

Dr. ADDISON, in the absence of more important medical news, related the case of a child, aged 11 years, in whose case he had committed an error of diagnosis (at Guy's?). The disease, as he had been informed by the surgeon who had sent the case, was one of amaurosis, dependent on a hydrocephalic affection. He was proceeding to prescribe accordingly, when one of his pupils put his ear to the chest, and detected mischief within. The chest was much contracted (the patient was "pigeon-breasted"), and the heart was heard beating violently. At the left side of the chest pneumonia was detected, accompanied by a mucous rattle, of a very peculiar kind, indicative of soften-

ing of tubercles, and he (Dr. A.) concluded, that the attack of pneumonia had accidentally supervened upon the tuberculated condition of the lung. The mucous rale was not heard at the apices, but as low down as the fifth or sixth rib, which added to the perplexity and interest of the case, and not feeling satisfied, he (Dr. A.) visited the boy at Hackney. By the treatment pursued, in spite, as he thought, of the disorganized condition of the lungs, the patient improved, but in an after examination he detected the source of fallacy. The boy was labouring under emphysema of the lungs, and when the pneumonia no longer existed the humidity disappeared, which had led him into error. He related the case, because we were bound in duty to narrate the truth in all instances. This would have been a very admirable case to have fallen into the hands of an empiric, who, if it had got well, would not have failed to blazon it abroad as the cure of a confirmed case of phthisis, so pronounced by the faculty. The case also showed the necessity of being exceedingly cautious in forming a diagnosis in diseases of the chest. The treatment consisted of moderate depletion, a mild course of mercury, paying attention to the bowels, and employing blisters, which occupied about a month. For the affection of the head he had been cupped. Mercury was still employed mildly, and the sight was fast improving.

Dr. LEONARD STEWART believed that if permanent benefit were derived in the short space of a month, whatever treatment was employed, we were justified in considering it not to be a case of phthisis.

Dr. ADDISON said that had the sound existed at the apex, instead of at the base of the lung, he would have pronounced it, without hesitation, the result of disorganization. Dr. A. then briefly detailed two other cases, occupants of the same bed, one the subject of pneumonia, and the other presenting pneumonia coupled with severe bronchitis, which bore on the question that was argued here some evenings back, when he (Dr. A.) maintained that in genuine pneumonia, little or no cough, and no expectoration, except it were blood, was present, and if a slight glairy mucus were secreted, it was from the minute extremities of the bronchial tubes, and it was from those symptoms being considered essential to pneumonia, that the disease was frequently passed by unobserved.

Dr. CROWE said that so long as no inflammation of the parenchyma of the lung, no expectoration was poured out, (as) when the disease extended to the bronchial tubes then there was expectoration. He (Dr. C.) did not consider this a new fact, but, on the contrary, a very ancient one.

Dr. ADDISON said that no correct information was to be found in any work on the subject, prior to the appearance of a man-

hec's; and Cullen, though the best of all authors prior to Laennec, his writings seemed a mass of confusion. But Laennec's enabled us to detect the disease of the chest with as much certainty as common experience, though we might meet occasionally with complications which were liable to puzzle us.

Mr. FERNANDEZ related a case wherein a physician, of no mean reputation, committed the following mistake. A stout man, of full habit, from early life had suffered from enlargement of the heart; for three months he was troubled with a constant cough, with slight expectoration. About a month back, as the respiration became very difficult and frequent, the physician was consulted and used the stethoscope, but he found some difficulty in explaining the nature of the malady. No respiration was to be heard over any point of the chest, nor any peculiar sound in the region of the heart; the expectoration was of a thick mucous character; the blood drawn was buffy. The diagnosis given by the physician was, that the patient suffered from acute bronchitis, and an effusion of fluid within the chest. Shortly after this examination a faintness came on, which was relieved by brandy, but at the expiration of a week a second returned and the man died. On inspection of the body after death, no fluid was found on either side of the chest, and the lungs looked perfectly natural, but on compressing them the contained air could not be forced out, the air-tubes being blocked up by the swelling of the lining membrane. The pericardium was highly florid and inflamed.

Some discussion ensued between Drs. Addison and Chowne, with regard to the writings of Cullen, the former deprecating them, from the confusion prevailing in the parts relating to the diseases of the chest; and the latter advocating them. The subject was then dropped to make room for that of magnetism, which occupied attention for an hour beyond the usual time of adjournment; but nothing was elicited worthy of being reported, and in order to produce from the diversity of opinions something more satisfactory, it was moved by Mr. CHINNOCK and carried, that Dr. Ritchie, who was present, be requested to enter fully upon the subject at the next meeting, when the meeting adjourned.

The President of the Royal College of Physicians had an interview with the Chancellor of the Exchequer yesterday, in Downing Street. A deputation of short-stage coach proprietors had an interview with the same right hon. gentleman immediately afterwards. — *Globe*, Jan. 12.

MEDICO-BOTANICAL SOCIETY.

OBSERVATIONS ON THE PERUVIAN BARK.

By GEORGE G. SIGMOND, M.D.

Read at the Meeting of the Medico-Botanical Society, Jan. 12, 1836.

It appears that at about the year 1639, the attention of the ecclesiastics in Spain was drawn to the bark of certain trees, which had about seven years before been imported into that country from Peru, their newly-acquired conquest in South America. It possessed a febrifuge power, which had been successfully exhibited upon a member of their own body residing at Alcalá. It had likewise acquired some degree of reputation amongst their own countrymen in the new world. The Jesuits, a powerful, active, and highly-intelligent order, who aimed to be the depositaries of the knowledge of the age in which they flourished, exerted all their influence over the Christian world, to diffuse, under difficulties of no ordinary kind, this important drug. Many failures, however, from an ignorance of the proper mode in which it was to be employed, and from the importation of varieties possessing little or no power, awoke feelings of the strongest prejudice against it. Several years elapsed, during which a severe war of words was waged, before it was universally acknowledged to be what Dr. Robertson, the historian of South America, has justly described it, "the most salutary, simple, and perhaps the most restorative virtue, that Providence, in compassion to human infirmities, has made known unto man." A beautiful tract, in our own language, from the classic pen of Sir George Baker, gives us a most interesting history of the first introduction of the Peruvian or Jesuit's bark into civilized Europe, and more especially into this country, and the numberless works that have been published on that subject are founded upon this essay. But many other points of very great importance have been discussed, and still remain for elucidation; for, although many inquiries have been instituted, and individuals of high scientific attainments have been engaged in various researches, who have, with diligence and discrimination, employed themselves in eliciting facts, we have yet much to learn, and much that is unknown, to discover. Ten years since, Heinrich von Bergen published a work in German, "An Attempt towards a Monograph of the Barks," in which he gave a list of no less than 632 authors who had written upon the subject, and of 808 books and pamphlets that had been published, and this did not contain some of the

most distinguished authors of Spain—viz. Masdevalla, Franzeri, Lopez, Banares, and since that time the discoveries which chemistry has made must have swollen the catalogue to an immense extent.

Of the subjects which have been treated, there are two questions which come more immediately within the scope of the inquiries of this institution, and which demand our attention. The first question to be discussed is, What are the trees which furnish the genuine cinchona, and how are they to be distinguished? The second is, In what way are the medicinal virtues which reside in these trees to be best obtained, for its administration in the great variety of diseases in which it has been successfully employed?

The first or botanical question, although it has been so much agitated, still remains in some degree of uncertainty; we appear now to be much nearer its solution than we yet have been. Amongst those from whose labours we have benefited, are some of the most distinguished men, De la Condamine, Joseph Jussieu, Mutis, De Candolle, Richard, Zea, Ruez, Lambert, Laubert, Humboldt, Bonpland, Viry, Fée, and "though last not least," Don. The second or the pharmaceutical question has also a long train of illustrious men to boast of. Pelletier, Caven-ton, Batka of Prague, Brera, Martius, Pfaff, Brandes, and I have on this occasion to point out the labours of our own chemist, Battley, which may be fairly considered as among the most important that have yet been undertaken.

It was in the year 1738 that the celebrated French mathematician De la Condamine, who was then resident in Peru, gave the first botanical description of the Peruvian Bark; but his wish to import it into Europe, either by seeds, or by cutting, was unsuccessful. The high estimation in which his efforts were held, is marked by the name which was by the universal consent of the botanists of Europe given to the tree which he described, and the *Cinchona Condaminea* was admitted in the Pharmacopœia. In Germany it was called "*Der Offizinelle Fiebertindenbaum*;" in France, *Le Quinquina*; in Italy, *China Chinachina*; in Spain, *Corteza de Loya*; in Portugal, *Quina*; in Holland, *Kinaboom*; in England, the *Peruvian Bark-tree*; in Denmark, the *Quinatree*; in Sweden, the *Quinatred*; and all the varieties of the bark found in commerce were implicitly believed to be the products of the tree thus described; different engravings of it have been given by Plenk, by Humboldt, and Bonpland; the one which is now before you, is from Nees Von Esenbach. Joseph Jussieu, who was in South America from the year 1739 until 1771, gave much attention to the barks, but seems not much to have increased our knowledge. In the year 1760, a year remarkable (as Doctor Manuel de

Gregorio, the biographer of Mutis, observes)* for the commencement of a botanic æra, Mutis disembarked at Cartagena, and commenced, amidst the woods and wilds of South America, a series of inquiries upon the vegetable system of the new world, which has bestowed upon the race of man, innumerable sources of comfort, and prospects of future benefits.

Although Fenelle, Plumier, and Loxley, had made some slight botanical researches, they had done nothing for the science, which they only occasionally cultivated; it remained for Jose Celestino Mutis to unfold the beautiful volume of the works of nature which lay before him, to select the richest page for his examination, and to give to mankind the valuable result of his studies. He may be said to have laid the foundation for a superstructure which has now arisen, and which remains to be improved by an ardent host of labourers anxious to follow footsteps, so clearly, so usefully, so justly defined. He quickly transmitted to Europe whatever information he could glean, collections, drawings, specimens, were forwarded by him to Linnæus, and to all the scientific institutions of Europe; and the epithets which were bestowed upon him, and the testimonies of approbation and of admiration which followed him to the grave, are proofs that his talents were appreciated, and that his claims were universally recognised. He first described the four species of bark, and gave a classification in concordance with the views of botany then entertained, and the boundaries of that science are now much enlarged, and therefore more accurate knowledge of the objects of nature has been attained. Still his name is venerated as the first correct observer and the best describer of what he saw. His pupil Zea followed in the path in which his preceptor had gone, and has also a claim to our respect and gratitude, as have also Ruez and Pavon, whose rich and valuable collection of dried specimens of the genus cinchona is now in the possession of that ardent and zealous lover of science Mr. Lambert, one of the vice-presidents of the Linnæan Society; to this collection has also been added that of Dr. Thomson, which was obtained by the capture of a Spanish privateer, which was carrying home specimens collected near Loxa and Santa Fe. Mr. Lambert published "*A Description of the Genus Cinchona*," together with a plate, which was of important service, as well from the original matter it contained, as from its giving us a translation of the papers of Humboldt. This interesting work,—accompanied by the collection which, through the liberality of Mr. Lambert, and his well-known love of science, is kindly open to the student of natural history,—may be said to have invited attention to a subject which had not in this country yet been at all handled. The travels

of Humboldt and Bonpland are next to be alluded to; their inquiries, and their descriptions of different species of this beautiful evergreen tree, have been taken by almost all botanists as the foundation of the different classifications which have been attempted since more regular and more natural arrangements have been followed, than the artificial ones which were so long admired.

The example of inquiry set by these botanists has been followed by other naturalists, but as the opportunities for conducting any inquiries are not very frequent, we must not expect that we are yet fully acquainted with the trees of the family cinchona, particularly as many trees possess in various degrees the power of depositing in their bark, secretions which possess the medicinal virtues which so remarkably reside in that which is called, as superior to all others, the bark. The modern genus cinchona is limited to about sixteen species; some which were formerly included are found very different in structure, and also in their properties. Amongst these are the different species of the exostema, the losmi-buena, &c.; these various families belong to a very extensive natural order, the rubraceæ, which possess families of great diversity of form and structure, as well as others which do not offer such striking marks by which they may be distinguished one from the other. In the last volume of the *Linnean Transactions*, is a paper, very short, but most valuable, which has thrown a new light upon the subject, and has furnished us with a key, whose application has unlocked an unexpected store, from which a guide through our difficulties is obtained. It is to Mr. Don we are indebted for a discovery of no small importance to us, and which adds a further claim to the consideration he already enjoys amongst naturalists. I am happy to learn that such a successor is appointed to our late lamented friend Gilbert Burnett, in the *King's College*: such a selection will be a source of gratification to every lover of that science which he has cultivated and adorned.

Mr. Don has taken the variations of the aestivation, or the manner in which the floral envelopes are arranged before they expand, as the character by which the different groups may be distinguished; and as these variations of aestivation are found connected with other differences in structure, it affords a very valuable distinction. He has observed, that in the true cinchonæ, of which he gives 37 species, the aestivation is valvate.

Cinchona	Lanceolata	} Dehiscencia Basilar Normal.
	Condaminæa	
	Cordifolia	
	Rotundifolia	
	Ovatifolia	
	Parpasea	
	Fuscescens	
	Miersii	
	Humboldtiana	
	Glandulifera	
	Persuta	} Dehiscencia Terminali Sp. Aberrantes
	Stenocarpa	
	Caduciflora	
	Macrocarpa	
	Oblongifolia	
	Magnifolia	
	Pavonii	
	Acutifolia	

In commerce four important varieties of bark are found, which are again subdivided, as I shall hereafter have occasion to show you. 1. The Quina Naranjada, or orange-yellow bark, of which there seem to be two sorts; the calasaya, and the royal yellow quinquina; the first title, however, appears to be given by the native Peruvians to the superior bark, which they believe the yellow to be. 2. The quina rosa, or red bark. 3. The quina amarilla, or pale yellow bark, of which there are different sorts, named from the appearance of the epidermis. 4. The quina blanca, or white bark. The opinion has been adopted by various medical authorities, and the Pharmacopœias have also sanctioned it, that these different sorts of bark are the products of trees easily to be distinguished one from the other, and the Royal College of Physicians, taking Zea as their guide, have admitted three species—the cordifolia cortex, the lancifolia cortex, the oblongifolia cortex. Whilst Dr. Thomson in the London Pharmacopœia, following the authority of Mutis and Zea, considers the cortex cordifolia to be the pale bark, in Edinburgh College, "Dr. Dewart, and Dr. Powel, regard this as the species yielding yellow bark." Whilst the lancifolia cortex is considered by the former authorities to be the yellow bark, those whose opinion I have just alluded to regard it as that which furnishes the pale. The cinchona oblongifolia cortex, and the magnifolia, seem to be acknowledged as those from which the red is obtained. Drawings from these trees are placed before you. A list of the best engravings you will find in the work of Nees Von Esenbach. These discrepancies of opinion were unavoidable, from the limited knowledge we possessed of the trees; but we have now ascertained that the shape of the leaves cannot serve as guides to the peeler, and his practical experience must remain as his only assistant, until science has made some farther advance; at present he depends upon his eye, and upon the taste of the bark. Humboldt's opinion must be allowed to be quite decisive. He says, "I hardly know any one tree varying more in the shape of its leaves than cinchona. Whoever determines single specimens of

dried collections, and has no opportunity to examine or observe them, in their native forests, will be led to discover different species, by leaves which are of one and the same branch. The yellow bark we have found at one and at the same time with foliis ovato-oblongis, ovato-lanceolatis, and ovato-cordatis; Mutis calls it cordifolia, because it is the only kind on which cordate leaves are sometimes found. Even the laurel-leaved cinchona condaminea, the finest bark, from Uritusinga, has very diversified leaves, according to the altitude at which it grows, and which equals that of St. Gothard or Mount Aetna." Humboldt very properly points out the form of the flower as the diagnostic mark, but this of course is only useful at one particular season. Humboldt also took with printer's ink, impressions of the leaves, at Gonzanoma near Loxa, which still further corroborated his opinion that the distinction made from the shape of the leaves is unsafe.

I do not think that enough of facts have yet been accumulated, to enable us to judge of the value of the lichens, as a diagnostic mark of the species, but certainly their presence or absence may be considered as most useful indicators of the state of the bark. We know that the several species of the family rhizomorpha, are very active agents in decorticating dead trees; and, as has been observed, "they assist in the disintegration of lifeless organic bodies, which would otherwise encumber the surface of the earth, and be exceeding tedious in their removal."

Thus the rhizomorpha cinchonarum is a rare species, but whenever it exists upon the epidermis, it indicates that the bark is in a state of decay, and that it has lost its febrifuge power. Fee states, that the presence of himantia cinchonarum is a certain proof that putrefaction has very far advanced. The hypochneis rubro-cinctus and nigro-cinctus rarely grow in great quantities on healthy trees; and the opegrapha rizicola, and fissarina, likewise may be considered as indicators of the advanced age and impoverished state of the tree on which they are found.

When I have, at our next meeting, an opportunity of resuming this subject, I shall take up the pharmaceutical inquiries, more particularly those to which I have referred as entered upon by Mr. Battley, as he has, with great labour, gone through a series of most interesting experiments in his laboratory, which I shall have the honour of detailing to you.

That we cannot, then, look to the variation of the shape of the leaf, which must be affected by altitude, by age, by climate, by the situation of the tree, whether surrounded by others or standing alone, by many circumstances attending its development, I think must be admitted. Another source

of information has been sought, and some expectations raised, which I think cannot be borne out, namely, that by the lichens, or mosses, we can distinguish the tree. They have been studied with a praiseworthy ardour by botanists. Fee, more particularly, has devoted great attention to this subject; in his memoir on the cryptogamic epiphytes of the official bark, he has made some singular observations. He states that the gassicurtia is found, exclusively, on the yellow bark; that the graphis interrupta is found only on the bark of the lancifolia; these are the lichens which you find upon the specimens before you; and, after very careful examination of a vast variety of the different specimens of barks imported into this country, they are the only ones which I have been enabled clearly to distinguish. The ascidium cinchonarum, which is said to be found indiscriminately on them all, I have never observed, at least, taking the engraving given by our late professor, Gilbert Burnett, as my guide. Upon the red bark I have never observed the slightest appearance of adhering lichen; but this study is pursued under great disadvantages, from the want of a sufficient number of engravings to consult.

THE LANCET.

London, Saturday, January 16, 1836.

THE rejection, on Thursday sennight, at Apothecaries' Hall, of a student, who was a member of the Medical School in Aldersgate-street, has created a very strong sensation in several of the "recognised" establishments; because it was well known, not only to the lecturer, but also to the Aldersgate-street class generally, that he was fully capable of executing the duties of a medical practitioner in every department of his profession. The conduct of the examiner on the occasion in question was, we understand, that of a vulgar, rude, cruel, and unfeeling man, and the extent of his ignorance was fully proved by the error he committed in his insolent attempts to correct the individual who was subjected to his coarse and heartless scrutiny. As the examinations at our medical establishments are conducted in a manner, the pre-

cisely the same length of time will they continue to be made the instruments of oppression and injustice. The rejected candidate had been the apprentice of a gentleman who was not "in favour" at the Hall, and the cowardly expedient was resorted to of making an unoffending person suffer for the supposed misdeeds of another. On very many occasions similar brutality of conduct has been shown towards the students at the College of Surgeons; and the public may be assured, that whenever so much grossness of behaviour is manifested by men who are called upon to execute public duties, there must exist in those men a marked deficiency of the very qualifications which would best fit them for executing the duties of their office. The ignorant examiner, in fact, often subdues his victim by his insolence and his menacing bearing. Not five questions are asked before the student feels that he is to be disgraced. This distressing apprehension disturbs the operations of his memory, distracts his mind, and altogether renders the judgment incompetent for the performance of the task which he is required to undergo, and the unfeeling wretches who thus trifle with the feelings of the candidate, behold in the mischief they create the chief source of their own enjoyment, as they refer to the incompetency of the student, as furnishing the best proof of their own tact, skill, and dexterity, in conducting an examination. Most sincerely do we hope that another session of Parliament will not be allowed to transpire without bringing into existence a statute which shall have for its object the institution of a FACULTY OF MEDICINE in this metropolis, wherein all the examinations shall be conducted in public, upon the system of concours, or professional competition. The tyranny of "Rhubarb" rapidly approaches the hour of its termination.

The foregoing remarks were written by a gentleman, a copy of the following letter being sent from the gentleman whom

this foul attempt has been made to injure. The HALL of the HALL will, on reading it, be ready, we suspect, to plunge headlong into one of their own caldrons. The original of this letter has, we are informed, been transmitted to the examiners at the Hall.

"To the COURT OF EXAMINERS of Apothecaries' Hall, London."

"GENTLEMEN,—Having applied to you last night for the license of your Company, and having been examined by one of the members of the Court, and "rejected," I must attribute such "rejection" to the operation of some private feeling, which I have good grounds for supposing existed in the mind of my examiner. In order, therefore, to prove to THE PROFESSION, generally, and to THE PUBLIC, that such "rejection" was not the result of incompetency on my part, I demand from you a PUBLIC EXAMINATION, to be conducted in the presence of a professional audience, and I now state to you that I am ready to undergo such an ordeal on any day, and at any hour which you may be pleased to appoint.

"I am, gentlemen, your obedient servant,
"THOMAS SMITH.

"1, Jewin-crescent,
"Friday morning, 8th Jan. 1836."

MANY erroneous opinions are entertained relative to the power which can be conferred by the Crown on the governing body in granting a charter for the establishment of an University in this metropolis. Most of those opinions are equally absurd and unfounded, but there is one which operates at this moment to the disadvantage of professional and public interests. It is believed, we understand, that the new charter can bestow on the examiners of the University an authority, in awarding diplomas and licenses, equal to that which has been bestowed on the Court of Examiners of the Apothecaries' Company by the statute of 1815. In other words, it is believed that the University Charter

can empower the Senate to grant diplomas and licences which shall confer upon their possessors the privilege of engaging in medical practice in England and Wales. Hence a correspondent who signs his note "OBSERVER," "cannot conceive how the Editor of THE LANCET should be of opinion that, even supposing the University should be devoid of any great reputation, it should still offer no inducements to candidates to apply for the diplomas, when the possession of those diplomas will empower the graduates to practise in all branches of the profession, and would thus enable them to escape from the exertions practised in Lincoln's-Inn-Fields, and the degradation of resorting to the drug Hall in the City."

With regard to the College of Surgeons, it matters not what may be the arrangements in the new University. While we are without a FACULTY OF MEDICINE, and while the public in the distant parts of the kingdom are deceived by the name of "the College," there will be adventurers who will continue to give twenty-two pounds for a really worthless document, although it is well known to every professional man, that any individual may engage in the practice of surgery, without making any such purchase. Young men think it a fine thing to be enabled to show that they are Members of "the Royal College of Surgeons in London;" and as the generality of the community are ignorant of the character of the examination at that institution, the title often carries with it some importance in the minds of the uninformed public. If, therefore, the University be not founded on a principle of just and enlightened liberality, and if the examiners be not men of very distinguished and exalted attainments, and if they do not prove their qualifications by the mode in which they obtain their offices, the public will consider the title of "M.R.C.S.L." to be equally as valuable as that of "M.D.U.L." In short, it will be thought precisely as well of a man if he be a mem-

ber of a "Royal College of Surgeons," as if he be a graduate of a second or third-rate University. The new institution, therefore, cannot, in any manner, affect the legal privileges which the College of Surgeons can confer on its members, because, in point of fact, the College has none to confer. It can neither give to a man the right to practise surgery, nor take from any individual that right. It is, therefore, strictly speaking, an incorporated nonentity. The minds of the students, therefore, will not, in all probability, be influenced in the remotest degree, either in avoiding the College of Surgeons, or in applying to that institution for its diploma, by the institution of the new University.

In the case of the Apothecaries' Company, however, the bearings of this question are wholly different. In the instance of that establishment, if it be the object of the candidate to embark in the profession as a surgeon in general practice, he must obtain the license of the Apothecaries' Company, even if he should be a medical graduate of the Metropolitan University. It is on this account that our correspondent "OBSERVER," and many others, are deceived. The source of the error into which they have fallen may be found in the opinion they hold, that the powers which may be conferred by the new charter, can interfere with, or totally abrogate, the authorities which are now exercised by the Court of Examiners of the Apothecaries' Company. In order to dispel this erroneous view, it should be recollected that no charter can destroy, or even weaken, the powers which are exercised under an Act of Parliament. Unless, therefore, the Apothecaries Act of 1815 be repealed, the new charter could not operate to the prejudice of the drug-dealers in Blackfriars, and if this Act were abrogated, it is to be hoped that there could then be no interest connected with medical practice left to be prejudiced. But a charter, it should be distinctly understood, cannot annul the provisions of an Act of Parliament. In fact,

the principles and details of every charter, must be in accordance with the statute and common law of the land. If it be constructed otherwise, that is, if it be framed in opposition to the law, it becomes at once an *illegal instrument*, and, accordingly, entirely *inoperative*.

It is impossible therefore to commit a greater blunder than to believe that the new charter can break down the monopoly, or soften the tyranny, of the Apothecaries' Company, or in any respect control the proceedings of the London College of Physicians, because the functions which are exercised by the drug corporation were created by Act of Parliament, and the privileges of the College of Physicians arising out of the charter granted by HENRY the EIGHTH, have been confirmed by Acts of Parliament. The new charter will necessarily be directly powerless with reference to both of these corporations, and, as we before stated, if it is to become, in law, a valid instrument, it must be so shaped as to operate in conformity with the existing statutes and prescriptive customs of the realm. In granting a charter, observe, it is presumed, both by the spirit and the letter of our constitution, that a sacrifice is made of a portion of the royal prerogative, in order to advance the public interests. The power, therefore, of granting a charter, is, in itself, a lawful condition, or prerogative, sanctioned by our free constitution. Accordingly, that power, it is easy to conceive, must, in all cases, be exercised in accordance with the authority of existing statutes; for if it could be adversely used, with reference to the law itself, the royal hand might, for very unworthy purposes, push aside by degrees all our ponderous volumes of statutes, and the will of the King would in such case establish a tyrannical supremacy over the legislative rights of both Houses of the senate.

Being, therefore, that the new charter, in order to become law, must be moulded into a form which is suited to the spirit of the law, and analogous to the circumstances

which the law itself has created, we are anxious to learn,—as the new instrument cannot subvert existing rights,—how far any new rights and privileges are to be established by it, in accordance with, or adverse to, the rapidly advancing knowledge of the times in which we live. We have called, repeatedly, for THE EXPOSURE OF A DRAUGHT OF THE INTENDED INSTRUMENT, and we must confess that we have formed a wrong estimate of the minds of his Majesty's present Ministers, if they cause this document to be projected and executed in secret. If the thing is to become law, the public ought to be made aware what are proposed to be made its conditions, but if it be not to possess the weight of a legal instrument, but is created for the sole purpose of calling into birth a series of empty and worthless titles, it must be regarded as an act of solemn mockery, which deserves exposure and general condemnation.

It has been remarked that there is no precedent for the publication of the intended charter,—say, in the Government Gazette. The proof of this omission of publication is not, alas! wanting in words. The effects have long been sufficiently perceptible in the proceedings of the College of Surgeons, the College of Physicians, and other chartered bodies. If there be no precedent, so much the worse for the public; for so many the more injurious charters have crept into existence, and, as the only effectual corrective of the evil, let the precedent be immediately established. The circumstances which transpired in the years 1799 and 1800, are admirably illustrative of the advantage of publicity, and the evils of secrecy, in matters connected with legislation. The managers of the old Surgeons' Hall applied to Parliament for an Act of re-incorporation. Their bill was introduced, and, on its infamous provisions being made known, the profession denounced it as with one voice. A stormy discussion afterwards arose in the House of Lords relative to its proposed enactments. An admirable speech was made

upon it by Lord THURLOW. The principles of the measure were denounced as being narrow-minded and iniquitous in the extreme, and the advocates of the scheme were abashed and dismayed, and shrunk from the dirty labour which they had been called upon to execute. The bill, therefore, was kicked out of Parliament; but it met with that fate because, and only because, its odious provisions had been subjected to the scrutinizing examination of the members of the profession.

Now mark. In the following year, to what manoeuvre did the old corporators resort? Why they went *stily* and *secretly* to the King, and petitioned His Majesty for a charter of incorporation. The scheme was successful. The royal ear was abused, the members of the Privy Council were either knavish, asleep, or deluded, and the instrument was fabricated. The results have been known and felt by the surgical profession in England, during the last six-and-thirty years. The charter thus cunningly obtained, was fabricated out of the identical clauses which were contained in the Bill that had been so scornfully, so indignantly rejected by the House of Lords in the preceding year.

This is a most instructive historical lesson. Are we to be insensible to the admonitory indications of experience, and remain unmoved by the evidence of facts, the force of which any child may feel and understand? We most emphatically exhort the present liberal Ministers of the Crown, not to tarnish their reputation, or derogate from the character which they have established for open and straight-forward dealing with the public, by obtaining for the intended charter the sign-manual of the KING, until the country is placed in full possession of a knowledge of its intended clauses. Assuredly it must be confessed that a *system of courtly intrigue and secrecy*, in framing laws which are designed to affect the most important interests of the community, is utterly incompatible with the spirit and operations

of a representative government. In the last session of Parliament the charters of our municipal corporations were all demolished, as the enormities to which they had given birth could no longer be endured. Those instruments of oppression had all been obtained in secret, but the acts of injustice which have been perpetrated under them, operated on the *public*. Could those charters have been obtained, except by some secret, some covert method? If the application for each municipal charter had been made a subject of discussion in Parliament, it is utterly impossible that the principle of self-election could have sustained its ascendancy during so many lustres as it has done centuries. *Secrecy* was the source of evil on every occasion when a municipal charter was granted, and in founding an university in the metropolis of this empire, no man in his senses can believe that a liberal Ministry will plunge headlong into such a poisoned source of irremediable of mischief.

NEW METROPOLITAN UNIVERSITY.

(From an Edinburgh Correspondent.)

THERE has not been a topic of more general conversation for a length of time amongst us here than the Metropolitan University, all classes of society being interested in the well-being of our own college; for the average number of students usually amounts annually to as many as two thousand, producing, as you may suppose, a very considerable revenue, not only to the cormorants of the University, but also to the tradespeople of the town. Though some of the other lecturers in the University may suffer more or less, yet it is the members of the medical *sensatus* who are most alarmed on the present occasion, and certainly not without good cause. They have enjoyed, it may be truly said, a complete monopoly in the manufacture and sale of degrees for at least a century past; and one year after another have the medical professors used all their ingenuity to increase the price of a *degree*, until, like all Jews in trade, it has been mounted up so high that others have been induced to bring the same commodity to market at a lower rate of charge. It is not much more than twenty years ago that they added twenty-five per cent. to the price of each ticket, but Dr. JOHN THOMPSON'S

liberal additions to the curriculum gave them a death-blow, which they are all aware they never have recovered, nor ever can. It is only to be wondered at that their monopoly has lasted so long, and that the largest and greatest metropolis in Europe has not until now competed with them, and had a University within its own precincts, without compelling its inhabitants, as well as those of all England, to repair to Scotland, not in search of knowledge, but in order to be *dubbed*. I consider this fact, indeed, to be a monstrous anomaly in the history of civilized nations. Notwithstanding the absurdity of the attempt, our Edinburgh medical professors are determined to make a struggle to arrest the progress of reform in medical education. Meeting after meeting has taken place among them, and if I mistake not you will soon see one of our anti-liberals amongst you, to sow the seeds of discontent, and nurse the tree of corruption. Young THOMSON is too well known from his *past* services, so that a *new* man will be sent to London.

Sir CHARLES BELL is not yet come, and Dr. JOHN THOMPSON, who knows him of old, quaintly observed the other day, "That if the surgical knight does not come down immediately, he never will come at all." My own opinion is that he may yet give us he go-by, for it is not common, nay I doubt if it ever occurred, that a Scotch doctor who had once crossed the Tweed ever returned to his native mountains. Parritch and kail are poor fare after roast beef and plum-cudding. However, times are changed, and Sir CHARLES's discomfiture at the *London University College*, the total failure of the *Middlesex school*, and the approaching revolution in Lincoln's-Inn-fields, may induce the chivalrous knight again to try his fortune here.

As it is most likely that you have not already seen it, the inclosed copy of his letter, *accepting* the chair, will amuse you. It is an excellent portraiture of the man, whose vanity is so prodigious, that he never loses an opportunity of talking about "I, myself;!"

* "Brook-street, 11th Dec.

"MY LORD,—I have had the gratification of receiving your lordship's letter, and accept the honour which you, the magistrates, and council, have conferred upon me. The manner in which this appointment has been conferred, and the assurances with which your lordship has accompanied the communication, lead me to anticipate the harmony in our endeavour to cultivate medical science, and promote the reformation of the University. You place me where there is every motive for personal exertion; but where, most of all, experience and judgment are necessary. As to the first, I trust my habits of life give you sufficient warrant. For the rest, I ground my

The anatomical teachers, as well as the students, have become exceedingly impatient, because the "inquiry" which was instituted to inquire into the conduct of Dr. CRAIGIE, our anatomical inspector, has not yet been brought to a conclusion. This circumstance has heaped such odium on the public functionaries, whose duty it was to have prosecuted the investigation without delay, that a public meeting of the students is contemplated, as the coarse and insolent doings of the awl-wise "man of leather," as CRAIGIE is called, has caused an universal feeling of disgust in the schools, and has materially interrupted the teaching of practical anatomy here.

Another topic has formed the subject of a good deal of conversation here, though it may be of too trifling a character to interest you. Dr. ABERCROMBIE has received a medical degree from Oxford! This appears to us to be strange, as we have always flattered ourselves that one from our own University was the *best* of any, whilst we have always ridiculed degrees from an University where medicine is *not taught*. Although to us the matter is inexplicable, you perhaps may see further through it. All we know is, that Abercrombie, though a very pious man, is a cunning, intriguing little fellow, and when he went up to London to be examined before the Parliamentary Committee, he made himself Sir HENRY HALFORD's most obedient humble servant, and toadied him in all ways, which makes us

hope of being useful, on the characters of those distinguished men, many of them removed from the stage, with whom I have been united, or with whom I have been in consultation on many trying occasions. By this intercourse my opinions have been matured, and now, through your kindness, I shall use the advantages which time and circumstances have given me, so as to preserve the record of the opinions and practices of the men who have raised the profession of surgery in these kingdoms to its present acknowledged perfection. By this, to me, eventful change, I am led to reflect on the advantages I have possessed, in my anxiety that your lordship and the council shall not have occasion to regret the decision to which you have come. The unanimity of the council, and the very flattering expressions of your lordship, lessen the regret which every one must acknowledge to be natural to me in leaving a society where I have experienced uniform kindness and liberality, and in breaking the intimate and friendly relations with some of the most estimable men of our day.—I have the honour to be, my Lord, with great respect, your lordship's obliged and very humble servant,

"CHARLES BELL.

"To the Lord Provost, &c."

believe that your wily President must have been the means of sending him the Oxford degree, in payment for the humility and meekness shown by him, and for certain "services" hitherto unknown.

ST. GEORGE'S HOSPITAL.

ELECTION OF A CHAPLAIN.

A VACANCY having occurred in the office of chaplain to St. George's Hospital, in consequence of the resignation of Mr. Walker, the candidates for the appointment were, the Rev. FRANCIS GREGORY LE-MANN, and the Rev. Mr. NEVIN. The election, which was actively contested, terminated on the 8th instant in favour of the latter candidate—the numbers at the close of the poll being as follows—

For the Rev. Mr. NEVIN 156

For the Rev. Mr. LE-MANN ... 81

Without attempting to institute any inquiry into the merits and qualifications of the candidates, it may be remarked, *en passant*, that the regret felt within the hospital, amongst those who are most properly interested in the result of the election—the sick inmates—may be expected to be very great, at the non-election of Mr. LE-MANN, who by his kindness and attention to the sick, during the seven or eight weeks when he officiated in the hospital for the Rev. Mr. WALKER, previous to his resignation, succeeded in obtaining the approbation and good will of every inmate of the institution. Mr. LE-MANN is well known, by those who have the gratification of his acquaintance, to be possessed of liberal and enlightened sentiments, and an excellent knowledge of classical literature, having, at a very early period of his career, obtained a fellowship in King's College, Cambridge. Testimonials of a very flattering kind relative to the faithful and zealous discharge of his ministerial duties were produced in favour of Mr. LE-MANN, from clergymen of high character, by whom he had been employed as a curate; and had not the election been interfered with by the medical and surgical staff of the hospital (with the exception of Dr. WILSON and Mr. WALKER), there is every reason to suppose that Mr. LE-MANN would have been elected by a triumphant majority of the independent governors, many of whom are much disgusted with the indecent interference of the medical oligarchy, who for years past have trafficked in all the hospital appointments. It was frequently remarked, in the course of the canvass, by the independent governors, that the officious conduct of the Brodhan party in all matters relative to the hospital had prevented them from attending the board-room, as well as from voting at elec-

tions, and that they were fully determined to abate the nuisance by withdrawing their support and influence as soon as the term of their annual subscriptions should have expired. We were informed, and believe it to be correct, that Mr. NEVIN has not had the benefit of a collegiate education. The conduct of one of the medical officers, whose name is unworthy of mention, has met with the severest reprobation. At the commencement of the canvass, he announced that he was favourable to the election of Mr. LE-MANN, and actually tendered to one of his friends, instructions relative to the most appropriate course to be pursued in order to obtain the chaplainship, although at the very time, the hypocrite was actively canvassing for the other candidate. Personal exposure and rebuke, however, have followed this deception, which the party is not likely to forget during the remaining days of his earthly pilgrimage.

The British and Foreign Medical Review.

Edited by JOHN FORBES, M.D., F.R.S., and JOHN CONOLLY, M.D. No. 1. London. Jan. 1836. Sherwood.

A NEW candidate for the favours of the medical profession has wedged itself in amongst the periodicals, between the *Medico-Chirurgical Review*, and the *Edinburgh Medical Journal*. Which of the three at last will go to the wall we pretty well know, but object to alarm either party by publicly stating. We are well enough pleased to see the work, as strenuous friends of competition in all the departments of medical sciences. Who, indeed, have more reason to be pleased with rivalry amongst periodicals? We have witnessed the life and death of twenty claimants of that class since the year of our Lord 1823, each new "journal," *mock Lancets* and all, by thrusting itself beneath the pedestal of THE LANCET, serving as an additional lever of elevation to this work.

The Editors of the *British and Foreign Medical Review* came forward professedly as chiefly, we believe, with these two excuses for their project; first, that foreign medical literature had not obtained the attention which it deserved from the existing medical periodicals of these countries; and, secondly, that the criticisms and analyses of English works, which appeared in our quarterly medical journals, were not "free and candid" productions, not furnished by "wise

'era possessing a competent knowledge of the previous literature of each article, or as the work reviewed might demand,"—were not "the productions of men of experience and efficient acquirements, independent of the influence too evident in the hasty productions of juveniles and inconsiderate writers,"—that the task had been "hitherto confided to persons little qualified to undertake it," to "inexperienced reviewers, however able (!)," "to misrepresenters and critics of limited knowledge," "uncandid persons," and youths of "unexercised judgment."

This was a tolerably smart slap in the face for Messrs. JOHNSON, (senior and junior, according to the title of the *Medico-Chirurgical*), with how much justice or decency inflicted, we profess not to say. Such, at least, they felt it to be, whereupon an attempt was made to laugh down the new editors, as they were seen rising through the trap-door, with the announcement in their mouths that they appeared as "writers of known and unquestionable respectability." We are obliged to presume that this character was assumed by the Editors in their own persons, because those gentlemen are the only "writers" who are stated, and are, therefore, acknowledged and known, to be contributors to the first number of the new journal. Or was this an oversight, and contrary to a possible expectation, after such a declaration, that the name of each critic or analyst would be attached to his respective article?

In considering the question of "success" in the establishment of a new periodical, the point of debate with the projectors is—or ought to be—generally, that of the *means* of the class of persons to whose interests it is to be devoted, or whose attention it is designed to arouse. To talk of there being "room" or "no room" for a new work is absurd. There is always abundance of room where the arena of literature is not crowded with obstacles to publication erected by the law,—where there is perfect liberty of the press. But though there be whole acres of "room" for the million of mares, there may be more market than buyers; the buyers may be few, or not in want, or already supplied, or lacking in riches, and we certainly suspect that one or other of these conditions will prevent the career of three quarterly medi-

cal journals in this country from being very protracted. Why, Mr. Souter's quarterly journal is but just dead! The Edinburgh has long ceased to circulate any where but amongst a *very* select few at home, and some hundred or two surgeons on naval stations abroad; Dr. JOHNSON once had such a struggle for it, that nothing but the excitement of change, backwards and forwards, from quarterly to monthly, and monthly to weekly, and weekly to quarterly issues of his work, kept it in life and being; and last, though not least, one of the editors of the new journal has already experienced a signal failure as editor of a medical periodical. As, however, there may be purchasers enough to sustain one quarterly journal, it must be a strife of industry, we suppose, amongst the Editors, whose shall be the better production, the last speculation, however, always working under the disadvantage of infancy. Of "industry," we say, because the labourers in the field of literature are open to the engagement of all, and that *redacteur* would be unwise, indeed, who would work with the aid of inferior talent, when better was to be obtained.

By-the-bye, there is one division of the field in which no quarterly journal has yet gained a character, or even sought it,—that of medical politics,—taking arms in favour of free and liberal medical institutions. Not that anyone of them has eschewed the question; but each has either at once declared an open enmity to thorough medical reform, or has sneered at its noble and generous views, or has with one hand tried to retard its progress, while aiding it with the other. Thus have we seen the most diverse and opposite views in one number of the quarterlies, on the subject of medical government,—good principles, and wretched and impossible details; or correct details with expressions of horror at sound principles. There never seems, indeed, placed over them that watchful eye, and that revising hand, which are essential to ensure high and sterling character,—and inspire confidence in the sentiments and opinions expressed in the name of "We," and the reader never appears to detect the real views of the presiding genius, excepting when the declarations are *adverse* to the cause of medical reform.

It would puzzle us, for instance—perhaps

not worthily—to divine the principles that could be defended on the views which prevail in the new journal. Thus, at page 2, we find a most unhappy sigh over “medical instruction,” doubtless in consequence of some obscure impression on the part of the writer, that “Government” is about to adopt a change in medical law which will tend to increase the amount of learning and scientific acquirements in the medical profession of England,—that is to say, literally, to upset the ticket and certificate system in medical education. Yet at page 6 is to be found the following unconsciously uttered anathema against that very system, which for us to explain and apply is superfluous:

“The number of young men sent to their studies in London is, we apprehend, considerable; and we can never look upon the outflow, ardent and hopeful countenances of the junior students, at the commencement of each session, without our thoughts being carried to their several homes, where efforts are making, and sacrifices, of which young students are not always mindful, and which give something of solemnity to the acrid engagements so boldly entered upon by their public teachers, in years which are to determine whether or not those sacrifices are to be made, and not a few parental anxieties to be endured in vain.”

“Sacrifices,” indeed! Sacrifices to the god MAMMON, in the temples of the “recognised” hospitals and schools, the College and Halls, where, for simple bits of worthless paper, thousands upon thousands of pounds are annually extorted from the “anxious parents” of the certificate-lacking students. The abolition of this system, on the one hand, and its sacred preservation on the other, are the ultimate points for which medical reformers and the monopolists ever struggle.

Of the execution of the new Review, we are yet hardly prepared fully to speak. The first article, however, is injudicious enough to surprise us. Is it for the production of this kind of analytic and critical articles on foreign works,—articles not of the slightest value at home—that the projectors considered a new medical journal necessary in London?

On the whole, there seems to have been a want of industry in the conductors of the first number.

Case of Loss of the Uterus and its Appendages, soon after Delivery, with Remarks on the propriety of removing that Organ, in Cases of Interion or Scirrhus. By JOHN CHARLES COOKE, M.R.C.S.E., &c. E. Cox, Southwark, 1836. pp. 22.

FROM a little pamphlet which has just been transmitted to us under the above title, we condense the following curious statement:—

CASE.—At four o'clock a.m., May 22, 1835, Mrs. Aston, midwife, of Coventry, was requested to attend a woman in labour, who she found had already been in labour forty-eight hours, upon her knees, insisting upon being delivered in that position according to the custom of her country, Ireland. When induced to lie on the bed, an examination of the parts showed the os tincæ dilated to about the size of half-a-crown; the child's head presenting as usual. Every thing went on well, and the woman was delivered at 7 o'clock, the same evening, of a living child. The placenta followed whole in a quarter of an hour, being expelled by a pain. No hemorrhage ensued at the time, although a considerable quantity of blood was lost during the night. The after pains were trifling, and she felt so well, that she partook plentifully of animal food immediately after the midwife left.

At about four o'clock on Sunday morning, May 24th, Mrs. A. was hastily summoned in consequence, as the messenger stated, of the appearance of another child. The woman had risen during the night, and had gone into an adjoining room to make water; when her screams alarmed her husband, who called in some of the neighbours, and found the woman seated on a stool before the fire, with a vessel of warm water in front of her, and a large substance, which they compared to a child's head and neck, lying between her thighs, supported by her hands. The hemorrhage had been profuse. The midwife found the woman on the bed, pale from loss of blood, and in considerable pain. The blood had even run on to the floor. The uterus was lying on the bed, loosely connected to the vagina by a shred of membrane only. It was removed without effort, and placed in a bowl. The hemorrhage then ceased, and next morning the midwife brought the substance to my father, who discovered, to his astonishment, that it was an uterus inverted. At 10 o'clock he visited the woman. She was completely exhausted, extremely pale, throwing her arms about: pain was not perceptible. She had passed some blood shortly after loss of the uterus, as she said the following morning. Her bowels had not been relieved for nine days before delivery, except a mass of hardened fecal matter which was discharged with the last pain in the labour.

The woman did not much complain of any sensation like bearing down, nor of any substance lying in the vagina, nor of suffering much pain: neither was there much distention of the abdomen, nor was there then or at any time during the progress of the case, any thing more than a slight degree of tenderness, which, however, was hardly noticed, except upon pressure. It was apparent on the left lumbar region only. The only part of the uterus and its appendages not found in the bowl, was the left ovary. The uterus, on inspection, was a heavy, hollow, but firm pyriform body, very nearly as large as an ordinary child's head, at term. No laceration was visible, except a slight rent in the posterior lip of the os uteri. The attachment of the placenta was distinctly marked, being of a deeper brown red than the remainder of the mass; a quantity of flocculent matter adhered at its site to the walls of the uterine cavity. It was inserted over, and concealed the opening of, the left fallopian tube. This orifice was easily discovered by detaching a small portion of the loose flocculent substance. The vessels were large and tortuous, and fully accounted for the great hemorrhage. Upon making a section along its anterior aspect, the broad ligaments, with both fallopian tubes, and the right ovary, were discovered. The fibrinated extremities of the tubes were particularly clear and distinct, the left ovary appeared to have been detached, and to have remained in situ.

My father judged it prudent not to institute any examination per vaginam, fearing, also, that any salutary union of the sides of the vagina might thus be retarded, and risk an ulterior prolapsus of the abdominal viscera. He enjoined perfect quietude and absolute restriction to the horizontal position, abstaining from active medicine, and ordering a light farinaceous diet.

May 25. Monday morning. The patient had risen during the night, and passed her urine freely. She had slept, and appeared as well as on the previous evening. Towards evening she passed several small micturæ. She went on without accidents, except some increase of tenderness of the side, and some degree of fever, and diarrhœa on the 27th of May, which continued for three or four days, but which was then checked, and from that time she gradually regained her health and strength.

Previous to her confinement, milk was secreted in considerable quantity, but immediately after the loss of the uterus, this secretion, together with that of the lochia, was arrested, yet she persisted in applying the child to the breast, which induced considerable pain and hardness of the right mamma, attended with much febrile excitement. These symptoms subsided upon the exciting cause being removed. When

her health had been in some degree re-established, she again gave the child the breast, and persevered in doing so during several weeks, until, finding that she had no milk, she finally desisted. During the febrile attack, the tongue at no time exhibited any approach to a furred state. She is now in tolerable health; her complexion is pale and sallow as before, and she complains of a good deal of debility, but not such as to preclude her from following her usual occupation.

The child was for a long time in good health, but about a month since it was attacked by diarrhœa and died.

Principal Physiological Phenomena.—Those which present themselves in the history of this case are, the sudden and immediate suppression of the secretion of milk, and the absence of any flow of the lochia. So trifling indeed was the quantity of the latter, that the napkins were but slightly soiled; the hemorrhage too was completely arrested, as she did not lose a drop of blood after the morning of the 24th (Sunday). There is this additional peculiarity connected with the former fact—viz. that the milk had already appeared in considerable quantity before the loss of the uterus, but was entirely and permanently suppressed within two days after the separation of that organ. It was with a view of restoring the supply of this fluid that the woman persisted in applying the child to the breast, and, impressed with the same idea, she continued to do so until within a short period of the child's death, when finding her efforts vain, and that not a drop ever exuded, she finally desisted. She was repeatedly remonstrated with upon the subject.

The absence of all peritoneal inflammation, also, is a circumstance particularly worthy of remark, no means being taken to prevent it. The only symptom which ever caused any anxiety as to peritonitis was a slight degree of pain in the left lumbar region. The great quantity of blood lost when the uterus was separated, might in some measure serve to explain this singular fact? With regard to the violence which effected so complete a removal of the uterus, thirty-six hours after delivery, it is almost impossible to conceive it to have been offered by the woman herself, and yet such, there is every reason to believe, was the fact, if violence alone can suffice to account for such an event. The midwife most positively asserts, and her statement is strongly corroborated by the neighbour who first saw the woman on the morning of Sunday, that no effort was required to remove it from its loose connection with the vagina.

It is equally difficult to account for the inversion of the uterus, or to state when it occurred, as, from the appearance presented on examination, it must have been

pened spontaneously, no traces of any violence existing, and no portion of the placenta or other body remaining, by which sufficient traction could have been made. Previous to its descent on Sunday, nothing, which could have led to any suspicion of such an event, had happened.

The fact of none of the viscera following the uterus, and the total absence of bearing down, are equally inexplicable, unless we adopt the idea that the rectum, distended with fecal matter, had fallen forward towards the pubes, and closed the sides of the vagina. Yet the woman had not the slightest difficulty in micturition. I have not been able to ascertain whether she passed urine on the night of Friday. This circumstance will, perhaps, bring us nearer the epoch of the inversion of the uterus, as it is difficult to suppose a body of such magnitude to have been in the vagina without obstructing the flow of urine. Owing to her constant refusal to permit any examination per vaginam after recovery, I am not able to describe the parts at the present moment. Probably the vagina forms a cul-de-sac, in consequence of the adhesion of its opposing surfaces. Sexual intercourse has repeatedly been had with her husband, no mechanical obstruction existing.

In connection with the loss of one ovary, it is interesting to be able to state, that, although no impediment to coitus exists, yet the usual feelings and desires are entirely wanting. This might have been anticipated had both ovaria been removed, but one still remains *in situ*. Of course the menstrual discharge has never reappeared; even the small quantity occasionally furnished by the vagina has not been observed.

The history of this case demonstrates the possibility of removing an organ so voluminous and essential as the uterus, together with the ovaries, fallopian tubes, and ligaments, with only a slight impairment of the general health.

A question has been raised—Can a woman, after extirpation of the uterus, ever become the subject of an extra-uterine conception, should the vagina not close and form a cul-de-sac? It is obvious that nothing of the kind can ever happen to the woman whose case forms the subject of these pages, as the left ovary was the only portion of the uterine appendages not found in the bowl, and all sexual feeling is extinct.

I have not met with any case which may fairly be considered as parallel to the present. In all the other cases the mamma became wasted and absorbed: in the present instance they are still prominent, but this, I think, may be attributed to her perseverance in permitting the child to suck.

MODE OF

REPRODUCTION OF BONE AFTER
EXPOLIATION.

In the *Edinburgh Medical and Surgical Journal* for January 1836, we find an article of which the following is a condensation. It occurs under the head of "*Clinical Report for the Summer Session, 1835*. By Mr. JAMES SYME, Surgeon to the Royal Infirmary:—

There are still several circumstances in the history of necrosis which remain very mysterious. One of the most interesting of these, is the process by which exfoliations comprehending the whole thickness of a bone are reproduced. Sometimes nearly the entire shafts of the tibia and humerus come away. But we have seldom an opportunity of investigating by dissection the reproductive process at a stage sufficiently early for discovering the nature of the steps by which it accomplishes ossification. In the case which is now to be detailed, the process of reproduction had advanced just to the extent desirable for pathological inquiry, and I think it will go far to put at rest the long agitated questions on this subject:—

Case.—Beatrice Stokes, aged 13, strained her ankle by a false step on the 24th of March. Rigors, vomiting, and headache, attended with intense pain in the leg, and the usual symptoms of inflammatory fever, soon followed. She was sent to the *Royal Infirmary* on the 21st of April. From the middle of the thigh down to the toes, the limb was red, swelled, and tense, except at the fore part of the leg, a little above the ankle, where fluctuation could be felt. Incisions were made, a large quantity of thick dark-coloured matter was evacuated, and the patient greatly relieved. Through the openings the bone was found extensively denuded, and it became necessary to amputate the limb. The recovery was tedious, but perfect.

Examination.—When the limb was examined, it appeared that nearly the whole articulating cartilage of the ankle-joint had been removed by ulceration, leaving the bone bare and rough. The shaft of the tibia seemed to be dead throughout almost its whole extent, and had already undergone considerable erosion by the absorbents at its junction with the cancellated cartilage adjoining the epiphyses. When the finger was carried along the surface of the dead bone through an incision that had been made to expose it, a dense case or shell was felt, which, when displayed by dissection, proved to be the periosteum greatly thick-

ened, with osseous matter deposited in its substance. The membrane was traced distinctly from its sound part, where covering the epiphyses, over the dead shaft, and no one who saw it could doubt that it afforded the bed or matrix in which the new bone was deposited. Where covering the posterior surface of the tibia, though detached from the bone, it had suffered comparatively little change, which rendered its recognition at other parts more certain. The new bone did not constitute a continuous shell, but was deposited in flat masses, or scales, of various extent, between which the periosteum intervened so as to insulate them completely from each other, or any portion of the old bone retaining its vitality. The osseous substance lay on the inner surface of the periosteum, with merely a fine film of the membrane covering it, but with a considerable quantity of soft gelatinous substance like coagulable lymph effused over this, so as to line the interior of the case. At several parts of irregular size and figure, the periosteum did not exist, and at these parts there was a corresponding deficiency in the new bone. These apertures resembled the *cloaca*, as they are named, which exist in the investing shells that are formed in cases of necrosis, and are usually ascribed to absorption induced by the pressure of matter confined within the bone. But it seems more probable, from this case, that the deficiencies in question depend upon the periosteum being destroyed at particular points in the commencement of the disease.

Remarks.—In explaining the history of this case, I think it may be reasonably supposed that the strain of the ankle occasioned inflammation of the joint, which extended to the tibia, and led to ulceration of the articular cartilages, and death of the shaft of the bone; that then suppuration took place under the periosteum, which having become at some parts disorganized, allowed the matter to pass outwards and distend the skin; that lymph was effused from the inner surface of the remaining periosteum, and also in its substance, so as to render it much thicker and softer than usual; and that then bone was deposited towards the inner surface of the membrane in numerous detached points, from which it was proceeding so as to make them coalesce, and constitute a cylindrical case to the shaft.

KING'S COLLEGE, STRAND.

To the Editor.—Sir, Devoted as you have ever been to the interests of the medical student, I presume now to address you in hopes that you may be able to suggest some remedy by which I can be compensated for the loss of time and money which I have sustained

from having entered as a pupil this session at *King's College*.

It appears to me, as the professors have not fulfilled their agreement, that a part, if not the whole, of the money I was obliged to disburse, on entering, should be returned to me. Dr. Bisset Hawkins, as you well know, has not given a single lecture this session, and in his stead we had nothing but a hum-drum Scotch parson, who preached most soporific twaddle to us. Professors Hawkins and Mayo are in constant strife, and as their resignation is considered certain, their lectures are proportionably slovenly and incomplete. Your candid opinion and sincere advice will oblige your sincere admirer,

A KING'S COLLEGE STUDENT.

Strand, Jan. 6th, 1836.

. If the writer thinks he could establish a charge of obtaining money under false pretences, he might succeed at one of the police offices. It is in the Bow-Street district.

Mr. DON has been elected to fill the vacant chair of botany at the *King's College, Strand*. Between that school and the *Charing-Cross Hospital*, nothing decisive has as yet been arranged. The medical men of the Hospital who are likely to lose their appointments as lecturers in the Charing-Cross School, are opposed to the union. Into this Hospital several Poles in the most destitute state have been received, but when fit for discharge, starvation stares them in the face. They have no homes to go to. The officers of the establishment ask what is to be done with them, or what can be done for them?

* A Practical Treatise on Urethritis and Syphilis, including Observations on the power of the Menstruous Fluid, and of the discharge from Leucorrhœa and Sores, to produce Urethritis. With a new Classification of Venereal Eruptions, and a proposal of a substitute for Mercury. By Wm. Henry Judd, M.R.C.S. &c., London. Hightley. 8vo. pp. 568. With coloured plates.

CORRESPONDENTS.

Civis has not framed his questions very physiologically. They cannot, therefore, be answered in direct terms. The quantity of air inhaled continually varies without voluntary exertion. It may also be increased at pleasure; but not necessarily with good effect on the health. Changes of air continually work improvement in the whole system. The lungs are peculiarly adapted to suffer

the process of imbibition, and resort has frequently been had to them as media for administering remedial agents, but as yet, without marked and extensive advantage. It is not worth while to agitate the question (except in one or two diseases) while more obvious and less delicate channels of communication are readily approachable.

Mr. Sopwith will perceive, by the contents of the last week's LANCET, that his first was in print before his present letter was indited. The publication was unavoidably delayed from want of space.

A correspondent complains of "a custom," adopted by a lecturer at the West End, "during this course of lectures, of occupying a large portion of the time of his audience, by calling over the names of about a hundred students two or three times a week." He states that the practice is a "source of great annoyance to the majority of the class, whose attention is thus taken up instead of having it devoted to instruction." Another correspondent regards the "custom" as one adopted "with a view to displaying an array of names, of which the majority are not likely, for very good reasons, to find owners in the room. The class," he adds, "would be obliged by the abandonment of the practice."

Gammal may be assured that his friend labours under an egregious deception. The results described are impossible. We should advise the party to state his case, orally, to some respectable medical gentleman residing in the neighbourhood, who, if the aberration from a state of health be not of the intellect, conviction of the absurdity of his impressions must follow.

N. If the practitioner who made the charges, be qualified, legally, to practise as an apothecary, he would be enabled to sustain his charges in a Court of Law. At any rate, the lady would be placed in a worse position than the one she now occupies by resisting the payment of the demand. On the "hardship" of the case we cannot express an opinion.

To the Correspondent who dates his letter "Tuesday morning"—As the matter has been brought so directly under our notice, we will examine the production, and next week state the result. It certainly, however, was the business of our Correspondent to prevent, in so brief a compass, the chief sources of complaint.

ERRATUM.—Page 608, of this Number, col. 2, line 17, for *compressed*, read *comprised*. Page 611 line 27, for *a ligament*, read *ligaments*.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain. Inch. Dely.	Wind.	Weather.
	Highest. °	Lowest.	Highest.	Lowest.			
Jan. 1	45.25	43.50	29.98	29.96	—	S.W.	The whole week dull and heavy, with rain on the 5th and 6th, and sleet and snow on the 9th and 10th.
5	48.50	42.	30.01	29.98	0.0125	S.W.	
6	45.	38.25	29.98	29.86	0.0375	E.	
7	39.50	33.75	29.68	29.65	—	E.	
8	39.	28.50	29.75	29.70	—	E.	
9	39.50	28.75	29.72	29.57	—	E.	
10	28.75	27.75	29.97	29.13	—	N.E.	

Observations for December,

Thermometer. Highest, 49.50, on the 1st; Lowest, 1, on the 25th; Mean, 31.50136.—Barometer. Highest, 30.78, on the 23rd; Lowest, 29.06, on the 1st; Mean, 29.80634.—Number of days of rain, 9; Quantity in inches and decimals, 0.2625.—Winds. 5 East; 2 West; 2 North; 1 South; 5 North east; 6 South east; 7 South west; 3 North-west.

In relation to the prevalence of certain diseases, as connected with atmospheric influence, it may be observed, that fever of an adynamic type, not strictly amounting to what is usually denominated typhus, with the exception of a few cases, has for some months prevailed in this neighbourhood. The inflammatory affections of children have also formed a large portion of the existing maladies, during the same season of time.

High Wycombe, Jan. 12th, 1836.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 23, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE IX.

LESSONS OF INTELLIGENCE IN CEREBRAL HEMORRHAGE.

GENTLEMEN,—Lesions of intelligence form the next part of our subject. Like lesions of motility and sensibility, they should be divided into such as precede the hemorrhage, and such as occur after it has taken place. In most cases of cerebral hemorrhage, the individual enjoys the faculty of intellect undisturbed up to the very moment of the attack. There are no premonitory symptoms on that side; however, in other cases, we observe some change in the intellectual faculties which precedes the invasion of the disease by a greater or less interval. Thus the intellect seems lazy, and incapable of any effort. The individual seeks repose of his mental faculties, and has a constant tendency to sleep, from which he is with difficulty roused; others, on the contrary, exhibit an extraordinary degree of irritability and excitement. Thus we have seen an individual in whom the access was preceded by great physical agitation and constant desire of motion; it was impossible for him to remain at rest for a few minutes together; again, others become cross and quarrelsome a few days before they are attacked, and give themselves up to violent fits of passion, resembling almost mania. It is not easy to account for this variety in the disorders of intelligence preceding apoplexy. We are disposed to refer them to individual disposition, without further cloaking our ig-

norance than really advancing knowledge. Some patients present diverse hallucinations of the senses; thus the memory is sometimes lost before the attack of hemorrhage: the individual for a few minutes is unable to say where he is or what he does. In other cases all the senses are implicated, and the patient falls down in a true state of coma, from which he unexpectedly recovers. We may now ask, What occurs at the instant of the effusion of blood into the brain?

How far are the Intellectual Faculties modified during the actual Effusion?

In some cases the intellect remains intact amidst the trouble of the other functions. It is not certain, as authors say, to find the intelligence abolished at the instant of effusion. Cases have been observed where the sensibility and power of motion were completely destroyed, yet the mental faculties remained untouched, and this especially takes place when only a small portion of the cerebral substance has been compromised in the lesion. Sometimes the intelligence becomes more weak and dull in proportion as paralysis affects the limbs; the patients become stupid; their language is incoherent and unintelligible, but consciousness still remains. Finally, in some cases, the loss of intelligence is, as you all know, complete, and the patient lies in a state of the most perfect coma, from which no kind of excitement can rouse him, or into which he quickly relapses, even if he shows some feeble indication of remaining sensibility. Do the different states of intelligence, during the moment of an apoplectic attack depend upon

Differences in the Seat or Intensity of the Hemorrhage?

Are the intellectual faculties more subject to lesion when the injury resides in one part of the brain than in another? In a word, does pathological anatomy furnish any sufficient data for localizing the intellect, or any one of its numerous faculties? It seems to me to be established, that the various conditions of the intellectual power during cerebral hemorrhage, depend much more on the intensity of the effusion than on its seat. Whichever the hemorrhage has been

intense or extensive, the intelligence is abolished, no matter in what region of the brain the lesion may be situated. Again we may ask, Does the modification or loss of intelligence occur only in cases where the hemispheres of the cerebrum are engaged in the lesion? This is a point sustained by several physiologists, who attribute the acts of intelligence to the cerebral hemispheres and their convolutions. But what do facts teach us? That complete loss of consciousness, and, of course, annihilation of all mental power, may coincide not only with hemorrhage situated in all possible points of the cerebellum, but also exists in cases where the effusion has struck another organ than the cerebral hemispheres. This latter fact has been frequently observed. We need only call to mind the analysis which we made during the course of our last lecture, of thirty-two cases of hemorrhage into the substance of the cerebellum; in several of these, the intellectual faculties were more or less abolished, although that part of the brain to which their manifestation is commonly attributed remained intact. When the mesocephale (the pons varolii) is the seat of hemorrhage, in what manner is the intelligence modified? Does it suffer as when the cerebrum and cerebellum are the seat of lesion? Certainly, and even in a still more marked degree. In all the cases that have been observed of hemorrhage into the substance of the pons, the action of the intellectual faculties was suspended, because lesion of this central reunion of the brain, cerebellum, and chord, is always accompanied by more or less complete and prolonged coma.

We may lay it down as a general principle, that

Hemorrhage of the Spinal Marrow,

into any portion of it, does not give rise to modification or abolition of the intelligence; this is readily conceived: however, the rule admits of some remarkable exceptions. In a few rare and curious cases, effusion into the superior portion of the chord has produced a reflected effect (*retentissement*) on the brain, from the law of mutual association, by which all the various parts of the nervous system are linked together in one harmony and in unity of action. A case of this kind, which deserves peculiar attention, has been cited by Dr. FARRÉ in his inaugural dissertation for the year 1832 ("Propositions and Observations on several points of Surgery and Medicine," No. 153). Here the patient, a man advanced in life, was carried off by an attack of apoplexy, accompanied by loss of intelligence, of motion, and of sensation, and, in a word, with all the symptoms of extensive hemorrhage into some portion of the brain; yet after death no other lesion could be discovered than a

moderate effusion into the substance of the anterior pyramidal bodies on the left side.

We have now passed in review the various modifications which the mental faculties present, either before the occurrence of the hemorrhage, or at the moment it takes place. It now remains to consider the state of intelligence

After the Effusion of Cerebral Hemorrhage has been completely established.

In cases where the hemorrhage is very violent, coma persists, the intelligence is absolutely abolished, and death soon overtakes the patient in this condition. When the effusion is less extensive, the state of coma generally disappears after a longer or shorter interval, leaving the intellectual faculties in various degrees of integrity. In a very small number of cases, the patient recovers the perfect use of his mental powers, but this unfortunately is a rare exception. In a great majority only a part of the intelligence is restored, and that gradually; effusion once accomplished, leaves traces that cannot be perfectly effaced from the mind, the habits, or the passions, of the individual. Thus, in general, after the occurrence of cerebral hemorrhage, we observe some weakness of the intelligence, and this in patients who had not lost it during the instant of the attack; the powers of the mind are here evidently reduced; the patient is unable to apply himself to any serious mental occupation; profound meditation is fatiguing, and even injurious; in a word, the intellect, attacked at its source, is incapable of any exertion beyond that necessary for the most ordinary occupations of life. There are other patients who are not so happy. In some cases the alteration of the intellect is still more grave; the individual is not so fortunate as to recover even a portion of his mental faculties; thus we see a certain number of persons, who remain in a state of the most wretched imbecility or idiocy after the first symptoms of cerebral hemorrhage have been dissipated; animal life returns, but the mind is gone for ever; it is rarely that this state ameliorates; the deprivation of the intellect generally increases up to the moment of death. In the moral conditions which thus accompany effusion of blood into the brain, I have sometimes had occasion to witness a curious modification of the character; the individual, reduced to a state of complete infancy, bursts into tears at the least contradiction; even when spoken to with kindness, he sometimes cries and weeps without our being able to discover any immediate cause for this manifestation of his ordered sensibility. Others, again, fall into an acute state of mental derangement; instead of imbecility it is mania, which declares itself as a consequence of apoplexy; these cases are rare, but not without example; some patients are more or less affected with

with a febrile delirium, similar to that so often seen in connection with inflammation of the contents of the cranium, and in these cases we probably have either encephalitis, or inflammation of the membranes clothing the affected hemisphere; the delirium, then, may be regarded rather as a complication than a consequence of apoplexy. The intelligence may not only be lost, or weakened *en masse*, if we use the expression, but any one part of it may be more or less modified. Thus certain patients, after an attack of cerebral hemorrhage, preserve their usual degree of judgment, of wit, of imagination, &c.; but the memory is completely lost; in other cases, again, the memory is only partially attacked; the individual remembers everything, for example, except the names of things; he cannot call to mind a single substantive in his native language. We shall return to this curious point in the history of cerebral disease at a future time.

Affections of the Speech.

In our last lecture, we saw how the power of speech was sometimes completely destroyed by effusion of blood into the hemispheres of the brain. In the cases thus alluded to, the phenomenon depended simply on paralysis of the muscles which move the tongue, the chief mechanical instrument of articulation; the aphony then was a symptom of paralysis; but language requires not only the action of the tongue (for were this not the case, all animals being possessed of that organ, should speak), but in addition to the power of moving the tongue a certain action of the brain that dominates the muscular action, a guiding influence which co-ordinates the movements of the tongue and larynx, and gives rise to that harmony which is necessary for the production of speech. It is certain, then, that a peculiar portion of the brain is destined to regulate the formation of articulate sounds, and when that part is injured, we have a species of aphonia quite different from that formerly alluded to. In some cases of cerebral hemorrhage, we have complete loss of speech; in others the motions of the tongue remain free, and the brain preserves its power of directing these motions; this proves that we have something altered in the one set of cases, which, in the other set, remains intact; but what is this something? what is the nature of the alteration upon which the loss of speech, in certain cases of apoplexy, depends? A distinguished professor of the school, M. BOUILLAUD, has attributed the formation of speech to the anterior extremity of each hemisphere, because, in all the cases he had occasion to observe, where the power of speaking had been lost during life, the lesion was found in that portion of the brain. This opinion, supported as it is by the opinion of M. BOUILLAUD, and some other physicians, requires examination; but

how are we to resolve it? By an appeal to facts; by an analysis of such cases as have been published by others, or observed by ourselves, where the lesion resided in the portion of the cerebral hemispheres described by M. BOUILLAUD as the instrument of speech.

I have found thirty-seven cases of this kind; thirty-seven where the lesion was confined to the anterior lobes. Now, of these thirty-seven, the power of speech was completely lost in twenty-one cases, and preserved in sixteen. This disproportion is as you see not very great, and hence we conclude that lesion of the anterior extremity of the hemisphere does not necessarily bring with it loss of the faculty of speech. However, we should remark that, this does not prove strictly that the power of employing language does not reside in these anterior lobes, for, perhaps, in the sixteen cases we have cited, the lesion was small, and the minor degree of intensity may possibly explain the absence of the functional disorder.

Again; I have found seven cases where the anterior lobes were intact, the lesion residing exclusively in the posterior, yet here the loss of speech equally existed. Finally, we collected seven more observations of loss of speech with effusion into the middle lobes of the hemispheres.

After reading these cases, which you will find noticed in the fifth volume of our "Clinique," it is impossible not to conclude that loss of speech may occur with the existence of the lesion in very various portions of the brain. You will also find in the same book a case, which though we have frequently quoted it, we shall mention again because it is a most remarkable one. The subject of this observation was a female 80 years of age, who presented herself at our ward in *La Pitié*. Three years before, she had been seized with loss of speech, but no other symptom of any consequence was observed. When we saw her for the first time, complete aphony existed, yet the patient could move her tongue in all directions, and thrust it out whenever she was desired; the intelligence was intact, and the faculty of sensation and of motion remained free in the superior and inferior extremities. This patient sank gradually, and died with symptoms of pulmonary congestion. After death we found a ramollissement of the posterior extremity of the corpus striatum on the left side, not larger than a good-sized pea; a similar lesion, nearly identical in form, colour, and extent, with the former, occupied the centre of the nervous pulp, the centrum ovale of Veussenius.

Thus you see, on the authority of facts which are irrefragable, that loss of speech may coincide with a lesion of the middle or posterior lobes, while on the other hand the power of speaking is not abolished with a

considerable alteration of the anterior lobes, the parts described by the physiologists we have alluded to as being the instrument of speech. This conducts us to an explanation of the reason why so many different theories have been formed as to the organ of speech in the brain. Each observer, struck with the coincidence of a certain number of facts, has built up his theory upon them, to the exclusion of all others; but they have commenced to generalize too soon. Thus M. RECAMIER thought that loss of speech coincided with lesion of the middle lobes of the cerebrum. M. SERRES, with alteration of the corpora striata, because he saw a few cases in which the patient was unable to speak, the effusion having its seat in that part. Finally, M. BOUILLAUD, as we have already said, placed the instrument of speech in the anterior lobes. I fear, that all these conclusions are premature; they cannot evidently all be correct; they appear premature, because not only is the faculty of speech abolished with lesions situate in various portions of the brain, but this symptom occurs when the lesion exists elsewhere. Thus M. LALLEMAND (Letter 2, page 134) mentions a remarkable case in which the power of speech was completely lost, although the lesion, a ramollissement, was situate in the left lobe of the cerebellum. From these different considerations we conclude, that here, as in a thousand other cases, it is impossible to localize the seat of language from pathological observations.

In our last lecture we saw how hemorrhage of the nervous centres was accompanied by various alterations of the intellectual faculties, of sensation, and of motion. The functions of nutrition also are more or less modified; let us now examine these: and first for digestion.

The Digestive Functions

are in general but little influenced by the occurrence of apoplexy. There is one effect, however, which we may observe in many cases, viz., a more or less obstinate constipation of the bowels; the muscles of the intestinal canal and rectum in particular, do not act with their accustomed energy, and even the mucous membrane seems deprived of a portion of its sensibility; hence drastic purgatives often fail to produce evacuations. The state of the circulation also presents certain troubles, but as they follow nearly the same laws for apoplexy as for cerebral congestion, we refer you back to what has been already said on the latter subject.

The State of the Pulse

in cases of cerebral hemorrhage is extremely variable, and no general rule can be laid down for the changes which it may present. In some cases, at the moment effusion takes place, the pulse is full and strong;

in others frequent; however, it is oftener slow than quick: finally, in other cases, the pulse is feeble, soft, and easily compressible under the finger. These diverse conditions are not necessarily connected with the immediate disease, but depend, rather, perhaps, on an antecedent state of the circulation, or on individual dispositions. The state of

The Capillary Circulation

presents itself with several differences. During a length of time it was said that if the patient's face was red, the conjunctiva injected, the figure swollen, &c., the case belonged to what was denominated sanguineous apoplexy. On the contrary, when the face was pale, we had to apprehend a serous apoplexy: we cannot allow these distinctions in the present state of the science. Several patients who have died from true effusion of blood into the substance of the brain, have presented a remarkable paleness of the face. This is by no means an uncommon occurrence, and shows that symptoms taken from the state of capillary circulation about the face are not to be relied on. We may conclude by remarking, that amongst the phenomena which precede or follow cerebral hemorrhage, we sometimes observe small effusions of blood underneath the ocular conjunctiva, or a more or less copious hemorrhage from the mucous membrane of the nares.

Respiration

is certainly the function of nutritive life which most frequently undergoes modification in consequence of cerebral hemorrhage; but in many cases the respiratory organs remain quite free from derangement. Thus when the effusion of blood is slight, occupying but a small portion of the nervous pulp, respiration is not modified in any remarkable manner; on the contrary, when the lesion happens to be seated in the substance of the mesocephale, the organs of respiration are affected much sooner, even though the hemorrhage may not be considerable, and the same remark applies to the spinal marrow. When the lesion of the cerebral hemispheres is very extensive, when a large quantity of blood has been suddenly effused from the vessels of the brain, then the respiration is gravely compromised, and at once assumes that peculiar character so generally known under the name of "stertorous respiration." This latter phenomenon is one of a dangerous nature, and in most cases denotes the approaching death of the individual struck with apoplexy. It probably depends on a lesion of the posterior gastric nerve, or, at least, in a derangement of its function produced by the general injury of the brain. Experiments teach us that if we irritate the eighth pair of nerves in animals, the respiration soon becomes

* embarrassed, the pulmonary circulation interrupted, and the lungs themselves surcharged with blood. Now this is exactly what happens in severe cases of apoplexy, where the patients almost universally die from embarrassment of the respiration. Remark, however, that the peculiar state of the respiration to which we now allude does not of necessity accompany all cases of cerebral hemorrhage. You will meet with several examples of the contrary, and would fall into error were you to conceive that stertorous breathing is a fixed symptom of apoplexy of the brain. How far are

The Secretions

modified by hemorrhage of the nervous centres? Upon this point we have very little to say; in fact, nothing constant has been observed of sufficient importance to merit a particular examination. In our last lecture, when treating of paralysis, we touched upon the retention of urine which sometimes occurs in consequence of apoplexy; we pointed out the necessity of attending to the state of the bladder and intestinal canal. It is useless to repeat what we have said upon that occasion.

We have now successively reviewed the influence exercised by hemorrhage of the nervous centres on the different acts of animal and organic life. We have, in order to complete the subject, a few observations to offer on the phenomena presented by

The Reproductive Organs.

Physiologists were long ago struck by the fact, that in certain cases of cerebral hemorrhage, the patient exhibits a symptom that would seem rather to belong to perfect health; this symptom is erection, which, as I have just said, has been noticed in connection with apoplexy for many years, although no explanation was attempted to be given for this unusual phenomenon. Certain authors, indeed, compared the erection which manifests itself occasionally in patients attacked by apoplexy, to the phenomena of strangulation, and referred this apparent stimulation of the genital organs to a sort of asphyxia,—to a reflux of venous blood,—to a profound trouble of the respiration and circulation. The question remained in this uncertain state until the time of GALL, who, in his doctrine of the localization of faculties, placed the regulating power of the genital organs in the cerebellum. This theory has since then been received with a considerable share of favour, and many physiologists will now tell you that if symptoms of irritation about the genital organs manifest themselves in the course of any disease, the chief seat of the lesion, or irritating cause, is to be found in the cerebellum. However this may be, the coincidence of erection, or other symptoms of excitement of the generative organs, with

effusion of blood into the cerebellum, has not been frequently observed. We are acquainted with only seven cases of this kind where erection or other signs seemed connected with apoplexy of the cerebellum; while, on the other hand, the same phenomenon has been seen accompanying hemorrhage in various other parts of the cerebro-spinal axis. It is a remarkable circumstance that in the seven cases of hemorrhage of the cerebellum to which we allude, the effusion always existed in the middle lobe; nowhere else. Of these seven, six have been published by M. SERRES, either in the *Journal of Physiology*, edited by M. MAGENDIE, or in the second volume of his *Anatomy of the Brain*.* I cannot just now call to mind which. The other was observed by M. GUIOT,† and in this also the lesion occupied the middle lobe. We may cite one of M. SERRES' cases as an example. The subject of the observation was a female 70 years of age: she was struck with apoplexy, and although at this advanced period of life, her menstrual discharge returned at the instant hemorrhage took place. After death a coagulum was found occupying the middle lobe of the cerebellum. The genital organs presented even a greater degree of erythsm than is usually seen at the period of menstruation; the uterus was filled with coagulated blood, and the inner surface of the fallopian tubes, together with the ovaries, were excessively vascular and injected. You must now be struck with the coincidence in all these cases between the symptoms and seat of the lesion. In all, the effusion took place into the median lobe. We do not find a single example on record of erection, or any other excitement of the generative organs, being produced by hemorrhage into either of the lateral lobes. This circumstance is remarkable. However, we have to observe, that whenever hemorrhage to any extent takes place into the substance of the middle lobe of the cerebellum, this part of the organ is naturally distended, and, from its position, must exercise more or less pressure on the superior portion of the spinal marrow. Hence we are unable to say with certainty, whether the phenomenon of erection &c. may not depend on this latter cause, as well as on the actual lesion of the cerebellum. There is something in this subject that is not very easily explained or understood, something that disagrees with our notions of disease in general. Is it not strange that the accident connected with the reproductive organs should be diametrically opposed to what we see taking place in all the other systems? The general phenomena

* These six cases are to be found in the "Anatomy of the Brain." Five refer to males; three were of erection; the sixth is that of the female whose case is noticed by the lecturer.—Rep.

† Clinique des Hopitaux, t. I, p. 70.

of cerebral hemorrhage are passive: in all the other apparatuses we have signs of inaction, of paralysis; but here, on the contrary, there is a state of action, a bizarre excitement at the moment the individual is withdrawn from all intercourse with the external world.

The question now before us is a complex one, and not to be resolved by a few experiments, or by a few examples drawn from pathological anatomy. It is certain that phenomena of the same nature as those under discussion may occur when the lesion is situate far from the cerebellum. Thus erection, ejaculation of the seminal fluid, &c., have been observed in connection with myelitis, with inflammation of the cerebral hemispheres, and several other disorders of the cerebro-spinal axis not immediately implicating the cerebellum. M. PINAULT presented to the Anatomical Society the case of an individual in whom the spinal marrow had been violently contused by luxation of the 5th from the 6th cervical vertebra: here there existed perfect erection for more than six hours. M. SEGALAS introduced a pointed instrument into various parts of the vertebral canal, irritating the middle and inferior portions of the spinal marrow, and erection and a discharge of semen were produced. Finally, atrophy, ramollissement, and various other diseases of the cerebro-spinal axis, are occasionally accompanied by accidents of the generative system. However, we cannot pursue this question any further; we do not profess physiology; our business is to investigate the morbid phenomena of disease, their causes, symptoms, and treatment. Let us therefore turn from this digression.

the mode of treatment I pursue; and also of pointing out to you certain errors which, in my mind, too generally prevail upon both these subjects.

In the first place, let me recall to your minds the particulars of the case to which I have alluded. When this child, who was about one year and a half old, was admitted, she presented a very wretched picture, but one which, I regret to say, is not unfrequently seen among the lower orders of this city. She was covered with old and dirty rags, had an emaciated, shrivelled, and decrepid countenance, a tumid belly, and limbs so small, that they appeared not to have developed themselves since the moment of birth. She seemed in pain, and kept constantly writhing in the arms of a wretched-looking woman, her mother. Although it was evident that the infant was a mass of disease, the mother simply directed our attention to a prolapsus of its anus of an unusual length. I mention this to show her insensibility to a state of general disease of her child, which would necessarily terminate after a few days in death. The tumour which the prolapsus formed, and which is well represented in this drawing,



CLINICAL LECTURES

ON

SURGICAL CASES,

DELIVERED IN 1836 AT THE

JERVIS-STREET HOSPITAL, DUBLIN,

BY

WILLIAM WALLACE, M.D., M.R.I.A.,

Surgeon to the Hospital, and to the Infirmary for Diseases of the Skin, Venereal Diseases, and Diseases of the Urinary and Genital Organs.

PROLAPSUS ANI.—ITS PATHOLOGY AND PRINCIPLES OF TREATMENT.

I wish to call your attention this morning to the case of the infant who has recently died while labouring under the state called "prolapsus ani." It will afford me an opportunity of explaining to you the views which I have long entertained respecting the pathology of this disease, and

was nearly four inches long, its diameter at the anus being about two inches and a half, and at its free extremity not more than an inch. The skin, or common integument round its larger end, was, to the extent of about a quarter of an inch, of a livid or purplish-red colour, and separated from the mucous surface of the prolapsed bowel by a fissure about half an inch deep, and so sharp, or so acute, that it presented, when pulled open, the appearance which would be produced by a section with a sharp knife. About two inches and a half of the tumour, or more, extending from this fissure, had a soft pulpy surface of a crimson colour, covered by a viscid coherent mucous secretion, which gave to the part a glossy appearance, and through this a quantity of a more watery fluid exuded, but not from any visible pore. This tumour, yellow,

crimson surface, extended further on the lateral than on the anterior or posterior aspect of the tumour, and farther anteriorly than posteriorly. The remainder of the surface of the tumour, or that of the smaller extremity, had a less smooth and uniform appearance. It was paler, as if less vascular. It was somewhat irregular, as if thrown into folds. In short, it presented an appearance so different from the remainder of the surface, as to force one to conclude that the structure of the two portions of the covering mucous membrane must be different, and this is the point which I wish you to remember. The paler surface was sunk below the level of the more coloured and more vascular surface. This inequality was not, however, owing to any destruction by an ulcerative process, for it presented an appearance, merely as if the vascular surface was more loose, more pulpy, more velvety, and therefore more in relief, than the paler surface. The small end of the tumour had a rounded form, or oval, placed transversely, with a depressed centre leading into the cavity of the bowel, and on the whole was not unlike, in its shape, the os uteri. The whole mass or prolapse felt firm and elastic, or like a tumour composed of erectile tissue. The orifice, or opening which was in its small extremity, was ulcerated, and so narrow, that it barely allowed the end of my little-finger with pressure to pass in. When the finger entered about an inch, it reached a large sacculus, in which it could be moved about so extensively, that I could not feel the walls of the intestine. The child strained almost constantly, and every now and then there escaped some flatus, with which there squirted out a minute quantity of a slimy substance, of a mottled white and brown colour, more or less greenish, and having somewhat a feculent appearance. The discharge of even a small quantity of this matter seemed to be always followed by momentary relief. During the effort to discharge, the tumour was increased in tension and in size, and as soon as the effort subsided, it became more flaccid and less prominent, so that it might be said to be constantly and alternately projected and retracted. This appearance was not, however, so much owing to any portion of it entering into or escaping from the pelvis on these occasions, as to its increase of tension and subsequent relaxation, and this seemed to be caused by the difficulty experienced in the expulsion of the flatus and mucous feculent matter.

The mother admitted that the child had had this prolapsus for several months; that for the last six weeks the bowel was almost constantly external to the anus, for it returned as soon as reduced, and that latterly she had not been able to reduce it at all. Having applied the nitrate of silver (the mode of doing so is afterwards explained), I

attempted reduction in the manner in which I always reduce such cases; that is, by causing the orifice or central portion of the tumour to be pushed up first; and it was quite evident, that the efforts made in reduction, so far from giving any uneasiness to the child, seemed to afford it much comfort, and to tranquillize its moans and straining paroxysms. My attempts succeeded without difficulty, and I may say, contrary to my expectations; for the tumour was so large, felt so firm, and the child's straining was so constant, that I did not expect that the bowel could be passed into the pelvis.

On making an examination of the rectum after reduction, the orifice of the anus, and the gut immediately within it, were so wide, that I found no difficulty in passing, to the extent of two inches, two or three of my fingers, and in turning them in the portion of the rectum immediately within the orifice of the anus. The portion of the gut which thus easily admitted my fingers, was that which had formed the covering of the large end of the prolapsus, and which was now returned to its natural situation. Higher up than this relaxed portion, the bowel presented to my touch a firm and undilatable sensation, and when I passed my finger into this portion, I found it to be in a tight passage, the end of which I could not reach. I also found considerable difficulty in passing this indurated portion up into the pelvis, for there seemed to be some pressure downwards on it.

After the reduction of the tumour I directed two drops of laudanum to be given to the child, and afterwards she slept quietly for several hours; which, as I was informed, she had not done for many weeks previously.

Attention was, on my next visit, directed to the laying down a plan for the restoration of the digestive organs of the child, by food and by appropriate medicine. My efforts were, however, fruitless, as, indeed, was to be expected; for although the infant seemed much relieved, and although the prolapsus never returned further than to show a ring of mucous surface at the orifice of the anus, the state of emaciation and wretchedness continued to increase, and in eighteen days after admission she died; her death being preceded, for a day or two, by a tympanitic state of abdomen, with considerable pain on pressure, great thirst, and occasional vomiting.

On dissection, the large intestines were found slightly glued in several places to each other, and to the surrounding parts, and in separating the adhesions it was evident that feculent matter had been effused, and become surrounded by glued surfaces. On opening the large intestines, their surface was found covered thickly with ulcerations, some of which had destroyed the whole thickness of the tube, and hence the fecu-

lent effusion. These ulcerations were more numerous as we approached from the cecum to the sigmoid flexure of the colon. The upper portion of the rectum was found sunk, or slightly invaginated in the middle portion, but was easily drawn up out of it, there being no adhesion between them. The rectum and the sigmoid flexure of the colon were now removed from the subject, and in doing so, I had occasion to remark that the sphincters of the anus were so elongated, as to form a much wider opening than could be considered natural to so young a child. Here is the rectum and lower part of the colon laid open, and here is a drawing of them :—



Here you observe a very prominent ridge in the upper part of the rectum, at which part you see that the bowel is quite contracted and strictured, and that this contracted state is upwards of an inch long. You also remark that the intestine above the contraction is greatly dilated, and, as it were, sunk round the narrow contracted portion, so as to form a sort of cul de sac. You also remark that this contracted portion is ulcerated, and hard, and thick. The gut nearer the orifice of the anus than this, is free from ulceration, is contracted in its length, and thickened, and far more vascular than either the narrowed portion or the portion above it. It is evident to you, I am sure, that the vascular portion of the intestinal surface formed the outward covering of the prolapse, that the contracted portion formed its orifice, and that the superior dilated portion was the part into which my finger passed, when it had penetrated through the orifice of the prolapse. It is also evident that the immediate cause of death, was the discharge of the contents of the intestines into the cavity of the peritoneum through some of these ulcerated openings, and the inflammation consequent thereon.

Although I have been minute in my re-

marks, I hope you have carried along with you all I have said, for this is necessary to enable you to comprehend the mechanism of this diseased state, or the manner in which it occurs, and the principles which should regulate its treatment. But, before I speak of this mechanism, I must beg of you to recollect certain facts relative to the rectum in its natural state.

You know that the name of rectum is given to the lower part of the large intestines which extends from the upper outlet of the pelvis to the anus, and in adults measures, in general, about ten inches. It may be said to consist of three portions, a superior, a middle, and an inferior portion; and each of these portions has a direction, a structure, and relations, peculiar to itself. The superior portion, which resembles more than either of the others the upper division of the intestinal tract, is characterized by its being covered by peritoneum, which forms for it a fold, called the meso-rectum, and connects it to the back of the pelvis; by its comparatively cylindrical form; by its projecting loosely, in some measure, into the cavity of the pelvis; and by its direction, which is from above downwards, and slightly from left to right. It forms more than half of the whole length of the rectum, and extends from the sigmoid flexure of the colon, or from the brim of the pelvis, to the line where the intestine is destitute of a peritoneal covering, or to where the third bone of the sacrum joins the fourth. Where this upper portion terminates, the middle portion of the rectum commences. It is about three inches in length, is directed from above downwards, and from behind forwards, with a gentle curve. It corresponds posteriorly to the inferior part of the sacrum, to the coccyx, and to the ischio-coccygeal muscles, and anteriorly to the inferior fundus of the bladder, from which it is separated, inferiorly and externally, by the vesiculae seminales and vasa deferentia; and more inferiorly by the prostate gland. This portion of the rectum has no peritoneal covering, unless when the bladder is very much contracted; and even then there is only a small portion of its anterior surface covered by this membrane. Its structure is distinguished by the great strength of its longitudinal muscular fibres. The third, the lowest, and the smallest division of the rectum, extends from the prostate gland in a direction downwards and backwards to the anus. Its length is about one inch and a half. It is distinguished by a continuation of the mucous membrane of the upper portions of the gut, and is surrounded by a very thick stratum of circular muscular fibres, the upper part of which is called the internal, and the lower the external sphincter. The longitudinal fibres, which are so strong in the middle portion of

the intestine, do not extend upon the lowest portion. This drawing tolerably well re-



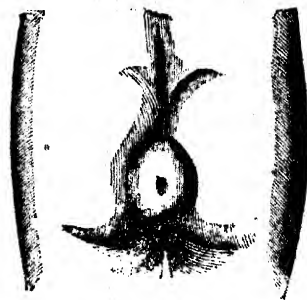
a Upper portion.
b Middle portion.
c Lower portion.

presents the form, direction, comparative size, and relations of these different parts of the bowel, and from it you may observe that they are so curved, in respect to each other, as to form a part of the letter S. But it will be found that these different parts of the rectum are distinguished from each other, not only by their directions, their form, relation, and structure, but also by the state of contraction in which they generally exist in the living body. Pass your finger within the anus of any healthy person, and you will find that it will be grasped by the bowel for a little way within the orifice; that is, as far, or nearly as far, as the inferior division of the rectum extends above this portion, the bowel is found to surround the finger loosely, or without making much pressure. This soft and lax state extends throughout the whole length of the middle portion, and exists whether the rectum does or does not contain feculent matter. If the finger be passed on still further, we shall very often meet a sort of ring, with a rounded soft surface. This is the lower portion of the upper division of the rectum, and if the finger be passed into this ring, it will experience more pressure than it did in the middle division, though less than in the lower. From these facts, and from many others which I could add, we arrive at the conclusion that the upper and lower divisions of the rectum are, when in a state of contraction, more contracted than the middle portion. For farther information on this point, I have great pleasure in referring you to the ingenious and valuable work of

my former colleague in this hospital, Dr. O'Beirne.

Let me now call your attention to the state of the rectum in an individual making an effort to expel feces, when his bowels are constipated. The lower portion of the rectum, including the orifice of the anus, is then found more or less relaxed, the length of the middle portion diminished, and hence thrown into circular folds; while the upper portion approximates the lower. If the straining be continued, some of the folds of the middle portion appear at the orifice of the anus; and if in this state of the parts a finger be introduced, we can easily, owing to the diminution in length of the middle portion, feel the lower part of the upper portion, and even pass the finger into it, when it will in general be found to be more or less contracted.

It is evident, from what I have said, that if, from any circumstance, the relaxation of the orifice of the anus, and the decrease in length of the middle portion of the rectum, with the consequent wrinkling of its coats, and the approximation of its upper to its lower portion, be excited, and continued with pressure downwards, the folds of the middle portion of the gut will escape from the orifice of the anus, producing the state called prolapsus of the anus, and which, as it exists in its ordinary degree in infants, is represented in this drawing.



It is also equally clear, that if this state increases, the whole of the middle portion of the gut will be protruded externally, the lower orifice of its upper division will, in the same proportion, approximate the anus, and in time pass through it, and thus produce the state of parts, so far as the prolapsus is concerned, which existed in the child whose case we have been considering.

It follows, therefore, that every circumstance capable of exciting inordinate tenesmus or straining, is capable of causing a prolapsus of the anus; that this prolapsus will always, in the first instance, be formed

by folds of the middle division of the rectum; and that if the disease increases, more or less of the upper division, and subsequently of the higher portions of the intestinal tract, will be inverted, unless it happens, as occurred in the present instance, and as is pretty uniformly the case, if not always, when the inversion commences in the rectum, that there exists, at the line of inversion, a spasmodic, or a permanently contracted stricture; and, under such circumstances, an increase of inversion cannot take place beyond the seat of stricture, without the greatest difficulty, or perhaps not at all.

It is also evident, in the first place, that in every case of prolapsus, where a stricture exists, as there is thereby more or less resistance offered to the escape of the contents of the bowels, those contents will be retarded above the narrow portion, and by their pressure will cause that dilatation of the gut, higher than the stricture, which was observed in this child. In the second place, that every case of stricture, whether spasmodic or organic, in the upper division of the rectum, must become a more or less powerful cause of prolapse, or, at least, of invagination to a certain extent, as the feculent contents of the bowels, not being able to pass, unless with difficulty, through the narrowed opening, the organs of expulsion will necessarily be excited to greater exertion, and thereby the contracted portion made to invaginate itself into the middle portion, approximate the lower, as I have already explained, and assist to drive the relaxed middle portion before it, through the external orifice or anus.

It is not very difficult to account for the origin of the common and erroneous opinion, that relaxation is the cause of prolapsus ani. You are aware, that in the case of the infant which we are considering, the muscles upon which the closure and support of the rectum in a natural state depend, were in an elongated and very relaxed condition, and nothing would be more natural than for an observer, who confined his attention to this state, to consider it the cause of the prolapse; but it only requires that you should watch the origin and progress of this disease throughout the whole rectum, to be convinced, that this state of relaxation is the consequence of the prolapse, and not its cause. In fact, a prolapse could not arise from such a cause. If it could, it ought to occur whenever the retaining muscles are in a state of relaxation; but it is well known that, in cases of paraplegia, where these muscles are without any tone, prolapsus does not ensue—at least from that cause.

When you read the observations of several authors, but particularly those of Mr. Chevalier, Mr. Earle, and Mr. Howship, you will be surprised that the views which I

have explained to you, respecting prolapsus of the anus, were not forced on those gentlemen by the facts which occurred in their practice and under their observation. Mr. Chevalier and Mr. Earle have described with precision a state of the rectum in adults, which shows the earliest stage of prolapsus ani. They have ascribed a relaxation of the rectum, and with this Mr. Chevalier has attributed a contraction of the anus, which produces a dilatation of the rectum, and a relaxation of the lower portion of the gut. Instead of to a contraction of the lower part, and a necessarily induced relaxing of the organs of expulsion, Mr. Earle appears to suppose that it depends upon a peculiar conformation in the length and direction of the large intestine, from whence there arises a disposition in the upper part of the rectum to enter the lower. I would wish you to read both of these gentlemen's papers, you will find Mr. Chevalier's in the *Med.-Chir. Trans.*, and Mr. Earle's in the *Med. Gazette*. It is more remarkable that Mr. Howship, from the facts which he has recorded in his work on the diseases of the intestines, did not form the opinions respecting prolapsus which I have developed. He seems to be aware of the connection of stricture with invagination or intussusception, and of the necessity of attending to the former, when we are endeavouring to cure the latter. He has also actually described a case of prolapsus ani, in which he found, after death, the upper part of the rectum contracted, and the lower dilated; but the prepossessions of his mind, instead of leading him to what seems to me to be the proper use of the fact, made him view the contracted portion of the intestine as the healthy portion, and the relaxed alone as the diseased part. I would however recommend you to read Mr. Howship's work and judge for yourselves.

In short, in every case of prolapsus, your first inquiry should have for its object the source of that intestinal irritation, which, by exciting efforts of expulsion, has been the true source of the prolapse; and the cause which in nine cases out of ten produces prolapsus in children will be so obvious that it cannot be mistaken, if attention be paid to the origin of the disease, and its accompanying symptoms. It is, in fact, a state of disorder of the whole abdominal organs, and this leads to the prolapse, not in one way, but in several. The secretions become morbid, their impression on the intestinal surface renders it irritable, and increases the abnormal actions in which the morbid discharges originated; that it excites to a still more diseased state of secretion. Hence the contents of the bowels become daily more and more morbid, and the faces in contact with them become more and more sensitive. Excitement of anus, and of rectum, and

which have for their object the expulsion of the diseased contents of the bowels; hence purging, and irregular spasmodic contractions of the whole intestinal tract, a state which never fails to excite tenesmus and straining. These morbid spasmodic contractions may occur at any part of the canal, and then become a cause of the state called intussusception—a portion of the canal passes into a portion of the intestine immediately before it. But I can find numerous dissections confirming the fact, that in such cases the upper portion of the rectum is oftener morbidly contracted than any other part of the canal, and that when there is no morbid appearance in any other portion of the intestinal tract, this portion of the rectum will be found contracted, and the corresponding part of the colon ulcerated.

Picture, then, to yourselves a child whose entire intestinal surface is in a morbid state: whose intestinal secretions are consequently also in a morbid state, whose sigmoid flexure of the colon is irritable, and perhaps ulcerated, and whose rectum at its upper part is more or less spasmodically contracted, and you will have a case of not very unfrequent occurrence, and a state of the abdominal viscera which, in nineteen instances out of twenty, precedes and accompanies infantile prolapsus ani. What must occur in such a case? On one hand, the bowels are morbidly sensitive, and their morbid contents excite them to increased action. On the other hand there is an increase of contraction of the upper portion of the rectum, and, at the same time, increase of effort of the organs of expulsion. This effort produces an involuntary relaxation of the parts about the anus, an invagination of the upper division of the rectum in the middle, and its approximation to the lower; a wrinkled state of the middle portion of the gut, and its subsequent protrusion through the orifice of the anus; while the contracted or spasmodic state of the upper division of the rectum continuing, and the muscles driving on the contents of the intestines, a dilatation of the part above the strictured portion takes place. The stricture, which was only spasmodic, becomes, from a continuance of the disease, organic; and the state is sooner or later produced which you see in this specimen. Prolapsus ani of infants, then, for, has evidently its origin in a morbid state of the surface of the intestinal tract, and of its secretions, a consequent state of tenesmus, accompanied for the most part by diarrhoea, by disease of the sigmoid flexure of the colon, and by spasm of the upper portion of the rectum. Upon this, there supervenes an invagination of the upper division of the rectum within the middle, a subsequent protrusion through the orifice of the anus, and the disease is formed. This is generally the manner in which the disease extends, and in the most affected cases, but

in these the spasmodic contraction of the rectum is followed by organic contraction, and by ulceration of the parts of the intestine still higher up, which lead either to fatal hæmorrhage, or, as in the present case, to feculent effusion into the abdominal cavity, and consequent death.

Such is the pathology of prolapsus ani. Now, I need not tell you that, when the pathology of a disease is known, the principles upon which its cure is to be attempted are evident. As the prolapsus of infants results from a morbid state of the abdominal viscera in general, and of the intestinal tract in particular, our first object should be to restore them to health by such remedies as we know to have the effect of improving their secretions and tranquillizing their movements. To enter on a detail of the mode of accomplishing these important objects would be to enter on a dissertation on the treatment of diseases of the digestive organs. The general principles must be known to you, and their particular application is not difficult. On this subject, let me recommend to you a perusal of the paper of Mr. Wardrop in *THE LANCET* of last year. Independent, however, of this general treatment, our attention must be directed to the state of the gut. The object of this attention is to remove on one hand the morbid irritability and spasmodic contraction of the upper division of the rectum, and on the other hand the relaxation of its lower and middle portions. From what I have said, you know that if the disease be recent, we shall, for the most part, have simply a spasmodic state, and consequent narrowing of the upper division, with a trifling relaxation of the lower; but if the disease be of very long standing, we shall find above, a greater or less degree of organic contraction and thickening, probably with ulceration, and below, serious relaxation. Now, it is in vain to attempt the cure of the relaxed parts, until that of the irritable parts is accomplished. How, therefore, are we to proceed to obtain the former object? The medical treatment of the morbid state of the digestive organs will assist much. But, this will not, in general, be sufficient; at least its influence will be slow; we must also act on the part locally. In the first place we must keep the portion of the large intestine above the upper division of the rectum, as empty as possible; for, whenever there is any accumulation in it, irritation of the structured portion of the gut is the consequence, straining ensues, the strictured portion exists, and the portion above becoming dilated, the mischief is increased. Secondly, we must alter the morbid sensibility of the affected surfaces. The first object is to be obtained by throwing up at regular intervals emollient injections, taking care that they pass beyond the narrowed portion; and for this purpose, it will sometimes be neces-

sary to use an unusually long pipe, or a gum-elastic tube. To accomplish the second object, I have experienced great assistance from the cautious use of a bougie; but, particularly, from the application of the nitrate of silver. By this remedy, I have succeeded in curing rapidly very severe cases of prolapse. The mode of applying this substance must vary in different instances. I expect that in the course of this session you will have frequent opportunities of seeing it used. The principle is, to act on the part with it as you would do on any other surface with the same application, when your object is to alter its morbid action. Sometimes I have rubbed the orifice of the narrowed portion with the solid nitrate, sometimes I have passed into the upper portion of the rectum, lint, impregnated with the solution, made in the proportion of fifteen grains to an ounce of distilled water. In all these modes of using the remedy, the lower portions of the gut are more or less acted on, and this I deem necessary, but I do not consider that it is sufficient to act on these portions only; the action of the nitrate must extend to the lining membrane of the upper division of the rectum.

After the digestive organs have been got into an improved state, and after the parts have been so far tranquillized that there is no difficulty in retaining the bowel in its proper situation, you may commence the employment of tonics or astringents if necessary, to improve the state of the lower and middle portions of the rectum. But I have generally found that even for this purpose the nitrate of silver is the best remedy, as far as local applications are concerned.

I have further to add, that the state of prolapsus ani never, perhaps, comes on without giving, for a long time, warning of its approach; and if attention be paid to these warning symptoms, much trouble may be saved. They consist in attacks of irritability of the bowels, with intervals of ease. The child's bowels will remain, for two or three days, confined, then a purging will come on, by which the retained matter is evacuated, and thus the parts are for a time tranquillized, to be again disturbed, after the accumulation has again taken place. In every one of these cases you will find an irritable state of the upper division of the rectum, combined with more or less derangement of the whole of the digestive organs, including the hepatic and urinary secretions; and in passing the finger up the anus, the upper portion of the rectum will often feel prematurely contracted, or will form a sort of annulus above the pouch or middle portion. When such a case of disease occurs, repair the health of the digestive organs, principally by attention to diet, air, exercise, and clothing, and keep up a regular state of bowels, not so much by the use of purgative medicine, as by throwing

in, at regular intervals, emollient injections, to wash out the bowel above the contracted or spasmed portion.

To repeat; prolapsus ani in children originates in disease of the digestive organs, which draws on in its train a spasmed state, or irregular contractions, of the whole of the alimentary canal, but particularly of the upper division of the rectum. From this there results a difficulty in the escape of the feculent matter, a consequent necessity of straining, an approximation of the upper portion of the rectum to the lower; a wrinkling of the folds of the middle portion; an escape of those folds through the external orifice; a relaxation or loss of tone in that orifice; a subsequent dilatation of the large intestines immediately above the upper division of the rectum, which has now become the seat of organic disease, with permanent stricture. Subsequently, ulceration of the lining membrane of the large intestine, but particularly of the sigmoid flexure of the colon, with great marasmus, ensues; and lastly, an escape of the feculent matter of the bowels into the abdomen, and consequent death. To cure,—improve the general state of the digestive organs, remove the local contraction and irritability of the upper portion of the rectum, and subsequently give tone and firmness to the middle and lower portions, thus terminating our treatment with the use of remedies with which practitioners too generally commence.

Were it necessary, I could adduce a vast number of facts to corroborate the views I have now unfolded. This would, however, carry me farther than my object at present, which is merely a clinical review of the case in question. Let me, however, recommend you to direct your attention to the subject, or bear it in mind, when you are reading on diseases of the rectum; and you will not fail to be more and more convinced, every step you advance, that what I have brought forward is the true pathology of this frequent and often very troublesome disease.

Whenever an opportunity occurs I will develop my mode of treating the prolapsus ani of adults also, with the nitrate of silver, and the application of this remedy to cases of prolapse or intussusception of higher portions of the intestinal canal which appear at the anus, and which differ, as I have already informed you, in no other respect from ordinary prolapsus of the anus than in the situation or portion of the bowels in which it occurs.

ST. THOMAS'S HOSPITAL.

CLINICAL REMARKS

ON A CASE OF

VOMITING WITH Hysteria.

DELIVERED IN THE SESSION OF 1886,

BY DR. ROOTS.

GENTLEMEN,—At the close of my last lecture (LANCET, No. 643, page 491), I alluded to a case of irritation of the stomach, which I designated *vomitum cum hysteria*, and I will now read the statement of the case taken down by the clinical clerk directly after the patient's admission.

Jane Simpson, aged 22, a servant, was admitted into the hospital on the 20th of August last. She states that she had scarlet fever two years ago, and has been "short-winded" ever since. About sixteen months ago, without any apparent cause, she was suddenly attacked with vomiting, soon after taking a meal. From that time she has vomited regularly every day. At first she vomited but once a day, then twice, and now she vomits in less than ten minutes after, or even in the act of, taking fluid. She feels very thirsty; her stomach generally retains solids, but never fluids. There is great heat in the stomach, the abdomen is very tender on pressure, the tongue slightly coated, edges rather red; the bowels have generally been constive; there is some pain in the head; pulse 102, and small. She menstruates regularly. There is, at the same time, a white discharge from the vagina,—some leucorrhœa.

Upon examining into this tenderness of the abdomen, finding that there certainly was some tenderness there, though no external heat was present, I thought it right to apply twenty leeches to the epigastrium, and to order half an ounce of castor oil every other day, and one minim of creosote every six hours, in a small quantity of mucilage and water. At first this dose of creosote was not sufficient. Next day, the 21st, she still vomited after taking food, and, therefore, in the evening the dose was increased to two minims, but still was not sufficient. It was therefore increased to three minims, which dose was quite sufficient. She did not vomit after taking food, and she continued free from vomiting from that time for a considerable period. Still, however, there was the tenderness, but it extended over the whole of the abdomen and thorax, and, therefore, I had no doubt that it was merely that tenderness which is so common in hysterical affections—a morbid sensibility of the sentient extremities of the superficial

nerve,—and I saw no occasion, therefore, to treat her in any respect antiphlogistically.

22. Having continued the dose of three minims every six hours, and there having been no vomiting from the date of the last report, she was directed to take the medicine only twice a day. I should tell you that there was no emaciation. She was in tolerably good condition.

On the 1st of September, having been free from vomiting since the 22nd of August, I ordered her to take a scruple of carbonate of soda, as she complained of acidity of the stomach, and ten grains of carbonate of ammonia, twice a day, with an ounce and a half of the infusion of cascarrilla bark. I left town at this period, and she appears to have gone on tolerably well, under this plan of treatment, from the 1st of September to about the 19th, when vomiting again returned, and Dr. BURTON kindly saw her for me, and he, viewing the case as I had viewed it, no doubt,—as one in which it was best to use caution,—also applied sixteen leeches to the epigastrium, and ordered her two minims of hydrocyanic acid, with a drachm of syrupus papaveris, every six hours, out of the *mistura olei olivæ*. For three or four days this had the effect of lessening the irritability of the stomach to some extent, but on the 26th she again vomited, her pulse became 100, and small, and the dose of the hydrocyanic acid was increased to three minims.

I returned on the 2nd of October, and found the report stating that she had vomited every day since the 29th, and that she felt a dragging sensation after eating; tongue still was red, the epigastrium tender, the bowels confined, and she felt thirsty; pulse 102, and small. Not attaching any importance to the tenderness over the epigastric region, as no external heat was present, I directed that the other medicines should be laid aside, and that she should take two minims of creosote, in the mucilage, every six hours; and two grains of calomel, and eight grains of compound extract of colocynth, every other night, at bedtime, as her bowels were confined. She vomited the first dose of creosote, and then ceased to vomit; her tongue became less red, her stomach less irritable, and she had less nausea, but she still complained of uneasiness in the epigastrium; and more perhaps to amuse her mind than anything else, for I had discovered that she was exceedingly hysterical, I ordered a mustard cataplasm to be applied over the region of the stomach. The creosote was persevered in. By the 9th of October her tongue had become nearly natural, but as she still complained of loss of appetite, I did not hesitate to continue two minims of creosote three times a day, and to order two grains of the sulphate of quinine with each dose of the creosote. Under this treatment she totally ceased to

vomit, and lost all irritability of the stomach, though she complained of distulence, for which I ordered five grains of the galbanum pill with each dose of the quinine, continuing at the same time the creosote. I was thus enabled to send her out of the hospital well, as regarded her stomach, but she was still the subject of occasional hysterical attacks. I should mention to you that during this period she had frequently complained of cough, and she herself entertained an idea that she had consumption. The cough, as I understood from one of our pupils, who knew something about her, had puzzled a little the medical gentleman under whose care she had previously been, and who saw nothing in it but what was hysterical. I examined her chest myself, accurately, with the stethoscope, and could discover no disease in the lungs. In fact the whole of her affections were hysterical.

Well, you saw that the creosote relieved the vomiting and the irritable stomach in the first instance, remaining well for some time, under the administration of the carbonates of ammonia and soda, and the cascarrilla infusion; but when she had taken these for a fortnight or three weeks, the vomiting returned and was not allayed by hydrocyanic acid, though it was again arrested by the creosote; and eventually the stomach recovered its power by combining the creosote with a little sulphate of quinine.

Now, as regards the advantage derived in this case from creosote, which you know is a remedy that has not been very long introduced into practice, my late colleague Dr. ELLIOTSON being one of the earliest to try its powers. At the same time that Dr. ELLIOTSON was using it, I also was administering it in the hospital; indeed I believe I was the first who brought it to this institution; and I perfectly agree with the opinion he has expressed in his paper in the *Medico-Chirurgical Transactions*, that creosote is often of considerable value in allaying irritability of the stomach, when perfectly independent of any inflammatory action, and that you cannot but do injury by exhibiting creosote whenever there is anything like inflammation in the mucous tissue of that viscus. I do not, perhaps, quite agree with him as regards its efficiency in every such case. I think it highly useful in simple irritability of the stomach, but still I am quite certain that, like all other remedies, it does occasionally fail. I am disposed on the whole to say, that creosote is entitled to hold the same rank in the *MATERIA MEDICA*, as a remedy in irritable conditions of the stomach, free from all inflammatory action, as does the oxide of bismuth. Indeed, after having used it from the first period of its being known in this country, I may say that I have not been able to do more with creosote in irritable conditions of the stomach, than I have with the oxide of

bismuth. I have used creosote and succeeded; and I have used creosote and failed, when oxide of bismuth has relieved the irritable condition of the stomach. I have used the oxide of bismuth and it has failed. I have then given creosote, and cured the irritability of the stomach. All of you understand perfectly that the oxide of bismuth, like creosote, is a remedy which no one would ever dream of prescribing except in a case of pure irritability of the stomach, unattended with inflammatory action. I agree perfectly with Dr. ELLIOTSON as respects the negative value of creosote where there is organic disease of the stomach. In one or two instances in this Hospital I have tried it. I tried it in a case in Luke's Ward, in an old man who, beyond question, had organic disease, most probably attended with an ulcerative condition of a portion of the stomach. In that case a few doses of creosote produced vomiting, which the hydrocyanic acid immediately stopped, and for a time so far allayed the irritability of the stomach, as to enable him to take such diet as the remaining power of the stomach could digest. I need not take up more of your time on this subject, but will proceed to another case,—which, though an instance of chronic disease, presented features of considerable interest.

PAROCHIAL MEDICAL ATTENDANCE.

REMARKS ON THE PROPOSITIONS OF MR. YEATMAN.—SCALE OF REMUNERATION.

To the Editor of THE LANCET.

SIR,—I could hardly have hoped for so fortunate a concurrence of events, as the juxtaposition of Mr. Yeatman's and my letter in THE LANCET of Jan. 2nd. I trust that they may induce a thorough sifting of the arguments for either scheme; and though I should perhaps leave this to the profession at large, yet I am desirous of replying to one or two of Mr. Yeatman's observations, both on his own propositions, and on the system of a payment for each case of illness; as well as to put you in further possession of the details of the latter mode of remuneration, as proposed by myself.

With regard to Mr. Yeatman's first proposition, I beg to refer your readers to the four objections stated in the second column of my letter, which I humbly conceive are decisive, as to the difficulty attending the calculation of this mode of payment.

His second proposition is excellent in principle, but I think two years' previous residence and practice, too long as a necessary prerequisite, for it would tend to shut out many a valuable substitute for a practi-

tioner, who may have neglected, and have become incapacitated for, his duties.

His third proposition is quite in unison with my own views, as to the propriety of including every thing (with a single exception, viz., vaccination) besides midwifery and trusses, in the proposed remuneration; however that may be calculated.

But upon his fourth proposal, I am quite at issue with him; I acknowledge the "proper authorities" in this is a difficult matter but the medical officers themselves nor can I see the justice or propriety of anyone else deciding on the urgency of a case of illness. Indeed Mr. Y. elsewhere allows, "that the relieving officers can know nothing of the insidious approaches of disease;" and he most truly says, that the "victims of delay" (which must frequently occur where a non-professional person is to decide on the patient's need of assistance) "might have been restored if duly supplied with the medicines and attendance in the earlier stages of the disease."

This early attention can, therefore, only be ensured by an immediate and unrestrained application to the medical officers, and the plan which I have suggested, to prevent the parish and the medical men being burdened with applicants who have no claim on parochial relief, is quite a sufficient check on all parties, viz., that the Board of Guardians should investigate the weekly list of patients presented to them by the medical officer, and declare that the medical relief afforded to those individuals who do not belong *strictly* to the class of paupers, is merely by way of loan; the regular payments for such cases being recoverable from the patients according to the provisions of the Poor-Law Amendment Act, or similar provisions to be made for this special purpose. The patient to whom such aid is lent, should be entitled to medicines and attendance for one entire week (at least) from the first application to the surgeon. By this means not only are the parish and the medical officer protected from loss, but, in the interval, prompt attendance is provided for the sick.

I have considered Mr. Yeatman's plan attentively, and am unable to discover how his scale of remuneration could be applied, if, as he proposes in his last letter, "the expense of drugs were defrayed by parishes and unions." He must surely contemplate some reduction of his scale, when he recommends this separate parochial payment of medicines.

With regard to his proposal, however stable or practicable it might prove in large towns, it would, I feel convinced, be quite the contrary in agricultural districts with a scattered population; in these cases there can be no depot for drugs, except the medical man's own residence.

Mr. Yeatman's objections to "a payment per patient" or "per case," apply only to

the vicious mode of carrying it into effect, which the Poor-Law Commissioners have adopted; for if, according to my plan, the dangerous power, vested in the relieving officer, of "ordering" medical relief, were abolished, and no limitation allowed to the number of cases for which payment is to be made, which I also most strongly contend for, I conceive that his objection would be neutralized.

In thus venturing to criticise Mr. Y.'s proposals and observations, I do so with a sense of high respect for the benevolence, perseverance, and ability, with which he has for years advocated the cause of the most suffering and helpless portion of the community.

Permit me now to show the practicability of calculating a scale of remuneration on the principles I have already laid down.

A payment for a case of illness must include two items of remuneration;—the first, a payment for drugs, &c. &c.; the second, for the time, skill, and trouble of the surgeon. The first may be readily estimated by a reference to hospitals and dispensaries &c. The Rev. C. Oxendon, of Bishopsbourne, has drawn up, with great industry, skill, and success, a "Statistical Report of the Principal Provincial Hospitals in England." The average cost of each patient in those institutions will be found in this very valuable work; I have deduced the following calculation from it:—

The total number of patients treated during one year in twenty-seven hospitals (including all except a few small and recently established infirmaries) was 90,426, of which 23,180 were in-patients, and 67,246 out-patients. The total expense of these in drugs, leeches, wine, spirits, surgical instruments, &c., was 17,969*l.*, or about 3*s.* 11*d.* per head;—in drugs and leeches only, 11,044*l.*, or 2*s.* 5*d.* per head. The first of these sums includes more than the parish-surgeon has to supply his patients with; the second, less; we may suppose the intermediate sum of 3*s.* to be nearer the mark; but we must admit, from Mr. Oxendon's impartial statement, that the expenditure in drugs in some of the hospitals has been uselessly extravagant.

I have further examined fifteen annual reports of some of the principal dispensaries in England, both charitable and self-supporting, which give a total number of patients of 26,708; and an expenditure in drugs of 1561*l.*, or about 1*s.* 3*d.* a head.

The Rev. C. Oxendon elsewhere says, "The medical expenses of an hospital in-patient are three times greater than those of an out-patient during the same time. So again, dispensary home-patients will be more expensive than those who attend personally at the dispensary. I consider 1*s.* 6*d.* per head sufficient for an out-patient, and 4*s.* 6*d.* for an in or home-patient."

A respectable druggist in Southampton supplies medicines to the patients of charitable dispensaries at 4s. per head; and another in Blackfriars, London, at 2s. 6d. per head.

But another valuable fact may be taken from St. Mary's parish, Nottingham. In the parochial dispensary, in which the number of patients annually treated (on an average of seven years, ending March 1825) was 2096, and the average annual expense in drugs &c. per head being about 1s. 6d.

Taking, therefore, these several averages as guides, we may reasonably and fairly conclude that a payment of from 2s. to 3s. per head would defray the cost of drugs. When the number of patients is great, I have no doubt that 2s. would be sufficient; while, if small, 3s. would be required.

The second item of remuneration, viz. the time, skill, and trouble of the medical attendant, is not so easily estimated, as, of course, it is more a matter of opinion. It cannot and ought not to be expected, that parochial remuneration should, by any means, be equivalent to the value of professional services. Medical men must look for their incomes to the higher and middle classes of society, and can only claim of the community an exemption from absolute loss in their attendance on the poor.

Influenced by these notions, I suggest that the *lowest* average payment for attendance *solely*, should be 1s. for each case, and this only where there are very numerous patients comprised within a small space, and close at hand to the medical officer; on the

other hand, where there are very few patients, it could not be stated at less than 3s. per case.

Again, the circumstance of distance from the medical officer, which in thinly-peopled agricultural districts entails on him considerably more labour and expense, requires a distinct and uniform charge, not only for the reason just mentioned, but as a pecuniary check on parishes appointing medical officers situated remotely and inaccessible with regard to the sick poor.

For this reason, I propose an additional fourpence per mile for each patient residing at a distance from the medical officer, whether actually visited by him or not. This arrangement would not be open to the objection properly urged by Mr. Yeatman against a charge for each journey.

Such, being the data of my calculation, deduced not only from the average estimates already mentioned, but from a comparison of many parochial salaries, I recommend the annexed scale, in which it will be seen that the lowest charge, 3s., includes, as before stated, the cost of drugs 2s., and of attendance 1s., while the highest rate of the scale comprises the cost of drugs 3s.; attendance 3s.; and distance above five miles (or within six) at 4d. per mile, 1s. 8d.: in all 7s. 8d.

The intermediate charges of the scale increase in arithmetical progression, and the number of patients in geometrical, a much more reasonable as well as more correct variation than that of Mr. Yeatman's scale.

SCALE for calculating the Remuneration for Medico-Parochial Services.

Distance of Patients from the Medical Officer being within	Number of Cases of Sickness and Accident attended in each Parish during One Year, being						
	25	50	100	200	400	800	1600
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
1 Mile	6 0	5 6	5 0	4 6	4 0	3 6	3 0
2 Miles	6 4	5 10	5 4	4 10	4 4	3 10	3 4
3 Miles	6 8	6 2	5 8	5 2	4 8	4 2	3 8
4 Miles	7 0	6 6	6 0	5 6	5 0	4 6	4 0
5 Miles	7 4	6 10	6 4	5 10	5 4	4 10	4 4
6 Miles	7 8	7 2	6 8	6 2	5 8	5 2	4 8

Example.—If the total number of cases attended during one year in any parish be 400, the payment for each of those occurring within one mile of the surgeon's residence, should be 4s., within two miles 4s. 4d., within three miles 4s. 8d., within four miles 5s., and so on.

If the number of cases be intermediate

between any of the numbers mentioned at the head of the scale, the payment to each should be altered proportionally; thus, if a medical officer had attended 150 cases, his payments would be 4s. 9d., 5s. 1d., 5s. 5d., 5s. 9d., 6s. 1d., and 6s. 6d., according to the distances respectively. The subdivision of the scale might be made yet more minute.

One column of the above scale, or some intermediate rate of payment suited for each parish, should be agreed on at the beginning of the year (perhaps according to the number of cases attended during the previous year); otherwise either party concerned might, by fraudulent management, increase or reduce the sum total paid for the same amount of labour at the end of the year.

Every distinct and different case of illness, or accident, in the same individual, however close in succession, should be charged; but, to prevent any unfair conduct on the part of the medical officer, a relapse of the same disorder occurring within one month from the date of discharge should be considered as part of the former illness.

There should be no extras, except for midwifery, trusses, and vaccination; I think I am expressing the opinion of a majority of medical men in proposing that the ordinary run of pauper midwifery cases should be managed by a female midwife; a medical practitioner attending only when called on by her. This will not only be a saving to parishes, but a relief to the profession. The charge should not be less than one guinea, with an additional allowance for mileage. Vaccination might be charged at 1s. 6d. per head, and trusses at cost price.

No practitioner should be allowed to attend paupers distant more than six miles, unless he be the nearest eligible medical resident to those paupers; when a further charge of 4d. should be made for every additional mile in each case; nor should any one be permitted to undertake the entire care of a parish or parishes, which, during the previous year, have furnished a total of above 1000 cases; nor any firm of medical men more than 1600 cases.

There is one obvious advantage in the proposed remuneration, viz., that as it provides for two clearly defined items of expenditure, they might be separated, if desired, and so afford a facility to parishes for supplying their own drugs (which, although recommended by Mr. Yeatman, could not be satisfactorily effected on his plan); for instance,—deducting 3s. for medicines from each of the payments in the first column, for 25 cases; 2s. 10d. from each of the payments for 50 cases; 2s. 8d. from each of the payments for 100; 2s. 6d. from the payments for 200; 2s. 4d. from the payments for 400; 2s. 2d. from the payments for 800; and 2s. from the payments for 1600; the remainder will show exactly the sums which should be awarded to any surgeon who might undertake the care of the poor, without furnishing the medicines.

I am not aware that I have now left any material part of my scheme unexplained, but shall be happy, with your permission, to answer any questions or observations it may elicit. I remain, your obedient servant,

Jan. 13, 1886.

RURICOLA.

THE LANCET.

London, Saturday, January 23, 1886.

THERE can be but one opinion amongst honest and intelligent men relative to the course which the Ministers should pursue in founding the new University, and that course is indicated with sufficient clearness by simply recommending that they should act upon sound principles of popular government, rather than receive with approbation the noxious suggestions and schemes of the rump of the old corruptionists. The confidence which we repose in the Ministry leads us to suspect that the CHANCELLOR of the EXCHEQUER did good-naturedly comply with an urgent request that he would receive the report made to him by the College of Physicians, and one of the Councilors of the College of Surgeons, concerning the medical department of the projected new institution; and it would appear that some dozens of simpletons have been deceived by the *ruse* which was so admirably played off upon them by the CHANCELLOR of the EXCHEQUER. The manœuvring wrong-heads were guilty of the folly of believing that the reception of the report by the CHANCELLOR would be synonymous with its adoption by that Government functionary. It is clear enough that these creatures, who are so fast sinking into professional obscurity, will catch at any straw, however slender it may be, in the hope of maintaining a little while longer even their present degraded position. No sooner, therefore, had the CHANCELLOR of the EXCHEQUER allowed three or four of the old corruptionists to be named as the individuals who should frame a plan for the medical department of the New University, than did the halls of the old Colleges resound with every possible expression of satisfaction and delight.

Every person who has had any experi-

ence of the industry and pertinacity with which the corruptionists push their interests in the government offices, must approve of the measure to which Mr. SPRING RICE resorted, in order to be ridded for a while from the entreaties of his tormentors. But for any man to suppose that the CHANCELLOR of the EXCHEQUER intended to adopt, *bona fide*, the scheme of the HALFORDIAN crew, is to cast upon that gentleman an imputation which it would be most unjust to the honour and intelligence of the minister to inflict upon him. The medical practitioners of England have not yet forgotten that it was to the head of the present Ministry that they were indebted for the success of Mr. WARBURTON'S motion for the appointment of a committee to inquire into the nature and extent of medical abuses. It will not be easy, therefore, to make those high-minded men believe that Ministers would subject themselves to the imputation of wantonly trifling with the feelings of the most useful and influential body of educated men in this country. Had Mr. SPRING RICE really conferred on SIR HENRY HALFORD, SIR B. BRODIE, DR. ROGET, and DR. CHAMBERS, the power of framing the arrangements for the medical department of the new university, he would have proved by that one act—whatever may be the extent of his classical and general attainments—that he was incompetent to execute the task which had been confided to him by his colleagues, and, moreover, that he was blind to the faults, the prejudices, and the practices, of the parties in question, and possessed of no knowledge whatever of the claims which the medical practitioners of England are at this time forcing upon the attention of the legislature. But we tell the boobies who have been deluded by the tact and discernment of the CHANCELLOR of the EXCHEQUER, that the medical reformers are now too strong to stand in fear of any ministry. The medical practitioners in this empire are upwards of twenty thousand in number, and, from their intelligence

and respectability, and, still more, from the benevolent and high-minded occupation in which they are necessarily engaged amongst all classes of the community, they exercise an influence over public opinion, which is paramount to that of the members of any other profession. It is not extraordinary, therefore, that their arguments, in any question, should receive the respectful and earnest attention of both Houses of Parliament.

Now, it happens that the members of the medical body have no particular desire to see any new medical titles awarded, which are unconnected with the rights and immunities of legally-qualified practitioners. They necessarily view with caution and jealousy, the proposal to institute a metropolitan university, wherein degrees of medicine are to be granted, because they apprehend that it will only serve further to entangle the question of medical reform, and add to the confusion which already exists on the subject of medical qualifications. At the very outset of the University question, we deprecated any fresh meddling with medical affairs until the report of the Medical Committee of the House of Commons was placed before the Legislature. Not one-third of the evidence, the printing of which must necessarily precede the publication of the report, is yet before the profession; and we suspect that the Ministers of the Crown know little relative to the inquiry, further than that the evidence has proved that the entire system of medical government must be remodelled. That such a conviction exists in the minds of the Members of the Committee, Mr. RICE and his colleagues are, doubtless, aware; but with the particular points of the evidence, the striking facts of the investigation, they are, in all probability, totally unacquainted. Who, then, shall contend that the Ministers can safely proceed, at present, in the constitution of a new medical institution? Even if we admit that they resolve to advance in their work upon principles of acknowledged justice and liberality, still, their want of acquaintance

with the defects and abuses of the old corporations, may lead them to commit many serious and fatal errors, and involve them in an endless network of perplexities. Yet, if they determine to proceed before the Members of the Medical Committee have had the opportunity of framing their report, and apply, in their emergency, to their foes—their inveterate and implacable foes—for advice and assistance, rather than to their staunch and steady friends, they will at once forfeit that respect which is now felt towards them, in a pre-eminent degree, by nineteen-twentieths of the medical practitioners of the United Kingdom.

But the conduct of the executive Government in the last session of Parliament, regarding the municipal corporations, was so distinguished for its liberality, that not a doubt can exist in the mind of any sane man, that the rotten medical corporations, in which the system of perpetual self-election is maintained, will be entirely and forever overthrown, and that in founding the new university, no similar tyrannical and unjust power will be exercised by any set of individuals whatsoever. Neither the profession nor the public are in a state of mind to be trifled with on this subject. Hitherto the Ministers have proceeded in an honest, straightforward, enlightened course of policy, and we call upon them, as they value their own honour and the best interests of the country, to recede with horror from the proffered assistance and embraces of the self-elected and sordid monopolists who have so long scourged and degraded the profession by their iniquitous conduct in the College of Physicians and the College of Surgeons.

No idle report or loose rumour will induce the profession to believe that the Ministers have deserted the cause which they have already so ably supported, and we are assured that nothing but facts of the most reprehensible character and description can induce the profession to withhold their confidence from Lord Melbourne and his col-

leagues. If Mr. SPRING RICE, however, be really desirous of obtaining for himself and his official associates the unextinguishable hatred, and the profound contempt, of ninety-nine hundredths of the medical practitioners of Great Britain and Ireland, he will call to his aid Sir H. HALFORD, Sir B. BRODIE, Dr. ROGET, and Dr. CHAMBERS, and adopt as his own the scheme of those gentlemen for governing the medical departments of the new university. The CHANCELLOR of the EXCHEQUER might then take his leave of the question of medical politics. At any rate his views on that subject would never afterwards carry with them the slightest interest, except to the most incurable, ignorant, and sordid of the plundering monopolists.

A REPORT of the meeting of medical students of this metropolis, which was held in the great room of the *Crown and Anchor Tavern* on Monday evening, will be found in another part of this week's LANCET. It was computed that from first to last there were present on that occasion 1500 medical gentlemen, nearly the whole of whom were students. A more respectable assembly, or a more interesting one, was never seen in this metropolis, and considering the degree of excitement which prevailed in the minds of the gentlemen present,—all of them labouring under the impression that they had been grossly injured and insulted at Apothecaries' Hall in the person of one of their body,—the decorum and excellent order which prevailed, evidenced the importance that was attached by the assembly to the subjects which were brought under discussion. The declaration which was then made by the medical students of London, in favour of a public examination of candidates for medical honours, is, beyond all question, the most striking fact in favour of throwing open those Halls and Colleges where medical degrees and licenses are conferred, that has ever been submitted to the attention of the legislature and the public,

In short, such a declaration must annihilate the secret system, and establish in its stead, a tribunal of unrestrained publicity.

The bold and manly bearing of the medical students of the metropolis, in thus demanding that their attainments may be fairly and openly scrutinized, must obtain for them the respect and admiration of every enlightened member of the profession. The chairman of the meeting, Mr. MEADE, conducted the business of the evening with judgment and ability, and it was gratifying to observe the deep interest which Mr. CARPUS, with his whitened locks, still manifested in promoting the welfare of medical pupils. But what attendance was there of the physicians and surgeons of the "recognised" hospitals of the metropolis? What attendance was there of those gentlemen who utter such a profusion of bonied and friendly professions in their introductory discourses on the 1st of October, — the ticket-selling, fee-catching day? What attendance was there of those *ever sincere* friends of medical students? Oh the number is easily counted. Mr. LISTON, of the *London University*, was the only hospital surgeon in London who supported the cause of the students by his appearance on the platform, and it rejoices us to be enabled to state that that distinguished surgeon received, as the just reward of his spirit and liberality on this occasion, the unanimous and hearty greetings of the entire assembly.

The views and purposes of the meeting will be found so fully expressed in the account furnished by our reporter, that we content ourselves this week with referring the profession for information and food for reflection on the highly important subject discussed, to that document.

In giving insertion to the letter of Messrs. CARMICHAEL, CRAMPTON, and COLLES, we take this opportunity of directing the attention of our highly respectable correspondent "Observer," to the contradictions of his statements which these

letters contain; and we also inform him that we have been requested to state that no petition was forwarded to the government by the "Sisters of Charity" on behalf of Mr. FERRALL, and that the remarks relative to the interference of those ladies in the election, are entirely unfounded. We have also a separate letter from Mr. CARMICHAEL, without room to insert it this week. ⁶

In a clinical lecture which was delivered a short time since by Sir CHARLES BELL at the *Middlesex Hospital*, some remarks were made on the subject of reporting clinical lectures in the medical journals, which demand from us an especial notice, and they shall receive it. Without intending to offer to this distinguished gentleman the slightest offence, we would seriously advise him to turn the current of his thoughts to any quarter rather than that of the press, or he will stand a fair chance of entering "modern Athens" as a confirmed twaddler. Some men take pains to make themselves ridiculous. Sir CHARLES BELL is one of them, and on three or four occasions in that way, his attempts have been very successful.

GREAT MEETING
OF THE
MEDICAL STUDENTS OF LONDON,
AT THE CROWN AND ANCHOR TAVERN,
On Monday, Jan. 18, 1830,
TO PETITION PARLIAMENT
TO EFFECT AN ALTERATION IN THE
EXAMINATION OF CANDIDATES
FOR
MEDICAL LICENSES AND DEGREES,
AND TO FORM A
CENTRAL STUDENTS' ASSOCIATION.

THE challenge forwarded by Mr. THOMAS SMITH to the Court of Examiners at Apothecaries' Hall, demanding a public examination in order to prove that his rejection by the Court on the previous Thursday, was not determined in consequence of his incompetency of the candidate, led to the formation of a committee of medical students to determine what steps should be taken by the great body of students in London on an occasion which was especially calculated to discuss the grievance under

which they universally laboured in consequence of the existing system of private examinations at the medical boards. The committee, it appeared, resolved on convening a public meeting of the students to take the subject into consideration, which was publicly advertised, and held on Monday evening last, at six o'clock, in the great room of the *Crown and Anchor Tavern*, where nearly the whole of the medical students in London were assembled.

The proceedings commenced by the unanimous nomination of Mr. WILLIAM MEADE, of King-Street, Southwark, to the Chair, amid great cheering.

The CHAIRMAN then opened the business of the evening in the following statement: Gentlemen, you have been called here this night by advertisements, in which it was signified that a discussion on matters of vital importance to your future welfare and interests was to take place. It will be my duty on this occasion shortly to explain to you why it was desirous to hold a public meeting for this purpose. You are all aware that near Blackfriars Bridge there exists an institution which is called the Apothecaries' Hall of London; and you are also aware that many acts of injustice have been committed by that tyrannical body of monopolists. The characters of many of your professional brethren have at various times been destroyed by the unjust proceedings in that establishment, at the examinations of students, and the question now is, whether by an unity of moral force and an appeal for justice to the right quarter on your part, you will not, after this fresh instance of injustice, attempt to prevent a repetition of oppression on the part of the offending body. (*Cheers.*) Without, then, further preliminary remarks, I shall at once state to you the facts of the case. Within the last three years I have been occupied in the duties of a private teacher in London, and have become acquainted with instances of gross injustice to medical students by the Court of Examiners in Apothecaries' Hall. The details of the examinations would sufficiently testify this fact. I shall confine myself, however, to the act of injustice which has been the more immediate cause of this meeting. The gentleman who was rejected on Thursday week, was interrogated in the strangest manner. He was first shown a prescription in which camphor and mercurial ointment were directed to be admixed. He was asked, what was the use of the camphor? He said, it promoted the absorption of the mercury into the system. The next inquiry was, how that was effected? He replied, by stimulating the lymphatics. He was then asked, did it act upon the absorbents? His reply was, that the lymphatics were the absorbents; and he also mentioned that it was partly taken up by the process of endosmosis. At this scientific

term the Examiner sneered, and so began to decry the acquirements of the candidate. He was then asked, how nitrogen got into the system? He replied, partly by the agency of respiration. The Examiner said, that there was as much given out as was taken into the lungs, therefore there could not be any taken in at all. He was then asked, did it obtain admittance in any other way? He mentioned, that it was taken in through the medium of the digestive apparatus, and said that some vegetables which are used as condiments contained a considerable quantity of nitrogen. He was asked, what these were? He replied, that they belonged to the natural order of cruciferae. He was told to name them; and he mentioned the different kinds of mustard, horse-radish, broccoli, and cabbage. Here the Examiner said, contemptuously, "Tailor's cabbage, I suppose." (*Cries of "Shame, shame."*) The Examiner soon after inquired, what was the ultimate composition of the muscles? He mentioned carbon, oxygen, nitrogen, and hydrogen; whereupon he was asked in a gruff and surly voice, whether nitrogen, therefore, did not get into the system in beef and mutton? (*Much laughter.*) Then he was asked, what was the state of the bowels in diabetes? to which he replied, that they were irregular in their action. "Constipated, Sir," said the Examiner, "constipated; how can the bowels be irregular when so much fluid passes off from the system by the kidneys?" (*Great Laughter.*) I suppose the worthy examiner considers that much fluid is essential to wash out the bowels. Mackintosh, Gregory, and Martinet, state, the two first, that the bowels are irregular in diabetes, and the latter that they are irregular, but generally constipated. The student was then asked what was the state of the pulse in nephritis, to which he answered "Quick and hard," which the Examiner instantly contradicted in the most abrupt and rough manner, by "Quick and full, Sir." (*Cries of "Shame, shame."*) Mackintosh and Gregory state that the pulse is quick and hard. Marshall Hall does not notice the state of the pulse in nephritis. He was then asked what was the treatment of intermittent fever, and he said that before the accession he would give an emetic, and mentioned the treatment recommended by Dr. Mackintosh, and which is now very generally adopted, namely, bleeding in the cold stage of intermittents. The candidate was forthwith asked, in a tone of astonishment, would he bleed? He replied that he had heard that practice strongly recommended, and should be inclined to adopt it. He was presently afterwards asked what purge he would give in nephritis, he said he would add castor oil to the enemata. "By the mouth?" was the inquiry. He said, No, because there was great sickness. What,

then, would he give by the mouth? He said two or three grains of calomel. "No, Sir," the Examiner replied, "you should give a mild purge of ten grains of the extract of colocynth and five of calomel. (*Immense laughter.*) Gentlemen, the end of all this ignorance, captiousness, and unfairness, was the rejection of the candidate. There are numerous other points in this examination, gentlemen, but I shall not speak further on it this evening. I hope I have mentioned sufficient to satisfy you, that the conduct of the Examiners on this occasion has been unjust. I promise you that the examination shall be published, supported by the very best authentication that can, under the circumstances, be given to it. Such reckless unfairness can only receive its reward by publicity. (*Hear, hear.*) I am convinced, that so long as there is a private Court of Examiners, without any means of appeal, so long will injustice continue to be perpetrated. When they improperly reject a candidate, and they are supplicated to give another examination at once, they say—"We cannot, Sir; the Act of Parliament does not permit us to give you another examination." Then it becomes our duty, if the Hall is really so precise in its observance of the law, to apply to the Legislature to give us at least good laws for examining bodies to fall back upon, with power of examining a second time, and public examinations (*cheers*); for, while they are private, you may be sure that when once a Board of Examiners has committed an act of injustice, they will not like to falsify their first decision by passing a man the second time. The second examination would, if possible, be more unfair than the first. In taking the chair to-night, gentlemen, I do trust and believe that your enemies, who are carefully watching your proceedings, will not have the power of saying that medical students cannot meet without occasioning some disturbance. (*Cheers.*) The Examiners of the Hall are now chuckling at the idea, that the students will commit themselves to-night, and that is the only ground they have for hoping to have the power of again doing you wrong. With quiet and becoming conduct, you must here protest against their injustice, and you will then succeed in your object. Your wrongs need discussion among yourselves, and the mode of redressing them will not be long unsuggested. Many are the men who have, in the course of years, been sacrificed to the injustice of this institution, men who have been fully competent to practise their profession, but who have left that Hall with aching hearts, not knowing where to hide their heads,—men who have been previously known to their fellow students and professional friends as able and well-qualified candidates, who have gone from that Hall disgraced on account of some injustice on

the part of its Examiners. (*Hear, hear, hear.*) The student is said to be rejected by a majority of the Court, but he is not, strictly speaking, rejected on any occasion by a majority. An Examiner comes to a chair for two or three minutes, hears what the candidate says, puzzles him by some question which is peculiar to the Hall (*cheering and laughter*), walks away, and is succeeded perhaps by another Examiner, who walks by, shakes his head, and cries, "A bad business," and the pupil is rejected. The Act of Parliament contemplates that at least a majority of the Court should listen attentively to the examination, and not that two or three of them should walk to and fro by the table, putting peculiar questions, and thus professing to form their opinions on the talents and competency of a man. I will tell you what is the mode of decision with one of these philosophical Examiners. He says, "When first a young man comes into the room we look in his face, and if we see that he is clever, we expect so much the more from him; but if we do not think he is clever, then we try whether he knows anything at all, or whether he can be of any use to society, and so help him on." (*Great laughter.*) Is an Examiner who judges according to physiognomies who he should sport with? Is such a man as that fit to be an Examiner? (*Cries of "No, no."*) It is too bad that the examinations should assume such a form as they do. There are four tables in the room; it is all a chance to which table a pupil is conducted, whether to Mr. Ridout's table, or somebody else's. Perhaps the other three tables are supplied by at least gentlemanly Examiners, if not very competent ones. (*A cry of "Wheeler is as bad as Ridout."*) Well, they are both very bad. (*Laughter.*) Now, of four students who may go in, three may pass through very well, but the one who falls to the lot of the fourth examiner, may, on no kind of principle that is good, fall a sacrifice to that accident, or to some private pique or spite, and have his character completely destroyed. The gentleman who has challenged the Hall to give him a public examination, had, before he went up, the full approbation of his lecturers and teachers to present himself, and he was considered perfectly competent to pass at the school to which he belonged. But there was evidently something premeditated against him, and whether by chance or design he fell into the jaws of Mr. Ridout. It is a fact, that in the very middle of his examination, his indentures of apprenticeship, which had before been received, were brought into the room by Mr. Watson, who tapped him on the shoulder, and laid them on the table, when the Examiner took them up at that particular moment to inspect. There was a reason for this extraordinary proceeding, which I shall not explain to you now, but

it affords convincing proof that you have no protection at the Hall against the most unbecoming and depressing acts on the part of the Court. Now, the object of the present meeting is to consider the best means of providing a remedy against the injustice of that body, and to protect, in future, the professional rights of the student. (*Cheers.*) Resolutions having for their object these purposes, will be proposed to you, and I am sure that you will hear with attention everything that is said to the point respecting them. As far as my endeavours can go there shall be a fair and impartial hearing afforded to every speaker who keeps to the points in question,—the examinations at the Hall as at present conducted, and the best mode of protecting the medical students of London from injustice. (*Hear, hear.*) General politics we shall wholly avoid. I ask of you a calm, quiet, and dispassionate discussion, and let not the Examiners of the Hall, or any of your oppressors have reason to say to-morrow that this was merely a meeting of riotous students. That is what they want. It is their great hope that this will be a riotous meeting. "There will be a row," say they, "the students will depart, and then what care we. The students will then have no power, and their meeting won't affect us a bit." If your enemies choose to say what is untrue, why, we can't help that. But let them have no good ground for considering that after this meeting they will actually have more unjust power over you than ever. Deceive their wishes, gentlemen, by testimony that cannot be mistaken. (*Loud cheers.*)

The following letter from Joseph Hume, Esq., M.P., was then read to the meeting, and received with very great applause:—

"To the Chairman of the Meeting. Sir,—I request that you will state, if it should be necessary, to the meeting, that I should have attended, agreeably to the request contained in Mr. Paine's letter of the 16th, if I had not had a previous engagement which I cannot avoid. Be pleased also to state that I concur in the propriety of their making application to the Government for an immediate and thorough reform in the regulations and practices of the Examiners of the Apothecaries' Company, of the College of Surgeons, and of the College of Physicians. All require to be new cast, and some intelligible system adopted for the regulation of medical education, the granting of degrees, &c., and, above all, all examinations for degrees, diplomas, or licenses, should be held in public. I hoped to have seen Mr. Warburton respecting his views for the next session. But although I know that he is most anxious to see a thorough reform in the profession, yet if you wish for relief you must endeavour to assist yourselves, and to lay before the Government a statement of the abuses of which you com-

plain, and demand that they make it part of their duty to reform the present system without delay. I shall have much pleasure in co-operating in every way in my power to obtain your object. I remain, your obedient servant,

"JOSEPH HUME.

"Bryanstone-square, Jan. 18, 1836."

Mr. PAINE, rose and said,—Mr. Chairman and Gentlemen,—I am deputed by the Committee to propose to you the first resolution, and I can assure you that I feel more than an ordinary degree of pleasure in doing so. I feel that we are now about to try to obtain the redress of one of the greatest grievances that can befall a student. We do not meet in ignorance of the tyranny that has so long been exercised at Apothecaries' Hall, when it has suited the purposes or the whims of the Examiners. We know too well that many of the students who have been rejected there, were men who were far more deserving of holding seats in that Court than those men who really occupy them, and while those institutions which affect other classes of the community are undergoing reform, why should not the Apothecaries' Hall be also reformed? Men's minds have become more expanded, and their knowledge much greater, and I am sure it is not right that men who were educated nearly half a century ago, should have the power of sitting as an irresponsible and secret board of examiners, to exercise their power over students of the present day. (*Cheers.*) We know that very many men have gone into that Hall, who have devoted years to their profession, and who possessed high intellectual attainments, have been made to bow to the shrine of ignorance. (*Cheers.*) Why should not such an institution become the subject of reformation? But I am happy to know that the days of all close corporations are numbered (*hear, hear*); and I sincerely trust, that ere two more sessions of Parliament have closed, that the present corrupt body will be totally abolished. (*Great cheers.*) I hold in my hand a letter which I have received, since coming upon these hustings, from Mr. Warburton. (*Some person here said, "That is politics."*) A gentleman behind me says I am introducing politics. I say that this is not the fact; I will not touch upon any politics but medical politics, and those are the politics which we are expressly called upon to discuss. Mr. Warburton says that he should have felt much pleasure in joining this meeting this evening. (*The same individual said "You mustn't read it. It's politics. It is private. It is to the students."*) Cries every-where from the meeting of "Read, read."

"To Mr. Paine, Secretary to the Committee, &c.—Sir,—I received this morning your letter inviting me to be present at a meeting of medical students, to be held this evening, to take into consideration certain

proceedings of the Examiners at Apothecaries' Hall, &c. As I had already formed another engagement, I could not have attended the meeting, but independently of that reason, it appears to me to be best that I should not attend it. But I always hear with pleasure that persons who feel themselves aggrieved, assemble to consider and discuss the subject of their grievances, and individually I should, without doubt, have derived much gratification from the information to be received by attending the discussion. With earnest wishes for the prosperity of the medical students of London, I have the honour to be, Sir, &c.,

"HENRY WARBURTON."

(Enthusiastic cheering followed the perusal of the letter.)

Gentlemen, I shall not detain you longer, excepting to entreat that you will universally join in the work we have begun, and I am sure if you do, that we shall soon be able to shout a joyous requiem over the remains of that despotic tribunal of injustice, the Apothecaries' Hall, which has been so execrable in its existence, and will be so detestable in its death. (*Low cheers.*) I beg to move, gentlemen, "That this meeting is of opinion that the examinations, as at present conducted, at Apothecaries' Hall, are conducive neither to the honour of the profession, nor to the protection of the public, nor are they adequate tests of the abilities of the candidates."

Mr. SCOFFER, with pleasure, seconded the resolution. Abuses, he feared, had existed in the Apothecaries' Company ever since it had been entrusted with the power of granting licenses. Young men came up to London, devoted the whole of their time to perfecting themselves to practise in their profession, went up prepared to the Hall to pass, and often, in consequence of the Examiners themselves not properly comprehending the questions which they put, were turned back. It was notorious, indeed, among medical students, that whatever the talent and scientific knowledge of the candidate, if he relied upon that for passing, without being initiated into some of the queer questions of the Hall, he would fail. (*Hear, hear, hear.*) He most cordially supported the resolution.

The CHAIRMAN then put the resolution to the meeting, when one hand was held up against it, which caused great laughter, and cries of "Let him come forward" having arisen, the dissident advanced to the platform, and was announced to the meeting as

Mr. DERMOTT, who, when silence was obtained, said, Gentlemen, I wish to address you for the honour of the pupils at large, their future welfare, and their future character in the profession. (*Laughter, and cries of "Hear, hear."*)

The CHAIRMAN, There is at present no

proposition before the meeting. Mr. DERMOTT can speak after the next resolution has been moved.

Mr. EVANS proposed the second resolution. If they were disposed to hear the gentleman who was so many years older than himself, he (Mr. E.) would most willingly give way to him. (*Cries of "No, no, go on."*) He thought that at no time were the students called upon to be more unanimous than at present. Until lately the flagrant acts of injustice committed by the Apothecaries' Company had been kept in the background; but within the last few months, two most glaring cases had come within his own knowledge,—one was that of a most scientific man who was rejected at the Hall. Strong, however, as were his feelings on the subject, he would not abuse the Apothecaries' Company, neither, he trusted, would others at this meeting, as that would be placing in the hands of the Hall a scourge for their own backs. He was extremely sorry that the Apothecaries' Company should have put to the test, in the manner they had done, the old proverb—"Didicisse fideliter artes, emollit mores, nec sinit esse feros." (*Cheers and laughter.*) Certainly the Company was not an instance in proof of the saying. The resolution he had to propose was as follows:—

"That with a view to procure a remedy for the evils indicated in the foregoing resolution, it is expedient that this meeting take into consideration the means of redress."

Mr. PUDGETT seconded the resolution. In case, he said, any among them had been brought there by idle curiosity, or had come in opposition to the objects of the meeting, he wished that he possessed sufficient powers of eloquence to impart to them the same feeling as he himself possessed upon this subject, as he was sure they would then exert themselves to obtain their just rights, and support the dignity of the profession. (*Hear, hear.*)

Mr. DERMOTT. Mr. Chairman and gentlemen, I wish to address you before the resolution is put, and even Mr. Wakley, as a conscientious friend. (*"Hear, hear," and great laughter.*) Now, gentlemen, I think that this resolution is alluding as it were to a point of honour; and I think, and humbly submit according to the slight degree of common sense, the small degree of common sense which I possess, that there is a collusion. (*Laughter, and cries of "No, no."*) You will be so good as to hear me out, gentlemen (*cries of "Go on, go on"*)—a collusion between the pupils at large. (*Laughter.*) I come here as no spy. (*"Oh!"*) The gentlemen who know me know my heart. (*Laughter, and a cry of "Hear Mr. Dermott's demonstration of the heart."*)

The CHAIRMAN, I shall take care that

Mr. Dermott is not offended here; but I must request that Mr. Dermott will have the goodness to keep to the object for which we are assembled,—that point is, the conduct of the Examiners of the Hall.

Mr. DERMOTT. I will do so. The universal interest of the profession is involved, and it might be put to the Company of Apothecaries as a point of honour, inasmuch as their character is concerned in a professional way, that they should examine this man publicly. That is the question I wish to propose to this meeting, and if you wish to put me down on the strength of that question, for God's sake if you can conscientiously put me down, do it. ("No, no, go on, go on.") Well, then, I say their honour as professional men, their honesty in some slight degree as professional men is concerned, and therefore, upon the score of the interests of the pupils at large (*laughter*), I would wish, instead of that former resolution, that this gentleman should be examined publicly before the Apothecaries' Company, and I trust it will be seconded. I put my resolution contra to your second resolution.

No one seconding Mr. Dermott's resolution, it fell to the ground. The second resolution was then carried unanimously.

Mr. PETERS proposed the third resolution. Two or three instances had been adduced relative to the oppression manifested by the Examiners of the Hall, but many grievances were yet unstated. Numerous regulations which were in existence at the time that hundreds of students had entered on their professional studies had since been repealed, or so altered as not to bear any resemblance to their original form. (*Cries of "Shame, shame."*) It thus became impossible for students to know what to do, they could not tell what would be the amount of their studies, they did not know to what particular branches they should devote their energies, and probably at a time when they might be considered fully competent to practise, some fresh regulations were issued from the Hall, which threw twelve additional months of expense and anxiety on their shoulders. (*Shame, shame.*) No doubt the Company would say that it was all for the good of the profession, but if the majority of his fellow students thought that such a power ought not to be vested in persons who were not able to tell what was and what was not good for the profession, and were liable to abuse their privileges, this was the time for them to say so. (*Cheers.*) A most glaring instance of this abuse happened last summer, when regulations came out by which the students were obliged to incur an additional twelve months' wear and tear of mind, body, and pocket. They were now, too, especially encouraged to protect themselves, from the circumstance of the pupils of Exeter, backed by their teachers, having

swayed the Examiners at the Hall in their acts of injustice; and if twenty-five pupils at such a distance had possessed this influence, what could not the multitude do who were then present? (*Cheers.*) The resolution he had to propose was, "That in order to attain the object desired, a petition be immediately drawn up and forwarded to Parliament, praying that an equitable and just tribunal be immediately established, and that the Chairman of the meeting do sign such petition on behalf of the students present."

Mr. LANE cordially seconded the resolution.

Mr. DRAITT, of King's College, said, that the petition ought to be signed by those who wished to do so, and not by the chairman on behalf of the meeting, for the resolution might not be approved of by all, and it might be inferred that it was not approved of by all the students who were present. He moved as an amendment that the petition be signed by those gentlemen present who wished to do so, and not by the chairman on behalf of the meeting.

Mr. CHALLICE seconded the amendment.

Mr. CROOK supported the original resolution, as it was in favour of the usual method of signing petitions. Besides, one of the principal reasons was, that the Hall was not over lenient with an individual whom they considered to be opposed to them. (*Hear, hear, hear.*) If the students present signed the petition, he had not the least doubt that many of them would feel the effects of that proceeding when they went up to the Hall. The signature of the chairman would save many a man from unjust disgrace during the remainder of his life. (*Hear, hear.*) Why did not the enemy who moved the amendment declare his sentiments boldly, instead of endeavouring by a side-wind to overturn the object of the meeting? (*Cheers.*)

Mr. DRAITT again presented himself amid much opposition. They had been desired, he said, to give an impartial hearing to every speaker. As yet they had had no opportunity of showing that impartiality, but he would now afford them the opportunity. (*Hear, hear.*) He would state boldly his reason for opposing the latter part of the resolution. He did so in order that it might not be imagined either that the general body of the medical students of London were aware of this meeting, or that they were inclined to support any petition that might be founded on the resolutions which had been and might be passed. He would not attempt to retort upon the sneer that had been thrown out, but he would give his reasons for dissenting from the object of the meeting. They had met to discuss grievances, and in order to discuss them they ought to know first of all what those grievances were. One grievance had been stated, and only one,

but it had not been proved. (*Cries of "Oh, oh," and laughter.*) After what he considered to be much abuse from the chairman towards the Apothecaries' Company, a gentleman who had moved a resolution, stated that there was to be no abuse, though he considered that plenty of abuse, and gross abuse (*general hissing*), had been used. He trusted they would listen to him for a few minutes, and then he would sit down. (*A cry of "It's quite time you did so."*) They had come there to discuss grievances, and he wanted to know what the question was upon which the gentleman had been rejected. (*Repeated hisses and cries of "Off, off."*) (The chairman begged that the meeting would hear Mr. Druit.) He thought they had met to hear grievances discussed, but it appeared that they would not permit it. No grievance in his opinion had been proved, and if it had, he did not consider that they were adopting the proper means of obtaining redress. (*Groans and hisses from all parts.*)

The amendment was then put, when two hands were held up for the amendment, and the resolution was carried amidst loud acclamations.

Mr. CROOK said, he had to propose a resolution which he considered ought to have been the first, because, while it complained of the present mode of the examinations at the Hall, it also suggested a remedy. He was not prepared to go to the extent that some gentlemen had who had spoken during the evening. He thought that if they could utter a word in praise of the Hall, they ought to do so. (*Cries of "That's impossible!"*); and as impartiality was to be one of the principles of the meeting, he was sure they would listen most attentively while he endeavoured to say a word in favour of that institution. Since the passing of the Apothecaries Act in 1815, he presumed that no one would question that the profession had been much improved. (*Hear, hear.*) If that proposition was conceded he would say, don't do away with the Apothecaries' Company; modify it, reform it, but don't destroy it. In his opinion the great fault of the Company was, that the licentiates of the Hall had not the governing body under their control. If they had, the Company would never dare to inflict the acts of injustice of which they had been guilty. Why would they destroy the Company? (*A voice. "Have you passed?"*) Mr. CROOK. "Yes, I have." *The voice.* "Well, what do you think of their ability?" He (Mr. Crook) could not say much about their ability, and as to their civility, he could say even less. In moving the fourth resolution, he did not consider that he was in any way acting for the destruction of the Company, and he thought that the meeting agreed with him in considering that it ought not to be abolished. (*General cries of dissent from the last observation.*)

Some gentleman had proposed the right of appeal for a second examination to another tribunal. That would be as bad, unless the higher authority were also to be elected by the members at large. Mr. Carpue having promised to address them, he would conclude by reading the resolution, viz. :—

"That it is the opinion of this meeting that nothing will more essentially contribute to the honour and efficiency of the profession, and the public good, than that the examiners of the institution under consideration should be elected by the members at large, and that no reform can be satisfactory that does not render the governing body accountable to the governed."

Mr. BARLOW seconded the resolution.

Mr. ——— said that he thought that the proceedings of this meeting were well calculated to raise the character of the profession in the estimation of the public. It had been stated that the grievances complained of that evening had not been substantiated. He did not stand forward to discuss individual cases, but he contended that the principles on which the examination was based were bad. Before one man had the legal power of examining another upon any branch of the profession, he ought to give proofs that he himself had attained proficiency in that branch, and he would boldly assert that the members who at present composed the Court of Examiners at Apothecaries' Hall had not given proofs of proficiency in any branch of science whatsoever. (*Hear, hear, hear.*) It was not a court which was calculated to raise the character of the noblest of professions in public estimation. (*Cheers.*) Ought the doors by which students entered the profession to be opened or closed by such a body, just as they thought fit; and were the intellectual medical students of this kingdom to be placed at the tender mercy of a self-elected and irresponsible tribunal? (*Reiterated cheers.*) Even if any individual could come forward and praise the illustrious Company, —admitting such an absurdity for an instant—yet it could not be proved that the system of examinations was not deserving of the strictest reprobation, as that of a self-elected body. (*Cheers.*) It would never do justice to the public; it would always act upon its own private feelings to candidates. Mr. Druit hinted that it could not be told whether the meeting approved or not of the resolutions, but surely, if a man held up his hand by way of voting, he knew what he was doing, and they all knew what were his sentiments on the points under discussion. (*Hear, hear, hear.*) As regarded the marking of men who had come forward on the present occasion, he did hope that the Apothecaries' Company would, if the opportunity occurred, move that they were too timid, if not too base, to act in such a manner. (*Cheers.*)

Mr. CARPUE was received with cheers, and spoke as follows—Gentlemen, the individual who has the honour now to address you, has given a hundred courses of lectures on anatomy and surgery; and you may be assured that it gladdens his heart not a little to see such a body of students come forward and say—not, “Do not examine us,” but “Examine us in such a manner, that the world may see whether we merit or not the diploma.” But unfortunately, the examinations have been private, and grossly partial. Oh, I could tell tales unfolded relative to the examinations that would harrow up your very souls, but I must not do so. You have now put the matter into a train for alteration. (*Cries of “Yes, yes,” and “Public examinations.”*) Can any man, or any set of men, complain of you for this? To your own feelings how gratifying the circumstance, that when you have worked night and day to obtain the reward of study, you can advance to an honourable, and an honour-conferring examination, to receive the reward of your exertions! (*Hear, hear.*) Yet in this great country, such a reward has never yet had an existence, but the system of medical education has been loaded with difficulties without honours. Unless you pay so much, as a surgical apprentice-fee, and have an hospital or a wealthy connection, you must be a miserable apothecary, and are shut out from all those offices which your exertions and your talents ought to have opened to you. (*Hear, hear, hear.*) Gentlemen, I have, fortunately, made myself independent by professional exertions, and I now come forward to assist you to obtain the same opportunities. (*Cheers.*) Few, indeed, can hope, under the present system, to possess them. Look at the College of Surgeons. See there the bust of that great anatomist, unhappy Brookes. (*Cheers and “Question.”*) Surely you cannot wish to interrupt me, when I speak of the injustice, the bad conduct, the baseness of the College, to that first of anatomists. (*Hear, hear, hear.*) If ever man was entitled to hold a seat in the Council of that College it was Brookes, and, had he possessed it, he would have been alive now; but, gentlemen, I tell it you with tears, that that anatomist died from absolute poverty—from absolute starvation (*cries of “Shame!”*); and the best pupil of the present day might do the same, as another result of the existing system. Gentlemen, I sincerely hope that you will succeed in your present just and excellent object.

The resolution was then put to the meeting, and carried unanimously. Mr. WAKLEY was then loudly called for, and the CHAIRMAN said he understood that Mr. Wakley would speak after the next resolution was proposed.

Mr. BURR proposed, and Mr. FENNER seconded, the next resolution, viz.—“That H.

Warburton, Esq. be respectfully requested to present to the House of Commons, a petition, to be drawn up, expressive of the opinions of this meeting, and that the Members of the Parliamentary Committee of Inquiry into the state of Medical Education and Practice, be also requested to support the same in their places in the Legislative Assembly.”

Dr. — BLUNDELL said he would briefly address the meeting. He had waded through the profession like themselves, and he supposed they were now considered as worthless as he was. Suppose that some gentleman, possessing all the intelligence in their collected heads (*laughter*), went up to the Hall to be examined, and that very learned Society chose to say, “Sir, how many protoxides of mercury are there?” That would be an ignorant question. The difference between the protoxide, and the deutoxide, and the tritoxide—(*The laughter prevented us from hearing the end of the sentence.*) There might be individuals in the company not members of the profession, who had come out of curiosity, perhaps, and, therefore, when he talked about protoxide, and deutoxide, and tritoxide, he was talking Greek to them. (*Cries of “Question,” and “We don’t want a lecture on Materia Medica.”*) He was only following up Mr. Carpué’s views. A friend of his was rejected, the other day, for not being able to tell how many protoxides of mercury there were. The collected medical wisdom of England said his ignorance might lead him to kill the King’s subjects. (*Question, question.*) Yet this gentleman had an intelligent mind, and was well versed in botany, anatomy, physiology, and medicine. If the Court of Examiners—if the Court of Apothecaries would allow him (Dr. B.) to come before them, he would put every man of them down. (*Laughter.*)

Mr. WAKLEY was here called for from all parts, and received with many rounds of enthusiastic cheers. He spoke as follows:—In standing before the meeting on this occasion, I yield rather to the advice of others than to the dictates of my own judgment, although it is my duty, circumstanced as I am, and holding the sentiments which I have professed now for some years on the subject of Medical Reform, to contribute in every possible way to the advancement of your interests, which I know are identified with the best interests of the public. Gentlemen, I have indeed passed a pleasant evening on this occasion. To see you assembled to promote the great and paramount object for which I have myself been so long contending, is a source of gratification to me which I know not how to describe. There is a French saying “that those who help themselves Heaven will help.” Your prospect is then truly flattering; and let me tell you that you have to-night settled one

great question of Medical Reform in agreeing to tell the Legislature that your confidence in your information, your attainments, and your industry, is such that you care not for—nay that you invite—a public examination into your qualifications to practise medicine—that you are prepared to submit to an honest, just, and deliberate scrutiny, but that you refuse any longer to be subjected to the dishonest and unworthy practices which are played upon you by the Worshipful Company of Apothecaries of London. (*Hear, hear, hear.*) When I have urged, time out of mind, that public examinations for degrees, diplomas, and licenses, should be instituted, what has been the invariable reply of your enemies—those who, however, have at the same time professed themselves to be your ardent friends? “Oh, poor fellows!” they have said; “they cannot stand such an ordeal; their nerves would be agitated in public; they would tremble too much; they would be incapable of showing what little talent they do possess.” (*Much laughter.*) Gentlemen, this was a base calumny. You demand this fearful investigation. (*Cheers.*) And now what will your enemies say, and what will the Legislature respond in deciding on the conditions, the arrangements, and the principles of a New University? (*Hear, hear, hear.*) How will the corporators in the halls and colleges dare any longer to assert that the medical students of the metropolis are frightened at public examinations? The gentleman who proposed the fourth resolution has stated, with that kind-heartedness which is so manifest in his countenance, that he was anxious to amend but not to destroy the Apothecaries’ Company. Gentlemen, I will make no comparison between our organs of destructiveness on this occasion, but I can tell him this, that so far as the Act of 1815 is concerned, the foundation of the Company’s power, the adoption of his proposition by the Legislature, will, most assuredly destroy that Company for ever, for it upsets the very principle upon which it is founded. (*Hear, hear, hear.*) The Company would lie upon no bed of roses if public examinations were made essential to the possession of professional privileges. Only imagine the ordeal which the men in the present board of Examiners would have themselves to undergo, and the extent of ignorance they would expose. (*Great cheering.*) No, no, gentlemen. They are altogether out of place as examiners of medical students. The charter of James I. simply authorized that Company to superintend the drug-shops of London; and I say, let the Hall again occupy its old station. Let it not presume to interfere with or control the medical practitioners of England. It is utterly incapable of executing the duties of so high an office, so dignified, so exalted a station, and, therefore, let it be confined to

the exercise of its original and very useful function of examining the chemists and druggists of London, whose labours are far more profitable to them—whatever their competency or their respectability—than are those which are exercised by the medical practitioners. The chemists and druggists at present are without control; no authority is exercised over them by any company. They do just what they please behind the counter, and you are the sufferers. (*Hear, hear, hear.*) To propose what is suggested in your fourth Resolution, is not to propose a reform in the Company, but its abolition, for in effecting such a change in the Act of 1815 as would be necessary, the Apothecaries’ Company would sink to the earth. But in establishing the new University—an institution which if constructed, as it ought to be, and according to the principles which common sense inculcates, will prove of more advantage to the English nation than any institution that has been established for the last hundred and fifty years—in the new University, I say, the views expressed in the fourth Resolution may be most beneficially adopted. To that Institution they must apply, and when I reflect upon the influence which medical practitioners exercise over the minds of the community, the blessings which they confer on their fellow creatures, and the quantity of human suffering which they daily relieve,—I cannot believe that any reforming Government will be insensible to the demand which you now make. (*Great cheering.*) As has been properly said to-night, this is no question of party or of politics; it is a question of the welfare of the English nation, of health or disease, of life or death. All minor considerations should merge in the accomplishment of the great object you have in view. It is right that men should not practise without a most careful and judicious scrutiny into their qualifications; but when I reflect upon the drudgery which you have to undergo for a long series of years, upon your innumerable toils, your perplexities, your anxieties, and the hopes you cherish, I cannot conceive how any man can be so cold-blooded and so base as to make the very moment which ought to be a period of triumph and honour, the hour of degradation, misery, and disgrace. (*Loud cheers.*) Gentlemen, such meetings as these ought frequently to be held. The public know not your case, they know nothing of your anxieties, nothing of your sacrifices. Do they suppose that you possess hearts of stone and nerves of steel,—that human suffering has the effect upon your minds and feelings of hardening them to surrounding misery? If they conceive for an instant that your object in carrying on the duties of your profession is merely mercenary, they inflict on you a grievous wrong. I am satisfied that thousands of medical men

exist who are continually endeavouring to relieve their fellow men from the agonies of disease, without once supposing they can derive pecuniary profit for their skill. (*Hear, hear, hear.*) The public then ought highly to appreciate the pains and perils which you undergo in endeavouring to obtain a knowledge of that profession which is thus devoted to the wants of the community. If then your claims are now made for the aid of Parliament, and then enforced as I know they will be, no effort that may be made by designing men can frustrate the object you have in view. (*Great cheers.*) Gentlemen, on this point let me do my political enemies in the House of Commons the justice to say that I never yet saw men listen with more attention, or treat with more respect, the parties who advocate your interests in the House of Commons. (*Much cheering.*) If there be a shade of difference in this respect between the two contending parties in that assembly, I am bound by truth to say, without designing to give offence to any one, that the brightest side is not with the liberal party. (*"Hear, hear," from the King's College students.*) I know not how it happens; I cannot conceive from what cause it proceeds, but, really, during the last session, when emoluments were proposed for medical men at coroners' inquests, the opposition came from the liberal, and not from the other side of the House. Now I mention this to you because I am anxious that the little misunderstanding which exists in the minds of many persons should be removed. You know a good many members of the House. Try them yourselves: ask them what are their objections to giving to medical men their due. (*Hear, hear.*) Gentlemen, the resolution which was last proposed refers to Mr. Warburton. Your petition is to be placed in his hands. A more proper proceeding could not be adopted. The labours of Mr. Warburton in your cause are deserving of unbounded praise. (*Hear, hear.*) His assiduity is unabating, his honesty is unquestionable, his intelligence is of the highest order, and I am sure that no effort will ever be wanting on his part to give effect to any resolution which you may pass. A disaster occurred at the Houses of Parliament last year, by which, as you know, a number of medical papers were consumed; and Mr. Warburton's report has, consequently, been much delayed. The committee will by-and-by be re-appointed; and the whole of the evidence, and the report founded thereon, will be laid before the House. Your resolutions, therefore, come just in time (*loud cheers*); and I thank Mr. Ridout for what he has done on this occasion; I am most grateful to him for his labours in our cause. (*"Hear, hear, hear," and laughter.*) Why, he is the author of this meeting! It is the Court of Examiners who have advanced the work of medical reform

to-day. In thanking Mr. Ridout, do not understand me to rejoice at what has been called the degradation of the candidate. Who, however, will contend that a student can be degraded at the Hall? (*Hear, hear, hear.*) It is monstrous to conceive such a thing. Gentlemen, the rejection is no disgrace, and the passing the examination is no triumph. (*Hear, hear.*) As he cannot acquire honour in the one case, he cannot get degradation in the other. Why, you yourselves, by your proceedings to-night, have shown that you entertain not the slightest respect for that body. (*Universal cheering.*) You have resolved aright in determining that it shall no longer continue to inflict undeserved punishment on medical students. In establishing a new University, the great principle of public examinations must be conceded. They would be perfectly legal, even on the part of the Apothecaries' Company. There is not a single clause, line, word, or syllable, in the act of 1815 which prevents them from holding the examinations in public; and who has ever demanded that they should be carried on in private? Nay, I have no doubt that when that act was passed, the legislature presumed that the examinations would be carried on in public. The subject, however, was not mooted in the House of Commons; the act, in fact, was passed with scarcely any discussion. But there is another point. I say that the examination of the gentleman who was rejected was an illegal examination. He can compel the Court to examine him again, by an application to the Court of King's Bench, for the ninth section of the act requires that the examinations shall be conducted by a majority of the Court, but he was examined by one individual, consequently it was not a legal examination. There are twelve Examiners, and there must be seven to make a Court. The majority of seven, according to Cocker, is four. Now I am told that there are four tables in the room. Are the Examiners Hydras? Can they multiply their heads as occasion may require, so that a proper number of heads may be at each table to give a decision in favour of or against a student? (*Hear, hear.*) I say therefore that Mr. Smith, if he chose, could compel them to institute another examination, but I trust he will do no such thing. I hope he will rely on the challenge he has given them to examine him in public. In the presence of his professional brethren. Were such examination given to him, the paltry, miserable, manœuvring, tricky, questions that are now put to students at the Hall, would never be proposed. They are now submitted, not to ascertain the depth of the student's information, but to perplex and distress him, and to show the cunning and dexterity of the Examiner. When public examinations are conducted by men who have been elected by public

concourse, then the student will be examined first as to your knowledge of the general principles which regulate the functions and movements of the animal body, and the treatment of diseases. Having proved his competency to discuss and explain those principles, the student would be examined on the details of anatomy, physiology, chemistry, medical practice, &c., the object of the Examiners being to put those questions which are important as tests of knowledge rather than such as are perplexing, and calculated to confuse the mind of the candidate. Only imagine, if a tricky question were proposed to him, what a simultaneous and overwhelming exclamation of indignation would be ready to burst from one or two thousand tongues! (*Hear, hear, hear.*) Depend upon it this punishment would prevent another such attempt from being made. In the course of my duties as a journalist, I have often witnessed the streaming eye and the aching heart of unfairly rejected students, and no feeling of distress can be greater than the disappointment of a meritorious and deserving student, is calculated to create. I have known this happen to young men who have expended their last shilling in London,—the last farthing their relatives could devote to their education, and to the purchase of tickets and certificates. I have known the week arrive when their pockets were empty, but when they have expected that their heads were full of information to enable them to pass; and yet they have been treated with insolence and contempt before the Courts of Examiners, their hopes have been blasted, their expectations wholly falsified, and at the very moment when they hoped that triumph would crown their exertions, and that the object of their emulation was achieved, they have been sent back to linger out six or nine months more, or they have altogether abandoned the profession, and their prospects in life have been for ever blasted. (*Great cheering.*) Gentlemen, you would be undeserving of that reputation which I know ought sooner or later to be conferred upon you, if you did not use every exertion to remove from yourselves and your fellow students throughout the whole empire, the cause of so much undeserved calamity, degradation, and misery. (*Cheers.*) What have the Examiners themselves to say upon this occasion? They have nothing. They will not inform either you or the candidate on what point they refused to grant him the license to practise. He is in total ignorance upon the subject. The Examiners are too cautious to make such things known. The Examiner who rejected him does not dare to state why the student was unsuccessful. If he did, it is fifty to one but that his own ignorance would be exposed. All other students who go up for examination are in a state of uncertainty upon the subject on

which this young man was rejected. They may in reality be required to go up to the Hall with their heads crammed with false doctrines, instead of true ones, and without being prepared for this, you yourselves may share the same fate. All this perplexity will be destroyed by public examinations before competent tribunals; and it is the duty of the Legislature to act upon your declaration to-night, and to adopt your prayer. (*Hear, hear, hear.*) When your petition is presented to the House, and the extent, the respectability, the patience, and the orderly conduct of this meeting are explained to them, I am very much deceived if you will find in the House of Commons one man who will dare to assert that the prayer of your petition ought not to be granted. (*Cheers.*) But, gentlemen, the House does not meet for a fortnight, and I should be uncommonly glad if, before you break up to-night, just at the lag end of the business, you were to appoint a little deputation to wait upon the Chancellor of the Exchequer, because there is a charter now framing for a new University, and it has been the practice for the King to exercise the royal prerogative in the Privy Council Chamber. (*One of the King's College knut of students here called out "No politics," which was angrily deprecated by cries from all other parts of the room.*) It has not been the practice to make known the conditions of charters before they are actually granted, and when they are granted, it is almost too late for you to know them. I am anxious, therefore, that the Chancellor of the Exchequer should be made acquainted, officially, to-morrow, with your proceedings this evening, because it may have a most important effect in governing his mind relative to the conditions of the new University Charter. (*Cheers.*) I think the suggestion is a very useful one, for the monopolists say that the Chancellor has delegated some of his authority in the matter to other parties. I will not name those parties, but I do think that the subject is of so much national importance, that nothing should be done with regard to it except publicly. You have a right to know what is going to be done on this occasion. The whole of the community is concerned in it, and, therefore, if some one on your behalf were to communicate with the Chancellor of the Exchequer to-morrow, merely announcing to him the resolutions which you have adopted to-night, and if an interview with a deputation were requested, it might stay his hand with reference to the ~~source~~ conditions of the charter which, when once framed, may, though injurious to your interests, not be removed for a long series of years. Remember that the Apothecaries Act, with all its mischievous clause, has been in existence twenty years. I wish that some benefit had resulted from that

act, but when I balance the good against the evil, I am afraid that the last makes the former kick the beam with a vengeance. (*Hear, hear, hear.*) Whatever may have been the virtues of that body, and whatever may have been the extent of its infirmities, its days, as has been truly stated to-night, are numbered, and you are about to be emancipated from as odious a thralldom as ever existed over a body of intelligent men. (*Long protracted cheering.*)

Mr. LISTON, being loudly called for, presented himself, amidst great cheering, and said—Gentlemen, I feel highly flattered by the kind reception you have given me this evening. I came here only as a spectator of your proceedings. I am a mere tyro in medical politics, but you will find in me a staunch supporter of medical reform. The present system does not work well, and I hope that in a short time we shall have a much better one in its place. (*Great cheering.*)

The CHAIRMAN then put the resolution last proposed to the meeting, and it was carried without a dissenting voice.

Mr. CUTLER proposed the next resolution. After the eloquent manner in which they had been addressed that evening by the friends of the student, there remained little to be said on the nature of the abuses which they had assembled with a view to remedy. However, he would make a few remarks, and a few only, previous to reading the resolution. He conceived that they could not do a better thing than arrange plans for the correct guidance of their future endeavours. Every school should send its deputy to a central association,—one selected from among the rest, who was competent to take upon himself the duty of representing the interests of his fellow students, until the time arrived when the Government might provide a better scheme of medical government, and candidates for licenses to practise were fairly treated by an examining board. This change, he hoped, would not be long before it was achieved, for while they (the students) had much in their own power, they had able advocates amongst their seniors, and one amongst them who was one of the greatest ornaments of his country. (*Cheers.*) The provincial students could not yet have been made acquainted with the proceedings of the students in London, but it would be right to take into consideration at a future meeting the propriety of inviting them to participate in the association which he was about to propose they should form. The provincial students were equally interested in the work of this day. He was sure they would be proud to promote any good object that might emanate from the metropolitan students. He hoped that there would be no party bickerings among the schools, no petty bickerings, according as prejudices might sway them, but unanimity

in all directions, and that the great body of the students would unite in effecting the regeneration of the medical profession. (*Cheers.*) He begged to propose

"That for the better protection of the interests, and the mutual support of the rights, of the students in medicine generally, of this empire, a great central association be formed, which all medical students be invited to join."

Mr. WISLIN seconded the resolution.

Mr. DAVITT would not have troubled the meeting again, had it not been for this resolution. (*Cries of spoke, spoke.*) He had not spoken upon this resolution, which he conceived was founded in error. (*Cries of "Oh!"*) They were directed to choose a tribunal from among themselves, to examine themselves: how could they choose a competent tribunal? Would the public respect their decision more than they would that of the Hall? Certainly not; therefore he considered the resolution altogether irrelevant to the present meeting. (*Cries of "You're quite wrong."*)

Mr. CROOK said, that no doubt the meeting would consider him presumptuous in attempting to make any reply to some observations of Mr. Wakley, yet he begged to do so for a moment. That gentleman had been kind enough to compliment him upon his general good expression of countenance. That was very kind of him. He would conscientiously return the compliment, for if ever there was a man whose countenance portrayed universal philanthropy, Mr. Wakley was that man,—

THE CHAIRMAN. You must be good enough, Sir, to keep to the subject for which we are assembled.

Mr. CROOK. I am going to speak in reply to Mr. Wakley. Mr. Wakley condemned the fourth Resolution. (*Cries of "No, no, he supported it."* "It was carried." "There was only one dissentient.") Mr. Wakley did not support the Resolution. (*Cries of "Yes, yes, he did."* and "Chair, chair.") Mr. Crook then retired, and the Resolution was put to the meeting, when, after the show of hands had been taken, the gentlemen from King's College on the platform being dissatisfied at the smallness of the minority, it was again put to the vote, when ten hands were counted against it, and the Chairman declared it to be carried, with a few dissentients, amidst loud cheering.

Mr. PAINE called the attention of the meeting to the suggestion that a deputation should be formed of twelve gentlemen to wait on the Chancellor of the Exchequer, to present the resolutions of the evening, prior to the formation of the new University. (*Hear, hear.*) Mr. Wakley and Mr. Liston had promised to head the deputation (*cheers*); and it remained for the meeting to appoint twelve other gentlemen.

Mr. EVANS seconded the motion, and

suggested that a gentleman should attend from each school which chose to send a representative. The resolution was then carried.

Mr. SMITH proposed, and it was seconded by Mr. SPARROW,—“That the resolutions passed this evening, be published in the *Morning Chronicle*, *The Times*, *The Lancet*, and *The Medical Gazette*.”

The Chairman was then deputed, in the name of the meeting, to write to the Chancellor of the Exchequer, to know when he would receive the deputation.

The thanks of the meeting were then unanimously voted to the Chairman for his able and impartial conduct in the Chair.

Mr. MADE returned thanks for the vote, and congratulated the meeting upon the proceedings, and the unbroken steadiness of conduct which had distinguished them. They had proved that they could dispassionately discuss their wrongs, and were capable of using great moral force in redressing them. They had taught the Apothecaries' Hall a lesson that night which it had never expected to receive from the students of London. The words, “a marked man,” were in common use, when speaking of some candidates at the Hall. No more men, he believed, would be “marked” at that institution. Again returning them his most sincere thanks for the honour they had conferred upon him, he begged to say that the meeting was dissolved.

Several rounds of cheers were then given for Mr. Warburton, Mr. Wakley, Mr. Liston, and the Chairman, and three groans for Mr. Ridout, and some other examiners at Apothecaries' Hall, and the immense assembly quietly separated.

We have been informed that nearly eighteen pounds were collected at the door of the great room, from students, in sixpences, towards defraying the expenses of the meeting, the advertisements, &c., when the amount received being so ample, the remainder of the assembly entered without the necessity for contribution; and the Secretary acquaints us that a letter was forwarded on the next morning to the Chancellor of the Exchequer, requesting that the Right Hon. Gentleman would appoint a time, as suggested, for receiving the deputation.

LATE ELECTION AT THE RICHMOND HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—An anonymous communication purporting to be “a statement of facts,” respecting the appointment of a surgeon to the *Richmond Surgical Hospital*, has appeared in your Journal of the 9th inst.

As this statement (so far as we are concerned) is devoid of the slightest foundation,

we deem it our duty to give it the most direct contradiction under the responsibility of our signatures:—

1st. We received no list of candidates from the Government, nor from any other quarters.

2nd. We never presumed individually, or as a body, to approach the Government on the subject of the appointment in question.

3rd. Our communication with the Government was limited to our giving an official answer to an official inquiry respecting the fitness of Messrs. Mc'Donnell and Adams to perform the duties of surgeons to the Richmond Hospital.

We have the honour to be, Sir,

Your obedient servants,

PHILIP CRAMPTON.

ABRAHAM COLLIER.

RICHARD CARMICHAEL.

Dublin, Jan. 12, 1836.

DR. GEORGE GREGORY has just been appointed Professor of Materia Medica, at *King's College*, Strand. Dr. GEORGE GREGORY proved on a certain occasion, before the *Westminster Medical Society*, that he was pre-eminently qualified as a professor, and the circumstance that he has been poked into one of the empty chairs of *King's College*, proves that his claims have not been forgotten. Verily this institution is in a hopeful state.

It is more than likely that this worthy gentleman would have obtained the post, had there been a dozen candidates, because he was owed something by his party, had not yet been paid, and could at no other time be paid so cheaply. However, the fact is, that Dr. GREGORY was the *only* candidate. Dr. WENDELL had previously been officially informed by Mr. MAYO, on the part of the managers of this liberal institution, that “he was not eligible to become a candidate, because he was a member of the ‘established church of Scotland;’” and we may here take the opportunity of adding that Dr. RITCHIE, one of the ablest and most scientific men in this country, was also informed some time since by the professors of *King's College*, that “if he would change ‘his religious creed, and become a member of the Church of England, he should be elected to a chair in the institution,’ but not on any other condition.”

If it by such men as these that the students of *King's College* have allowed themselves to be made tools in the opposition to their fellow students in London within these few days. Oh, shame! The inroads of party should have fallen short of that.

Respecting Dr. WENDELL, we hear that his late conduct, in treating the authorities in the institution, has been gross and becoming in every particular.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 30, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

ENCEPHALITIS.*

GENTLEMEN,—Encephalitis consists in inflammation of that part of the cerebro-spinal axis which is contained within the cavity of the cranium. Although within the last few years considerable progress has been made in the study of inflammation of the brain, and within that period the science has made a rapid march, thanks to the labours of MM. LALLEMAND, ROSTAN, BOUILLAUD, and others, yet we are compelled to confess, that in spite of the knowledge which we have derived from these authors, our ideas on inflammation of the nervous centres are not yet very clear or precise.

* The present Lecture supplies a deficiency which exists in Lecture IV, published in our Number for Dec. 19. In order to secure the best position for hearing the Discourses of M. Andral, the gentleman to whose care the reporting of the lectures was confided, procured from the professor a special card of designation to the lecturer's own table, within the circle of the amphitheatre. But on the occasion on which the lecture on Encephalitis was delivered, this precaution was neutralised by an unexpected influx of auditors, who, while they succeeded in gratifying their desire to place themselves close to the professor, and secure very comfortable seats, rendered the rules of decency, and so crowded the amphitheatre, that the professor, that to report verbatim was not possible. Anxiety to publish the lecture with unquestionable accuracy, subsequently prevented us from giving place, in their proper form, to the brief notes then taken, but we now place before our readers a correct report of the lecture. It forms the commencement of M. Andral's discourse on encephalitis, and may, we believe, be read with as much advantage now as in an earlier number. The affair is simply one of transposition, which no foresight or precaution could have prevented, but which every care has since been taken to render immaterial to the perfection of the course.

The difficulties that beset us in the study of disorders of the nervous system in general, are peculiarly great with respect to the brain, where inflammation of the nervous pulp is not characterized, in the same clear and decided manner, by the production of constant and unequivocal symptoms, as inflammation of other important organs, the lung, for example, or the abdominal viscera. The difficulty of appreciating the symptoms, so as to arrive at a precise knowledge of the seat of the lesion, is also increased by the circumstance that we cannot always separate easily the phenomena depending on actual inflammation of the cerebral substance, from the symptoms which accompany irritation or inflammation of the membranes. Hence a great cause of obscurity,—a result which, from the nature of the relation between the nervous pulp and its neurilemma, it is often impossible to obviate. Besides, inflammation of the substance of the brain is not a disease so common of occurrence as you might be led to imagine from the accounts of certain authors. Encephalitis, as we understand the word, simple encephalitis, uncomplicated with any other disease, is, in reality, a rare affection. You may spend several months at the hospital without having occasion to witness a case: in short, inflammation of the substance of the brain or spinal marrow cannot be considered as a frequent disease, except by those who, too readily confounding similar appearances, have described every anatomical lesion of the cranial contents

under the name of "encephalite," or who denominate as "myelitis," all acute lesions of the medulla spinalis.

Symptoms simulating Encephalitis.

To characterize inflammation of the nervous centres presiding over animal life, we must have a certain assemblage of symptoms, into whose particular history we shall presently enter in a manner calculated, as far as lies in our power, to render the subject complete. We say, an "assemblage of symptoms," for if the practitioner should found his diagnosis on one or two leading symptoms alone, delirium, or convulsions, for example, he may fall into the gravest errors. Thus we should avoid confounding with encephalitis the nervous symptoms which present themselves in the commencement or progress of an *enterite folliculeuse* (typhus fever), at the breaking out of an eruptive malady, and in the course of several other disorders. The greater number of children who have been cut off by an acute disease, present symptoms of disorder of the nervous centres, delirium, &c.; yet we find no reason for believing these nervous phenomena to be connected with encephalitis. The substance of the brain is healthy; we discover no trace whatever of inflammation within the cavity of the cranium, and are compelled to regard the accidents alluded to as the effect of sympathetic reaction.

Again, towards the termination of several chronic diseases, when the patient has been worn out by long-continued suffering, the nervous system is more or less disturbed, and we observe various cerebral symptoms, yet we are not qualified in attributing them to inflammation. This is frequently seen in cases of pulmonary consumption, where the patient becomes delirious and agitated a few days before death; yet the brain is rather less injected than in the normal state. The contents of the cranium are found in a condition of anemia rather than of hyperemia or inflammation, a circumstance which is certainly important in a therapeutic point of view. In typhus fever, whatever may be its form, no matter with what degree of intensity it may present itself, the nervous system plays an extensive part in the production of the functional derangements observable during life. There is disorder of the brain as well as disorder of the digestive tube, but we cannot affirm that inflammation necessarily accompanies or gives rise to the symptoms in either system. We may have a typhoid delirium without encephalitis, as we certainly may have a typhoid diarrhoea without inflammation of the mucous membrane of the intestinal canal.

A comparison of the functional disorders observed during life with the pathological lesions which anatomy reveals, places it beyond all doubt that the functions of the brain may be deranged, or even profoundly

modified, without any inflammation of the nervous pulp. Thus, nervous traumatic delirium, the derangement of the intellect known by the name of "delirium tremens," &c., are not symptomatic phenomena of an internal cerebral inflammation; far from it; they exist in most cases with a discoloured state of the nervous substance. Instead of yielding to, they are aggravated by sanguineous depletions, and are in many instances, as you all know, removed as it were by enchantment, under the influence of opium in elevated doses, a remedy which is fatal in inflammation of the brain.

Encephalitis, or inflammation of the contents of the cranium (meninges excepted), differs in several respects, according as different parts of the brain may be affected: it also varies according to the degree of intensity with which inflammation may exist: hence there are

Various Distinctions of the Disease.

In relation to the first head, we may subdivide it into three species. *First:* Inflammation of the cerebral hemispheres. *Second:* Inflammation of the central medullary parts, viz., the septum lucidum, fornx, and inferior part of the centrum ovale. *Third:* Inflammation of the cerebellum. Again, with respect to its intensity, encephalitis may be distinguished, like many other inflammations, into acute and chronic encephalitis. Acute encephalitis may be general; the whole mass of the nervous centres being attacked at the same time; but this extensive disease is excessively rare: it may be partial, confined to a small portion of the nervous substance; this is much more generally the case. One hemisphere of the brain may be attacked, while the other remains free from any inflammation, or only a small portion of the hemisphere may be implicated in the disease; in a word, encephalitis, like congestion, may occupy any part of the cerebral mass. We explained fully the varieties of degree and seat, when treating of cerebral hyperemia, it is unnecessary therefore to repeat details into which we have already entered.

I have distinguished inflammation of the brain into three divisions, according to the seat of the affection, viz., inflammation of the hemispheres of the cerebrum; of its central white parts; and, finally, inflammation of the cerebellum. This is a necessary distinction when we come to speak of symptoms; however, as the anatomical characters are the same, no matter what point of the nervous centres may be the seat of the disease, we shall now proceed to sketch a general view of the morbid anatomy of encephalitis.

Anatomical Characters.

These, as we have just said, are invariable, whether the inflammation may

occupy the convolutions, the deeper parts of the cerebrum, the mesocephale, or the substance of the cerebellum. The first and most remarkable character is an injection, more or less well marked, of the cerebral pulp. The gray and white substance evidently receives more blood than in the normal state; it is more red than natural, tumefied, and sensibly more firm, than in a healthy brain; these appearances are, as you see, also common to congestion. Can we distinguish, with any degree of certainty, whether this abnormal injection is in fact truly inflammatory, or dependent on a simple hyperemia of the cerebral substance? No: simple congestion cannot always be distinguished from this, the first stage of inflammation; it even passes, by insensible degrees, into the latter, and it is often quite impossible to say where the congestion ends, and the inflammation commences. This is not peculiar to the brain, although it is, perhaps, more difficult to distinguish the two lesions, of which we now speak, in the brain than in any other organ. You will find the same difficulty of separating the two conditions in thoracic affections. How often are we at a loss to decide whether a portion of lung is simply engorged and congested, or actually inflamed! The abnormal coloration, which distinguishes the first stage of cerebral inflammation, is very various in degree. Sometimes the injection is bright, and the small vessels are excessively distended, even so far as to allow here and there effusion of blood in small quantities, which we find disseminated through the inflamed mass. In other cases the injection is less striking, and when the nervous substance is sliced off, we merely observe a greater number of bleeding points than usual; in short, the colour may vary from a deep red to the most delicate rose. However the injection may vary in different cases, we never find this anatomical character alone; thus the nervous substance sometimes presents a kind of tumefaction depending on the increased afflux of blood to the part; and this turgescence may be carried to such a degree, as sensibly to augment the volume of the cerebral hemispheres: this is a circumstance well worthy of attention. The nervous pulp, submitted to the effects of an irritating cause, becomes tumefied with wonderful rapidity; and the cerebral hemispheres, too large for the inelastic osseous case in which they are contained, become pressed upon, and various accidents manifest themselves, depending more on this compression of the nervous substance than on its irritation. This is the reason why the brain constantly tends to escape from the cavity of the skull, and form a hernia externally, whenever inflammation of the nervous pulp coincides with an accident depending in the osseous part. Hence, when we remove the skull-cap, we frequently observe that the

diseased hemisphere is evidently more developed than the one on the opposite side, to which irritation has not attracted an increased quantity of fluid. The convolutions appear pressed closely against one another, packed as it were too tightly in the cranium, and the surface of the brain no longer presents the anfractuosités by which it is so characterized in a normal state. The inflamed hemisphere, tumefied in all points, and increased in volume, tends to occupy more space than it should do, encroaches upon the opposite portion of the brain, and thus produces a variety of accidents all depending on mechanical pressure.

In the early state of inflammation, the cerebral substance has probably already acquired a tendency to become disorganized; however, the only lesions we observe, are the two just mentioned, injection of the nervous pulp, with tumefaction, and a slight increase of the normal consistency; but when the inflammation has lasted for a certain time, we observe characters of a less equivocal nature. The inflamed nervous tissue undergoes a change of consistency. It has lost much of its resistance, is soft, and gives way under the least pressure. This is a general law of pathological anatomy, affecting all organs as well as the brain; hence ramollissement, or softening of the brain, may be an effect of inflammation, and when it is the consequence of acute inflammatory action, the ramollissement is always accompanied with more or less injection of the cerebral substance. In chronic inflammation of the nervous pulp, we also have more or less ramollissement, but instead of congestion, or increased vascularity, we generally find an infiltration of purulent matter which has broken down, and, as it were, dissolved the cerebral substance. Acute inflammation of the brain may also terminate by suppuration; indeed, we may say generally, that every inflamed tissue has a tendency to generate pus, and that the brain is not exempt from the general law. Hence the presence of a purulent fluid is one of the best proofs we can have that inflammation has actually existed in the nervous tissue, abstraction being made of certain rare cases where its presence in the brain results from what has been called "abscess by metastasis."

The pus exists at first in the form of infiltration; the cerebral substance is then intermixed with a quantity of purulent secretion, which every day renders more and more friable, soft, and at length almost liquid. In proportion as the disease advances (if the patient happens to survive the first stage), the mollicules of purulent fluid become united into one mass, and form a true abscess; however, encysted abscess results much more frequently from chronic than from acute inflammation of the cerebral substance. Sometimes the le-

sion is confined to a single point of the brain, and we find only one abscess; at other times, various portions of the hemispheres contain circumscribed collections of pus. Ulceration is another form by which inflammation of the different organs may terminate. Do we observe this in the brain? Yes; the observations of SCOTTES and ASHCROBIE leave no doubt but that inflammation of the nervous pulp may give rise to ulceration of the brain; but the disease is one extremely rare.

The existence of gangrene is by no means so well established. It seems, on the contrary, doubtful that this termination of inflammation has ever been observed in the brain, although cases have been reported in the "Memoirs" of the old Academy of Surgery, and M. LALLEMAND has described one in his excellent treatise on "Diseases of the Brain." But the lesions we have now mentioned, are not the only ones which may present themselves in connection with inflammation of the cerebral substance. In a great number of cases the membranes become engaged in the disease, and are inflamed in the same way as the pleurae so often inflame when the pulmonary tissue is attacked by pneumonia. It is this affection of the meninges which produces the various morbid effusions of pus, serum, or a sanguineous fluid, that we frequently find between the membranes, or in the ventricular cavities, and which give rise to important modifications in the symptoms of this disease.

Having thus briefly pointed out the leading anatomical characters of encephalitis, let us turn to a consideration of the

Causes which may produce Encephalitis.

These are often the same as the causes of congestion, for the one may pass rapidly into the other; however, there are certain influences that act more specially in the production of encephalitis. In the first rank, we must place external violence applied to the region of the head,—an order of causes, be it remarked, that plays but an insignificant part in the production of cerebral congestion. Thus blows, falls, &c., in a word, any severe injury of the head, may give rise to the development of inflammation within the cavity of the cranium. It is not necessary that the external violence be applied immediately to the head: in some cases a severe fall, even when the individual has alighted on his feet, is sufficient to produce a commotion of the whole body, to such an extent, that the brain suffers a kind of concussion, which at first seems of little consequence, but sooner or later is followed by true inflammation of the cerebral substance. Wounds of the head may be accompanied or not with a breach of continuity. In the former case, the solution of continuity affects the bones of the cranium,

or merely the soft parts which cover the osseous parietes, and it is by no means rare to see encephalitis developed in consequence of a simple wound of the hairy scalp. There are other cases where the bones, examined externally, appear perfectly sound and intact, but the internal table of the cranium is fractured, and the periosteum more or less injured, and inflammation extends from the membranous lining of the skull to the substance of the brain.

Sometimes encephalitis is produced by the action of foreign bodies, either blunt or pointed, by projectiles, &c., which are lodged in the nervous pulp. A projectile, by its rapid passage through the cerebral substance, may determine inflammation, without remaining in the brain. At other times the foreign body remains there, and the nervous pulp immediately surrounding it, irritated by its presence, takes on an inflammatory action. However, these different bodies are far from producing in all cases an immediate effect. It is not rare to see them remain for a certain length of time in the brain, before they give rise to any inflammatory symptoms. Thus, in some cases a musket-ball has remained several months in the midst of the cerebral substance without producing any accident whatever. At a later period, well-marked symptoms of encephalitis manifest themselves, death ensues, and on examining the brain, we find the projectile surrounded by an abscess, the effect of inflammation.

We may discover the cause of encephalitis in certain chronic affections of the brain itself. Thus in some cases an apoplectic cell becomes a cause of inflammation, acting on the same principle as a foreign body, and exciting irritation, or true inflammation, in the surrounding nervous pulp. Various accidental productions have a similar influence, and should be ranged under the same category,—cancerous tumours, for example, scrofulous tubercles, especially in children who are at the same time affected with tubercular disease in the other great cavities; inflammation becomes developed around those tubercles; in many cases, indeed, it is chronic, and gives rise to few well-marked symptoms, but in others the inflammation is positive, acute, and terminates the patient's life, for death here cannot be attributed to the presence of tubercular masses in the centre of the nervous system, for these masses existed perhaps for years, without producing any grave accidents. It is to inflammation that we most attribute the fatal result, and, accordingly, we find a greater or less portion of the nervous pulp round the tubercle, injected, softened, and infiltrated with the pus.

Amongst other causes of encephalitis, we must not forget to mention acute or chronic lesions of the membranes enveloping the brain; thus, for example, tubercles are fre-

quently deposited in the substance of the pia mater; as they become developed, they penetrate into the substance of the brain, irritate the convolutions, and by their presence determine inflammatory action, exactly in the same way as any other foreign body in the brain.

We must also reckon amongst the causes of encephalitis, certain affections of the bones of the skull, as caries, exostosis, &c.; and amongst the bones commonly diseased, we may mention the petrous portion of the temporal bone as one most frequently affected with caries; hence the reason why children subject to purulent discharges from the internal ear, are so often attacked, in the end, with inflammation of the brain.

Gentlemen, you all know that the nervous expansions distributed to our several organs of sense, communicate directly with different masses of the cerebral substance; hence it is not irrational to expect that irritation or inflammation of the sentient extremity of the nerve should produce a corresponding lesion of the central organ; this is fully confirmed by experience. Thus, with respect to the causes furnished by lesions of the organs of sense, we have to point out,—for the eyes, ophthalmia, especially the internal ones, as a violent iritis &c.; for the ear, inflammation of the labyrinth and internal parts; even inflammation of the middle chamber is not without some influence on the production of cerebral inflammation; for the organ of smelling, inflammation of the nasal fossæ, particularly when it extends upwards to the frontal sinuses; it is not an uncommon thing to see an intense and mortal inflammation of the brain develop itself after the extraction of a benign or cancerous polypus of the nasal fossæ. For the skin, inflammation of the integuments of the face, of the scalp, the different forms of erysipelas which so frequently attack these parts, may determine inflammation of the brain. However, you are not always to conclude that if a patient labouring under erysipelas of the face be seized with agitation and delirium, he must of necessity have inflammation of the brain. This delirium is, certainly, in many cases, connected with a disease of innervation, independent of inflammatory action, and is merely a sympathetic phenomenon; however, in the uncertainty which reigns, it will perhaps always be more prudent to act as if encephalitis really did exist; antiphlogistic measures cannot here produce any bad result, while their neglect may give rise to fatal consequences.

Lesions of the great nervous trunks are sometimes a cause of encephalitis. M. BOVILLAUD mentions a case of this kind; a strong ligature had been applied round the brachial plexus; this determined an excessive pain in the part, which ascended along the trajectory of the cervical plexus, and at length

terminated in the symptoms of cerebral inflammation. There is no organ of the body whose inflammation may not occasionally become an exciting cause of encephalitis, so intimately are the nervous centres connected with all normal phenomena of the living body, and so readily are they influenced by every derangement of structure or function in each part of our system. However, we must again warn you against the danger of generalizing this proposition too extensively,—against the error of believing that every derangement of the nervous centres which manifests itself during the course of acute or chronic inflammation, depends upon actual inflammation of the brain itself.

The act of dentition in children is sometimes an exciting cause of encephalitis; irritation is propagated from the nervous pulp of the tooth to the central organ; however, we may remark, that congestion is more frequently the result produced by difficult dentition than true inflammation of the cerebral substance. Finally, in relating a history of the causes of encephalitis, let us observe that it may originate in over-action of the brain, the organ of intelligence; thus we have many examples on record, where this disease has been developed under the influence of excessive intellectual labour, of violent passion, and acute moral affections.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

ON A CASE OF

ASCITES AND ANASARCA, WITH DISEASE OF THE LIVER AND HEART.

DELIVERED IN THE SESSION OF 1836.

BY DR. ROOTS.

MARY ANN VAN HAGEN, aged 43, was admitted on the 9th of July last. She states that twenty-seven years ago she had a severe attack of rheumatism, and well recollects at that time having suffered pain in the region of the heart, ever since which she has had a feeling of great oppression about the end of the xiphoid cartilages, and has suffered dyspnoea, upon exertion, from that time. She has felt at times acute pain in both hypochondria, extending to the scapula, and she has several times had jaundice. Three years before she came into the hospital, she states that her belly began to enlarge, and her legs to swell, but that these symptoms disappeared in about a month, without resorting to medical aid. The cata-

menia ceased when she was 40 years of age, and have not since returned. From that time, two years and five months before she came into the hospital, she ceased to be dropsical for seven months. Her belly then (two years and five months ago) began to enlarge, and in six weeks became as big as it was at the time of her admission here. The legs too became very oedematous very quickly after the belly began to enlarge, and they so continued from that period up to the time of her admission, when the report of her state was as follows:—The legs are very much swollen, and pit on pressure. Some of the veins are varicose; the abdomen is very much distended, and tense, and the parietes are oedematous; fluctuation is, at the same time, very distinct throughout the whole of the abdomen, and there is also some tenderness on pressure. Her countenance is pallid and anxious, her lip rather livid, the tunica conjunctiva of the eye tinged with bile, her tongue slightly coated with a white fur, posteriorly and in the centre, and but slightly red at the tip and edges. She complains of considerable thirst, and has some nausea, and occasional vomiting. Her bowels, she states, are open. According to her account she passes two or three motions of a natural appearance daily; urine scanty and slightly albuminous. Her respiration is laboured, and thirty in a minute, accompanied by some cough. She also has some expectoration of thick mucus; her pulse 88, rather small, easily compressed, irregular, and intermittent. On applying the stethoscope to her chest, mucous and sibilant rattle were distinctly heard over the different sides of the chest, on either of the superior portions, whilst the respiration was indistinct, and the resonance very dull on percussion at the lower part of both sides. Upon examining the heart, that organ was found to beat over rather a larger space than natural, and there was also some heaving and a dwelling of the organ against the parietes at each systole of the ventricles. The natural sound of the heart was deadened, and the state of the pulse, as you might expect, was irregular, and it was occasionally intermittent. There was, at the same time, a loud bellows sound distinctly heard at each systole. At first this bellows sound,—which, I confess, was not, perhaps, examined with sufficient accuracy in the first instance, or perhaps it was lost in the sibilous state of the bronchial tubes,—at first it was thought to be only single, but very shortly afterwards it was discovered that the bellows sound was double.

For the first six days after her admission into the hospital she was placed upon milk diet, and the effect of diuretics was tried. These diuretics consisted of digitalis, squills, acetate of potash, the decoction of taraxacum, with some spirit of nitric ether occasionally,

and, at the same time, an occasional purgative of compound powder of jalap was given. At the end of a week no decrease of the symptoms had taken place, and as I was quite sure that such an immense body of fluid was not likely to be absorbed, the kidneys remaining still indolent, I considered it right to direct the operation of paracentesis to be performed. Accordingly she was tapped on the 15th of July, and twenty-five pints of a yellowish serous fluid were drawn off. It was after the drawing off of this fluid that the double bellows sound became considerably more distinct, perhaps, than it was before. Apparently no peritoneal inflammation followed the operation, but we were enabled to ascertain, as soon as the operation had been performed, that the liver was considerably enlarged. There was reason before to believe that the liver was diseased, because, upon percussion over the region where you might imagine it would project if enlarged, there was throughout so much duller a sound on percussion than natural, that I did not hesitate immediately upon her being taken into the hospital to write upon her ticket—"ascites et anasarca, morbus hepatitis, et morbus cordis."

After the tapping, I thought it right to try mercury in conjunction with some diuretic. I therefore ordered her three grains of blue pill, one grain of powdered squill, and half a grain of digitalis, to be taken three times a day; and she was also directed to resume the nitrate of potash, the spirit of nitric ether, and the decoction of taraxacum. Under this treatment, for the first ten or twelve days, there appeared to be some improvement; the mouth became sore, the kidneys secreted more urine, the legs were much less swollen, and the breathing was freer. In conjunction with the above plan of treatment, diminishing the quantity of mercury, and merely just sustaining its influence, the iodine ointment was directed to be rubbed in over the abdomen, in the proportion of a drachm of iodine to an ounce of lard, night and morning, a drachm of such compound at each friction. This, however, produced much irritation of the skin, and distressed her considerably, it was therefore omitted, and she was directed to rub in instead the ung. potass. hydriod. She went on pretty much in the same way, I should say of improvement, from after the tapping had taken place, to about the end of the first week in August, when the belly again began rapidly to fill, and I wished to try small quantities of elaterium. I accordingly directed the twelfth of a grain of elaterium to be given, with a drachm of spirit. nit. ether. every six hours, but this dose proved too active, producing great pain in the abdomen, purging her very violently, and exhausting her powers too much. It was immediately reduced to the twenty-fourth of a grain, and even in this diminished

quantity it acted too violently. It was then lessened to the thirtieth of a grain, and even that acted more on the bowels than she could bear, and ultimately it was reduced to the fortieth of a grain, still in combination with the nit. ether, given every six hours. It then acted mildly on the bowels, but no increase of urine followed its use. Some dandelion was next given, in conjunction with the fortieth of a grain of claterrum every six hours, a pint of the decoction of taraxacum being directed to be taken daily. However, by the end of August, she was as large as before, although her general health seemed somewhat better than when she was admitted.

On the 3rd of September she had become so large, and suffered so much inconvenience, that it was again determined to perform the operation of paracentesis, and Mr. SOUTH, who operated on the previous occasion, operated also now, but only three pints of a somewhat ropy fluid were withdrawn, and there appeared to be at last, after the flow had ceased, some substance pressing against, and entirely closing the orifice of the canula, which was withdrawn, an elastic hollow bougie being passed in instead, but with no better success. A small quantity of blood escaped from the wound.

Now, after this second tapping, freely applied, peritonitis supervened, and was met by the ordinary treatment,—leeches, so long as there was excessive tenderness over the abdomen, and calomel and opium, given until the mouth was again sore. When the inflammatory action had subsided, palliative treatment merely was again had recourse to, and she returned to the use of digitalis, nit. ether, and the taraxacum. Still, however, there was, from time to time, pain in the abdomen, which rendered it necessary, when the mercury was left off, to recur to leeches,—even so late as the 2nd of October, soon after which time she became gradually worse, the dropsical symptoms rather increased, the dyspnoea became more violent, attended with excessive palpitation, the pulse excessively feeble, the extremities cold, and the general debility so great that it was absolutely necessary to resort to stimulants of almost every description,—wine, brandy, ether, porter, ammonia; and as there appeared to be periodical spasmodic attacks of dyspnoea, Mr. STONE, or Mr. WHITFIELD, prescribed some ethereal tincture of lobelia inflata, which considerably relieved her, and this she continued to take up to the time of her death, in somewhat increased doses, so that I think at last she took as much as 16 or 18 minims of the tincture three or four times in the twenty-four hours, in conjunction with, perhaps, a drachm to each dose, of the *spt. eth. sulph. comp.* This treatment produced only very partial and occasional relief, and she died on the

15th of November, somewhat more than three months from the time of her admission.

Now with respect to the *diagnosis*. There was no doubt whatever that general dropsy existed, with effusion into the peritoneal cavity, and an anasarca state of the extremities and trunk. Her face was occasionally swollen, the lip somewhat livid, the tunica conjunctiva suffused with bile. The dulness on percussion over the region of the liver, indicated disease of that organ,—its enlargement after the tapping proved this to be the fact. The occasional pain in the abdomen evidenced that chronic peritonitis had existed. The mucous, sibilant, and sonorous sounds in the chest, showed chronic inflammation of the bronchial tubes. The entire absence of clear respiratory murmur at the lower part of the chest, and the dulness on percussion on either side, indicated effusion. The stethoscope made the disease of the heart equally clear; I was quite sure that the left ventricle, and, indeed, I believed that the whole heart was enlarged, for it beat over a greater space than usual, as proved by its prolonged impingement against the parietes of the chest. The parietes of the heart and the left ventricle were shown to be increased, by the deadened sound of the heart. I believed disease of the valves to exist, in consequence of the bellows sound. I remember remarking, before hearing the double bellows sound, to some gentlemen present, that, in consequence of the intermittent pulse, I believed the mitral valve was the seat, more especially, of the valvular disease. Indeed, according to my own experience, whenever there is sufficient disease of the mitral valve to prevent it from thoroughly closing the orifice, you have more or less intermission of the pulse, which I do not find to be necessarily the case where there is merely disease of the aortic valves. When I heard the double bellows sound, it did not at all alter my opinion with regard to the disease being seated in the mitral valve; on the contrary, it seemed rather to be strengthened, for I conceived that some impediment existed to the flow of blood from the auricle which gave the first sound, and that when the ventricle contracted, a portion of the blood regurgitated into the auricle, and thence probably arose the second sound.

With respect to the *prognosis*. It was quite clear, from the state of the heart, and the presumed state of the liver,—a state which had existed more or less for three years, and especially for two years and five months,—that recovery was not to be expected. One could only attempt to relieve her to some extent, and for a time we succeeded. But now comes a curious point, which renders this a most interesting case as regards the *diagnosis*, because such a thing is as likely to occur in private as in public practice, where it would excite a good deal of observation,

and perhaps some anæmisation. I was quite certain,—the fluctuation was so evident,—upon first examining the patient, that very considerable effusion existed in the peritoneal cavity,—that there was ascites. At the first tapping twenty-five pints of fluid were withdrawn, and when she again became nearly as large as before, and was tapped a second time, only three pints came away. And why not more? Why, because some of the fluid must have been contained in a cyst. But that would seem to contradict my diagnosis. Was I wrong? Had I mistaken ovarian dropsy for dropsy into the peritoneal cavity? I was quite sure that I had not committed this error, though there might be an ovarian cyst containing fluid, as well as fluid in the peritoneal cavity.

The *post-mortem examination* I think solved the difficulty. Long-standing slight adhesions existed at the upper portions of each lung. The right side of the chest contained about two pints of fluid, the left, about a pint, containing no flocculi, and not at all tenacious. The lungs crepitated in almost every part, but they were very considerably congested, almost throughout, but in the very centre of the most congested parts there were small portions of the lung which were perfectly natural. The bronchial membrane presented chronic inflammation, but no mucus. The whole of the heart was enlarged; the serous surfaces of the pericardium were perfectly adherent, and both auricles were found considerably dilated. The right ventricle was of its natural size, the cavity of the left was somewhat diminished, and its walls were considerably hypertrophied. This exactly corresponded with the state of her pulse. There was none of that violent hammering stroke which would have attended a dilatation of the ventricle equal to the hypertrophied condition of its walls. The lining membrane of the left auricle was opaque and whitish, throughout almost the whole extent, excepting a portion at its posterior part of about the size of half-a-crown, which was redder than natural, and upon which there were small patches of abrasion or ulceration. The greater portion of the lining membrane of the left ventricle was also opaque, and whitish, more especially near the aortic valves. The tricuspid valve was not changed. The left auricular opening, when viewed from the auricle, resembled a small semilunar chink, rendering the action of the valve imperfect, and this opening was but just large enough to admit the point of the little-finger, which then felt an osseous or calcareous deposit. The other portions of the mitral valve were indurated, and converted into almost cartilaginous substances. The aortic valves were thickened and uneven, but still were capable of effectually performing their functions,

and in the lining membrane of the aorta there appeared to be several depositions of atheromatous matter in small patches.

Immediately upon opening the abdomen, a considerable portion of serous fluid escaped. There was fluid also in the peritoneal cavity. The liver, the stomach, and the omentum, were adherent to the abdominal and costal parietes, and were attached, partly to the upper arch of the colon, and partly to some of the superior convolutions of the small intestines. Now there also adhered slightly to the abdominal parietes, and the under portion of the arch of the colon, a dense, smooth, pellucid membrane, about three times as thick as ordinary serous membrane, which, passing in front of the small intestines, appeared to be attached to the brim of the pelvis and pubis, extending laterally on each side of the line, forming a sac, or pouch, filled with serum. On a more minute examination, Dr. BARKER found that this false membrane passed over the bladder and uterus, between it and the rectum, and was then reflected upwards, posteriorly, and, passing over the lower portion of mesentery, joined the upper portion of the membrane, where it was attached to the colon. Much of this was capable of demonstration, but it could not be completely traced to the arch of the colon. The convolutions of the small intestines adhered slightly, forming numerous small sacs, filled with fluid. The serous membrane was white, and so thickened, in many places, as to resemble cartilage. The liver, which was much enlarged when cut into, was of a brownish-red, mottled with spots, here and there, of a yellowish brown, and very much indurated, but it did not break down on pressure. The gall-bladder was very small, but contained bile. The spleen was somewhat enlarged; its peritoneal coat was quite as much thickened as, or perhaps more than, that of the liver, and granulated, and, when cut into, the spleen was somewhat darker, and much firmer, than natural. The kidneys I did not think presented any evidence of disease, although from first to last the urine was more or less albuminous. The ovaries were somewhat enlarged.

The liver [*presenting it*] is considerably enlarged, and exhibits that mottled and hypertrophied condition which is frequently observed in intemperate people. This woman had drunk much. Its peritoneal surface is exceedingly thickened; the result of chronic inflammation, and so hard, that the point of my finger will not break through its surface unless I use my nail. You may expect, that with such a liver some of the fluid would be absorbed into the system, and thus account for the yellowness of the conjunctiva.

I said that the pericardium was universally adherent. I have always told you that I am not ashamed to confess my own ignorance

openly, and now I am about to confess that I know of no symptom, general or local, by which you can positively say that total adhesion of the pericardium has taken place. If you place your little-finger in the opening of the valve from the left auricle, you will feel the bony or calcareous deposition which I mentioned, and, viewing the valve from the ventricle, you will see it is so contracted ~~there~~ as scarcely to admit of the point of the finger, though it can be passed farther in that direction than from above. There is a sort of triangular or semilunar pouch, which, from the thickening of the valve, renders it impossible for the valve to close perfectly. What has been the cause of this? Why it is the result of inflammation of the pericardium most probably following the attack which she had two and a half years ago, as she well recollected having suffered pain in the region of the heart at that time, and ever since has experienced great uneasiness and a sense of depression at the xiphoid cartilage, with dyspnoea. She then had pericarditis, which of course ended in adhesion, and hypertrophy of the left ventricle; at the same time there was, no doubt, as most frequently is the case in acute pericarditis, inflammation of the internal lining of the heart. With such a state of the heart and valves, it can be no matter for surprise that the patient was the subject of bronchitis, effusion into the chest, and general dropsy. These are only the necessary consequences of such an impeded circulation.

The double bellows sound was, I believe dependent entirely upon the condition of the mitral valve. The aortic valves had not I think, any connection with it. There must have been two impediments to the uninterrupted flow of blood from the auricle into the ventricle, — the very narrow opening, and those projecting osseous or calcareous deposits just within; either cause being quite sufficient, in my mind, to produce the first bellows sound. Then the valve being unequal to close the aperture entirely, as soon as the ventricle had received the blood, and attempted to expel it into the aorta, a portion, it is true, would go into the aorta, but a portion would necessarily regurgitate into the auricle, whence, I believe, originated the second bellows sound.

With respect then to the reason why the fluid was not freely evacuated from the abdomen on the second tapping, I can only account for it this way. Mr. Sourn tells me that the two openings were perfectly parallel; exactly at the same height, but that he discovered afterwards that he had not in the first operation made his opening in the linea alba, but a little to the left side of it; in that case the whole, or nearly as much fluid as is ever drawn off by tapping, was evacuated. In the second instance he did tap in the linea alba, but only three pints of fluid substance came away. Some-

thing was felt pressing against the canula. Now it would almost seem as though this was the result of inflammation, but it is quite certain, from the size of the membrane which I have described, and from its density, that that membrane was not the result of inflammation between the two tapplings. In the first tapping it is probable that there was a larger quantity of fluid than in the second. If the sac existed in the first instance (at the first tapping), and it was a perfect *cist de sac*, why did so much more fluid come away on that occasion? Why there must have been a less quantity effused into the abdomen at the second tapping, and perhaps some alteration in the position allowed the small intestines to press a portion of the sac against the orifice of the canula, and so prevented more fluid from coming away; for the moment the knife was plunged into the peritoneal cavity at the post-mortem examination, a large quantity of fluid escaped. I can only suppose that the pouch was not perfect, but had a communication with the general peritoneal cavity, and that in the first operation the part in which the opening was made, favoured the discharge of all the fluid. Then some circumstances occurred by which the position of the sac was changed; perhaps the bowel fell down a little, and caused pressure against the canula. As two or three pints were drawn off, a portion of the cyst would collapse, and might be driven against the orifice, and when the hollow bougie was passed, the same result may have taken place. It is quite clear that this sac must have existed at the first tapping, and that a regular organized membrane of such immense thickness could not have been formed between the two tapplings. The circumstance reflects not in the slightest degree upon the operator. The same thing would have happened to any body. In point of fact, if it reflected upon any one, it was upon me, for my diagnosis, because I had asserted that she was suffering under ascites, that is, I felt confident that the fluid was contained in the general peritoneal cavity. The result of the first operation showed that I was right, but the second proved the existence of a cyst, as well; therefore, I was both right and wrong, — provided the cyst did really exist prior to the first operation, — did exist, I mean, as a perfect cyst, or a *cist de sac*, — without any communication with the rest of the peritoneal cavity.

ON THE
MORTALITY OF INFANTS IN
ENGLAND.

By T. R. EDMONDS, Esq., B.A., of Trinity
College, Cambridge.

THE very great diminution of the mortality of infants in England is one of the most remarkable phenomena of modern times. The existence of this diminution is established upon principles universally acknowledged as true by all ancient and modern authorities on the subject of human mortality. It is, however, highly desirable that an extraordinary fact of this nature should be confirmed by a different, though not a more correct, method of investigation.

Public opinion is at present divided between two tables of mortality, the "Northampton" and the "Carlisle." The public appears to have adopted these tables as true, and to have believed them applicable to the English population in general, after their respective authors had ceased to believe so themselves. According to the Northampton Table, out of 100 born, 46.4 die before they complete their fifth year; and according to the same table, out of 100 constantly living under the age of five years, 14.2 die annually. According to the Carlisle Table, thirty-two die under five years out of one hundred born, and 8.2 die annually for every hundred living under the age of five years. In all England and Wales, during the eighteen years 1813-30, there died of females only nineteen under the age of five years out of one hundred born, and 4.6 annually out of one hundred constantly living under the age of five years.

If the number of the dying at annual intervals, under the age of five years, be known (as is the case in England), the law of mortality at this portion of age may be determined equally well in two ways, either by observing the number of births, or by observing the number of the living under the age of five years. If the relation of the dying to the living be given, the relation of the dying to the births is also given, and reversely. The English returns supply us with both these relations, which reciprocally confirm one another. I have already stated for each county of England the number of deaths under the age of five years, which occur annually for every 100 constantly living under the age of five years. I have now to exhibit the number which die before they complete their fifth year out of every hundred born.

In the English population returns are stated the number born in each country during the eighteen years 1813-30, and also

the number dying under the age of five years during the same time. If there were no deficiencies in the registered births and deaths, the number dying under five years out of 100 born would result immediately from dividing the latter by the former number (neglecting a small correction, not exceeding two per cent., due to the births having been progressively increasing). The result thus obtained will be correct, even if the deficiencies are very considerable, provided that the proportional deficiencies in the births and in the deaths are the same. If the proportional deficiencies are not the same, the apparent may be reduced to the true result by means of a small correction, respecting the amount of which there is room for very little difference of opinion. There are only two estimates before the public of the deficiencies in the registered births and deaths, each of which points to the same correction of any quotient obtained by dividing the registered deaths by the registered births. According to Mr. Rickman, the registered deaths are to be increased nine per cent., and the registered births twenty-three per cent., in order to obtain the true numbers. According to my estimate, the increase is fourteen and twenty-seven per cent. respectively. The ages of four per cent. of the total registered deaths are not specified; the true number of the deaths, under the age of five years, are also to be increased two per cent., on account of the births having been progressively increasing. According to Mr. Rickman's estimate, then, it may be said that the deaths specified as occurring under the age of five years are to be increased $4 + 9 + 2 = 15$ per cent. According to my estimate, the increase is $4 + 14 + 2 = 20$ per cent.

In England and Wales, during the eighteen years 1813-30, the registered births of females amounted to 3,129,368, and the deaths specified, as occurring under the age of five years, amounted to 622,903. If the registry of the births and deaths had been complete, or if they had been defective in an equal degree, we should have 19.9 (the quotient of the above numbers) to represent the deaths under five years out of one hundred born. But, according to Mr. Rickman, the births are to be increased twenty-three per cent., and the deaths fifteen per cent.; the quotient of the corrected numbers will then be 18.6. According to my estimate, on increasing the births twenty-seven, and the specified deaths twenty per cent., the quotient will become 18.8. These corrected quotients approach so near to each other, that they may be regarded as identical; and it may be assumed as a fact, in which all writers will agree, that the apparent results may be reduced to the true by diminishing them five per cent. In the following table, I have thought it preferable

to state the apparent and not the corrected numbers for each county. The necessary correction will not be exactly the same for every county; and a diminution of five per cent may be deemed superfluous in a case where the apparent results are already thirty per cent lower than any other results with which they can be compared.

TABLE showing the Counties of England arranged according to the Mortality under the Age of Five Years out of 100 Born; also showing the Proportion of the total Population of each County employed in Agriculture in 1821.

COUNTIES.	Dying under 5 years out of 100 born.		Females dying annually out of 100 living under 5 years.	Agricultural Population percent. in 1821.	COUNTIES.	Dying under 5 years out of 100 born.		Females dying annually out of 100 living under 5 yrs.	Proportion of Agricultural Population in 1821.
	M.	F.				M.	F.		
Cornwall	15.3	13.7	3.12	38	Norfolk	20.8	18.3	4.40	49
North York	15.9	13.8	3.17	43	Essex	20.6	18.4	3.95	56
Westmoreland ..	13.5	13.8	3.49	49	Hertford	20.6	18.4	4.03	52
Hereford	16.4	13.9	3.13	62	Monmouth?	21.4	18.6	3.51	43
Sussex	17.2	14.6	3.21	50	Cumberland	20.9	18.8	4.46	36
Wilts	16.5	14.6	3.25	52	Northampton ..	21.5	18.8	3.97	53
Suffolk	16.8	14.8	3.24	56	Durham	21.9	19.2	4.49	21
Dorset	17.0	14.8	3.32	49	Kent	22.0	19.8	4.75	36
Southampton ..	18.2	15.9	3.77	42	ENGLAND and } WALES }	22.5	19.9	4.56	34
Gloucester	18.2	16.1	3.55	32	Leicester	22.9	20.0	4.38	35
Bedford	19.0	16.3	3.49	62	Huntingdon ...	21.6	20.0	4.21	62
Rutland	18.5	16.5	3.84	61	Worcester	22.9	20.2	5.21	38
Berks	18.8	16.5	4.16	53	East York	23.2	20.4	4.66	38
Salop	18.9	16.7	3.91	44	Cambridge	23.9	21.0	5.08	61
Somerset	19.2	16.7	3.80	13	Nottingham	24.4	21.3	5.37	35
Northumberland ..	19.3	16.7	3.35	27	West York	24.2	21.5	4.57	20
Oxford	20.1	17.0	4.14	55	Chester	25.8	22.2	4.78	35
Derby	20.0	17.3	3.72	34	Stafford	24.9	22.2	5.13	27
Devon	19.0	17.4	3.96	41	Lancaster	28.3	25.3	5.78	11
Bucks	20.6	17.5	3.98	58	Warwick	28.5	25.3	5.29	28
Lincoln	20.5	17.6	4.59	59	Surrey	29.6	25.9	6.40	17
Wales?	19.7	18.2	3.38	51	Middlesex	29.9	26.2	6.77	4

* The numbers in the first and second columns are to be diminished 5 per cent, to obtain the true numbers.

For the sake of comparing the results from the two methods of investigation, I have stated, in the third column of the above table, the number of females dying annually in each county under the age of five years, out of 100 constantly living under the age of five years; this column is merely a reprint of the seventh column of the table which I have given at page 409 of No. 641 of THE LANCET. The numbers in this column are subject to a small error consequent on its having been assumed that the living under the age of five years had increased uniformly during the eighteen years over which the observation extends—an assumption not accurately true, although never leading to any material error. The new results stated in the first and second columns, not being subject to this source of error, are more to be relied upon for classifying the counties of England, according to the mortality under the age of five years.

It will be seen, on inspection, that the two methods of investigation lead very nearly to the same results, each number in the second column being generally equal to the number in the third column, multiplied by 4.3, which is the proportion existing according to a table of mortality, founded upon either mode of viewing the subject. Wales and Monmouth are the only apparent exceptions, in which districts the registration has always been acknowledged as defective in the highest degree. I have also added a fourth column, indicating the number of families employed in agriculture out of every 100 families existing in 1821. In any given locality, the mortality of agriculturists is considerably less than the mortality of the rest of the population; and it is impossible to obtain any correct idea of the relative healthfulness of different localities, without a knowledge of the proportion employed as agriculturists, and suffering the minimum

mortality. The recent observation of the population of Belgium may be cited as an illustration of this principle. This population has been divided into two parts, one-fourth part inhabiting towns, the remaining three-fourths belonging to rural parishes. The mortality of these two sections differed to the amount of thirty per cent.

The *London Bills of Mortality*, for the 100 years ending with 1829, supply one of the best proofs of the diminished mortality of infants. Taking five successive periods of twenty years each, the rate of diminution has proceeded with extreme regularity. In the twenty years, 1730-49, out of 100 born 74.5 died under the age of five years. During the twenty years 1810-29, only 31.8 died out of the same number. The correctness of these numbers rests upon the assumption, that the registered births and

deaths have always been deficient in an equal degree. That such has been nearly the case for the last twenty years, is rendered nearly certain by the coincidence of results thus obtained with results obtained on different principles, and there appears no reason to suspect that this has not been the case throughout the entire period of 100 years. The *London bills of mortality*, for the single years of the century, have been published in a statistical work of Mr. Marshall. They have not before been published in the present form for so extensive a period. The almost exact coincidence of the numbers dying at ages greater than sixty years, during the former and during the latter half of the century, confirms the conclusions, deduced from other grounds, that the mortality in London above the age of sixty years has suffered no diminution.

TABLE showing the Ages of the Dying according to the "*London Bills of Mortality*" for 100 Years, in five periods of 20 Years each: also showing the Number Dying under five Years out of 100 born.

Between Ages.	1730-49	1750-69	1770-89	1790-09	1810-29	1730-1779	1780-1829
0— 2	190200	153886	110810	117070	112135	421259	292842
2— 5	41887	39808	39248	42501	39639	105714	100389
5— 10	18488	15760	15349	15537	16471	42262	39343
10— 20	16006	14629	15221	12187	14213	38541	33745
20— 30	40666	34972	31222	26244	27768	91913	68959
30— 40	49679	41188	37158	35638	35579	110012	89200
40— 50	51178	42903	40057	38660	36385	114289	97891
50— 60	41123	34875	33791	33961	36598	93168	87180
60— 70	32080	30221	28153	28368	33935	76156	76601
70— 80	23288	21285	20724	20531	27248	55215	57863
80— 90	11735	9327	8394	8639	12693	25231	25557
90— 100	1955	1379	1176	1273	2155	3929	4009
Above 100	182	94	118	72	71	327	210
Total Deaths...	521167	440327	411721	380683	397910	1178316	973762
Total Births...	315456	307395	349477	386393	477910	796029	1040602
Dying per cent. under 5 years...	74.5	63.0	51.5	41.3	31.8	66.2	37.8

The method of observing facts in human mortality, is founded upon principles so obvious, and of such extreme simplicity, and yet the ignorance of these principles is so universal, that I may be excused for now offering a few general remarks on the subject. The knowledge of these principles appears to be exclusively confined to those professionally engaged in the study of the laws of human mortality; the simple principles which form the foundation of every professional work on the subject, appear to have produced no impression on the minds of mathematicians in general, or on the minds of the public. For several years past the government press of England has been widely diffusing erroneous principles and unfounded results. The

few persons who through their knowledge and reputation might easily have dissipated these errors, have remained silent. No sound public opinion will be formed on the subject, until the spirit of investigating these matters be infused among a new and larger class of the community. Circumstances point to the medical profession as the quarter whence the public may reasonably demand the rectification of unsound views of human mortality. The public have recently incurred an undisputed loss of some hundreds of thousands of pounds for want of the desired information. The Government has been selling annuities on old lives, upon principles well known to be false by all qualified persons. Mr. Hickman's remarks

on the subject are highly amusing,—he suggests that the names of the purchasers should be published. According to his views, the public indignation ought to fall on the buyers, and not on the pretenders to knowledge who advised the Government to sell commodities at less than their true value.

All writers on the subject are unanimously of opinion that there is only one correct way of arriving at the knowledge of the law of mortality of any population, which is comprehended in observing—the number living, and the number dying, at given intervals of age. The observation may be made, and all the essential results may be obtained, by any person of the most ordinary capacity and acquirements. A table of three columns is to be prepared; the first column containing the extent of human life divided into quinquennial intervals of age from birth upwards. In the second column are then to be placed the numbers observed to be living at the intervals of age expressed in the first column. In the third column are to be placed the observed number of deaths corresponding to the same intervals of age. If a fourth column be added, containing the quotients of the dying by the living, at the successive intervals,—this column will express the law of mortality of the population observed. This fourth column will contain the substance of all the information sought, and is equally attainable by the inexperienced as well as by the experienced in these matters. What is technically called a "table of mortality" consists in expressing for single years of age, the rates of mortality, agreeing, when combined, with the rates of mortality observed for quinquennial or decennial intervals of age. The skill of the calculator is, or ought to be, measured by the degree of uniformity with which he makes the annual rates increase or decrease, at the same time never deviating from the given facts for larger intervals of age. The Carlisle table of Mr. Milne is extremely defective in this respect; the rates for successive years of age rise and fall suddenly in a degree without example in any other table. I have published a table agreeing equally well with the observed facts at Carlisle, in which the annual rates increase with a degree of uniformity not found in the tables of any other author.

The mainspring of the errors circulated by Mr. Rickman through the government press, appears to be the defective construction of the "Northampton Table." Dr. Price, the author of this table, is, however, the last person to whom any blame can be attached; for no one has explained better by word and by example the only correct method of investigating the laws of human mortality. Because Dr. Price, having no information respecting the ages of the living in the town of Northampton, was compelled

to have recourse to hypothetical numbers; Mr. Rickman has absurdly had recourse to hypothetical numbers when the true number and ages of the living were placed before him. Indeed this is representing the affair in too favourable a light. For Dr. Price, before adopting the hypothesis of the population being stationary, collected a great multitude of facts to prove that such was nearly the case at the time he wrote. But Mr. Rickman adopts the hypothesis of the population being stationary, and at the same time admits that the population of England was then increasing with a rapidity never before heard of in a long-settled country.

Mr. Rickman, in divesting himself of the gross errors with which he has disfigured his literary productions, displays more caution than candour. He attempts to transfer the blame, justly due to himself, to continental writers. He cunningly reproves them for adopting the hypothesis of the "population being stationary," and conceals from his readers the fact that he is the only person who has carried this hypothesis to an absurd length, and this when the making of any hypothesis as to the ages of the living was the acme of absurdity. The errors consequent on adopting this hypothesis are comparatively small among continental nations, on account of the generally slow increase of the population; and the adoption of this defective hypothesis is excusable where the ages of the living have not been ascertained. Mr. Rickman has lately discovered that he is "a person not qualified for arriving at ultimate results," and he has consequently associated with himself a professional calculator. Whether his assistant is able to calculate correctly we have little means of judging; because any statement of the precise connection between the materials and the alleged results is carefully and suspiciously withheld. The results published at second-hand by Mr. Rickman, have been gradually approaching the results stated by me in THE LANCET.

On the 5th of December there appeared a statement in THE LANCET, that the mean duration of female life at birth in England and Wales was 43.70 years. In a medical periodical of the 19th December, Mr. Rickman states the number for England to be 43.7 years. The publication of the table which coincides in such an extraordinary degree with mine, is an object highly to be desired. In the same number of THE LANCET I made a statement founded upon opinions of Mr. Rickman loosely expressed in the Population Returns, that my results would be found to differ only one-twentieth part from results consistent with Mr. Rickman's estimated deficiency in the registered deaths. One fortnight afterwards, the results which I called for, made their first appearance, as seen by the following table:—

TWO STATEMENTS of the Annual Mortality of Females in England, (1) published in THE LANCET of December 5, 1835, the other by Mr. RICKMAN on Dec. 19, 1835.

Between Ages.	Rickman.		Edmon
	One out of	Or, out of 100 Living	Out of 100 Living
0 — 5	23	4.35	4.60
5 — 10	158	.63	.67
10 — 15	201	.50	.52
15 — 20	138	.72	.76
20 — 30	102	.98	1.04
30 — 40	85	1.18	1.24
40 — 50	71	1.41	1.49
50 — 60	49	2.04	2.16
60 — 70	25	4.00	4.12
70 — 80	10.8	9.26	9.69
80 — 90	4.9	20.40	21.16
90 — 100	2.9	34.50	37.19

The results which I have stated for England and Wales coincide almost exactly with the results of my theoretical table of "Mean Mortality" which I published four years ago, together with a complete and most extensive series of life insurance and annuity tables founded thereon. According to this table, the mortality at every age (excepting the period of infancy) is twenty per cent greater than that indicated by the Carlisle Table. Mr. Rickman and his assistant now admit the facts to be within five per cent of my statement, and they consequently admit that the mortality in England is fifteen per cent higher than that shown by their previously adopted but now abandoned Carlisle Table.

I have been lately informed that Mr. Milne himself, the promulgator of the Carlisle Table, has made a tardy acknowledgment of errors with which he must have been acquainted for several years past. He now admits that the mortality under five years, out of 100 born, in all England, is 24 instead of 32, as he previously stated. He has, however, apparently admitted only two-thirds of what he knows to be the real error. Mr. Milne, on the publication of his table, gave "a proof" of its coincidence at all ages with the mortality of the English population. His admission, therefore, that he had greatly over-estimated the mortality in infancy, is tantamount to the admission that he had greatly under-estimated the mortality at every age above fifteen years. The Carlisle Table may, therefore, be considered as abandoned by its parent.

46, Regent-square, London;
January 18th, 1836.

ARREST OF VOMITING BY CREOSOTE.

To the Editor of THE LANCET.

SIR,—The following cases of stomaclic disease, treated by creosote, are at your service, for insertion in your valuable Journal. I remain, Sir, your obedient humble servant,

GEORGE BODINGTON.

Edrington, Warwickshire, Jan, 13, 1836.

CASE I.—Mrs. S., a young married lady, the mother of one child, experienced a most difficult labour about two years since, the operation of "turning" having been resorted to, in consequence of an unusual presentation. She has since suffered from relaxation of the uterine system, irregular menstruation, hysteria, and constant sickness, and, on one or two occasions, from uterine hemorrhage; but the most distressing of her complaints has been an almost daily vomiting of food, some hours after taking it, at intervals of two, four, six, or eight hours, the food always returning in an undigested mass, whatever length of time may have elapsed from the period of taking the meal. Thus the dinner, taken at two o'clock p.m., would frequently remain on the stomach until four a.m.; and then be rejected in the same state as when taken, the only change being that produced by mastication. She complained also of a sensation of tightness and constriction across the chest, headache, and so much dimness of vision, as to amount almost to blindness; her countenance looked bloated and pale,

the pulse was small and feeble, and she had a constant feeling of weariness and prostration of strength. She had been for some months under medical treatment without benefit. She visited Cheltenham in the course of the last summer, and consulted some of the most eminent medical men there with no better result. Returning home in the autumn, she again came under my care, and having read in *THE LANCET* an account of Dr. Elliotson's success in the treatment of similar affections by creosote, I tried that remedy, mixing six drops of it in a little mucilage, with six ounces of water. The patient took but two large spoonfuls of this mixture, when a remarkable change took place in every respect for the better. She remained without sickness a whole day and night, which had not been the case any time for six months previous. Her features looked more natural, the headache and dimness of sight disappeared, the catamenia shortly afterwards occurred in a more natural and copious flow, and she appeared as if cured by magic, so sudden and decided was the effect; but being of an irresolute mind, I could not prevail upon her to continue the medicine, on account of its nauseous flavour. She had taken but one dose, and in a few days after enjoying her comfortable change, she began to experience a return of the symptoms; I then prevailed upon her to take a pill twice a day, containing one drop of creosote in two or three grains of aromatic confection. She continued this for a few days, and remained afterwards perfectly well.

CASE 2. The next case occurred in the person of an infant, about eleven months old; the sickness continued daily for a month, and resisted all means employed to subdue it. This, like the last, seemed to consist in a suspension of the process of digestion, as the mother informed me that rice given to the child for dinner at two o'clock p.m., was rejected the next morning from the stomach, unchanged in any respect. Indeed, this was the case with all the food the child took. It was rejected, frequently many hours afterwards, unaltered. The consequence was, great prostration of strength, with flaccidity of the muscles, pallid countenance, &c. One drop of creosote, in an ounce and a half mixture, was administered, giving one teaspoonful three times a day with the completest success. The infant perfectly recovered, and needed no more medicine.

Remarks.—I think these cases corroborative of the remarks of the learned professor of University College on the powers of creosote, and I am the more induced to transmit them for publication, seeing that some of your correspondents manifest a criticising disposition towards the lecturer. One doctor says that he has not read "his book," another that he does not fit his

"case," so that if the Doctor's views and practice do not exactly correspond with those of all the carping critics who may exist from John O'Groat's to the Land's End in Cornwall, judgment must be pronounced against him. For myself I am content to know that the learned Doctor is engaged diligently in reading the great book of nature, and own myself indebted for many valuable hints, derived from the perusal of his talented, judicious, and highly practical clinical lectures, as I have found them reported in the pages of *THE LANCET*.

CASE OF
FUNGUS MEDULLARIS
IN THE
CAVITY OF THE PELVIS,

By JULIUS WOLFF, M.D., Dublin.

A. P., 16 years of age, and of a slender habit, hail, except during some diseases in his childhood, been perfectly healthy, up to the period at which the affection about to be described made its appearance. When 15 years of age, he began to support his poor parents by dealing in various small articles, which he carried in a basket, the edge of which, as he walked, always pressed or struck against the upper part of the femur. One day he perceived on the inner side of the right thigh, about two and a half inches below Poupart's ligament, a swelling of about the size of a hazel nut, which increased by degrees and impeded the motion of the limb. He applied to a surgeon, who ordered him to rub it with mercurial ointment, and to apply cataplasms; but under the use of these means the swelling increased.

In the month of February, 1834, he applied to me in Hanover, where I was then practising. I found the swelling of about the size of a duck's egg, very hard, uneven, immovable, and insensible to the touch. The patient was in other respects very well, except that the swelling caused a feeling of tightness over the femur when walking, and, consequently, impeded his gait.

It could not be an inguinal or a femoral hernia, because the swelling had an irregular shape, was hard, uneven, and immovable, and its site did not correspond with any of the apertures through which herniae make their appearance.

It could not be a bubo, because the swelling was too far below the inguinal glands. It had lasted already seven months, and the skin which covered it presented its natural colour.

I had no reason to suspect the existence

of psoas-abscess, because the symptoms which precede and attend such an affection were not present, and no fluctuation was perceived.

I did not apprehend it to be fungous medulla, because the manner of its commencement and its course seemed to contradict the supposition.

I ordered the patient to rub the tumour with a mixture of mercurial ointment and iodine, and to employ, internally, Plummer's powder—(*Hydrarg. Chlorat. mit.; Stib. Sulphur. Aurant.*) This treatment effected no improvement; but a few weeks after I could move the swelling under the skin from one side to the other.

The patient having requested me to deliver him from the inconvenience under which he was labouring, I proposed an operation, as the surest and quickest means of getting rid of it. I expected that after having first made a longitudinal incision, and then detached the skin and fascia lata which covered the swelling, the remaining adhesions of the morbid mass could easily be detached with the fingers or the shaft of the scalpel.

Operation.—I performed the operation in the presence of two surgeons, Dr. Henniger and Mr. Lange. After I had cut through the integuments and fascia lata, a convolution of dark-blue vessels, and a cartilaginous mass, closely intermixed with each other, were forced out of the wound. They were enclosed in a white, thick, tendinous membrane, and felt hard to the touch. I introduced a dissecting hook into the morbid mass, with which I drew it forth, and tried to separate the adhesions with the fingers and knife, by which means it came more fully into view. Further examination with the finger showed that the mass had more extensive attachments than was at first apprehended, that it went both deeper between the muscles, and higher towards Poupart's ligament. I enlarged the incision in the skin, and the morbid mass, which was firmly adherent to the muscles, was, with great care, separated, and the muscles were thus laid perfectly bare.

To my great alarm I found now that the morbid mass passed below Poupart's ligament, into the abdomen, and could not be drawn forth, nor could I introduce my finger, to separate the adhesions. I had thus got into a difficulty, which, however, I endeavoured to conceal from the many persons who were present at the operation, until, after more accurately examining the wound with my finger, and reflecting a few moments, I came to the resolution of making an incision through the integuments, above Poupart's ligament, in such a manner as is practised when we wish to take up the common iliac artery. Through this incision, which was about two or two and a half inches long, I introduced the first and

second finger of my left hand, under the sac of the peritoneum, to the psoas muscle. Here I discovered a soft morbid mass, which covered a part of this muscle, and which could easily be separated from it by the fingers. After this was done, I found no difficulty in separating that morbid portion which adhered to Poupart's ligament, and drawing forth the mass which I had just before separated with my fingers from the abdomen. The part thus separated was of the weight of nine and a half ounces.

Morbid appearances.—On examination of the morbid structure, it was found that the part which had been situated out of the abdomen, and which had felt so hard and uneven, consisted of dark-blue dilated and contorted vessels, mixed up with a cartilaginous mass, and little granules of fat, all of which were enclosed in a thick white fibrous tunic. The part situated in the abdomen was soft, like the substance of the brain, attached together, of a gray-white colour, intermingled with a great number of minute red vessels, and enclosed in a thin white membrane. In short, it had all the characters of medullary sarcoma.

Whether the disease took its origin internally or externally it might be difficult to decide positively. To me however it seems most probable, that the fungous mass in the cavity of the pelvis was of a later date than that situated on the thigh, because the patient had never complained of general indisposition, and any inconvenience he had suffered was limited to the external swelling alone.

Progress.—The wound above Poupart's ligament was soon healed up by being simply brought together with emplastr. adhaesiv., whilst the larger wound below Poupart's ligament was dressed with simple ointment. The patient was put to bed, and an appropriate diet was ordered. Except a very slight degree of fever, which appeared in the evening of the 3rd day after the operation, the patient went on very well. His appetite and sleep were good, and the bowels regular. The wound looked well, and suppurated but little. A few days after, he was able to be out of bed, and could walk up and down the room. In the fifth week he went out of doors, without, however, returning to his former occupation. The wound gradually became smaller, and gave issue to but little matter, and that of a good quality.

In the seventh or eighth week after the operation, one afternoon, a sudden bleeding from the wound took place, without any known cause, and to such a considerable amount that the patient was almost exhausted. Cold applications were used, and the bleeding was thus checked. I was unable to discover the source of this hemorrhage. It returned frequently, but in smaller quantities, and was always checked by the

application of cold water. After a few weeks the patient got a cachectic look, became low-spirited, and lost his appetite. He had, during the day, at irregular intervals, horripilations, and, towards evening, a degree of low fever. The wound assumed an unfavourable aspect, and ceased to secrete healthy matter, but poured forth, in place of it, serum in great quantities. Out of the bottom of the wound a brain-like mass again shot forth. Light nourishing diet was now ordered, together with the decoction of the cinchona bark, with sulphuric acid, whilst, externally, fomentations, with the same decoction, and alum, were given. The patient apparently rallied. His appetite returned. In the evening the fever gradually left him, the wound had assumed a somewhat better appearance, the morbid substance was secreted in large quantities, and the secretion of the serous fluid decreased.

The patient continued to be in this favourable state for a few weeks, and the wound appeared becoming less. But he had, now and then, slight fits of intermittent fever, of the tertian type, which was endemic in the village in which he lived; but this was soon checked by using the sulphate of quinine.

In this state the patient remained for a few months. His strength apparently increased, the wound became smaller, and secreted but little of the fluid mentioned. The cachectic appearance of the patient, however, did not leave him, though he said that he felt very well. The wound, which was now about the size of half-a-crown, became again of a whitely appearance, and anew secreted a very considerable quantity of the above-mentioned fluid, so that the patient was constantly wet with it. He grew thin, got evening-fever, and had a dry cough, lost his appetite, and was obliged once more to be constantly confined to his bed. This excessive secretion lasted for six or seven weeks, until at length, by the steady use of external and internal tonic and astringent remedies, it, to a certain degree, diminished. The patient, however, was visibly wasting away; the dry cough was now very teasing, and the bark no longer agreed with him. I ordered *Decoct. Lich. Island., Pulv. Sulph. Aurant., Antim., et Extr. Cicul.*, which diminished the cough. Soon after, however, colliquative perspiration and diarrhoea made their appearance, together with expectoration of matter, and gangren. decubit., on the os sacrum, and aphthæ in the mouth, so that the patient was unable to swallow anything.

In the thirteenth month after the operation death ensued, the patient being in a state of extreme emaciation. The examination of the body was not permitted.

34, Nassau-street;
Dublin, Jan. 11th, 1836.

PHENOMENON OF THE PULSE.

To the Editor of THE LANCET.

SIR,—The following is transmitted for insertion in a corner of your periodical:—

Staff-assistant surgeon Dr. Hopkins, having occasion to be absent from town for twenty-four hours, requested me to take medical charge of the detachments, stationed in St. John's, for him until his return. On doing so, he stated that he had been called in the morning to see one of the sergeant's wives, who appeared to be labouring under an attack of modified epilepsy. He had ordered an aperient and an injection. About four hours after (at two p.m.) I visited the patient, and found her presenting the following amongst other symptoms:—Complete coma; the pupils dilated; pulse full, soft, and between 80 and 90. On inquiry, I learnt that she had complained, on the previous day, of headache, and had, on the same evening, got drunk, being accustomed to tipping. I ordered fifteen grains of calomel, immediately to be followed by a solution of sulphate of magnesia (ʒi to ʒviij of water, ʒij. ʒm. 6. post. calomelan), wet cloths to the head, and fomentations, and bottles filled with hot water, to be applied to the soles of the feet, the calves of the legs, &c. While I was standing by her side, with the finger on the pulse, she was seized with a sub-epileptic fit, experiencing twitches of the muscles of the face, of the superior and inferior extremities, &c. The pulse, from being full and soft, became a mere thread, and quicker and harder. I was struck with the phenomenon, as I could not bring to my recollection having ever read of such an occurrence during epilepsy, and on reference to my books, I have not been able to find the circumstance recorded. I have conversed with most of my medical brethren here, some of whom have retired from practice for ten, fifteen, or twenty years, but not one of them has ever met with such an occurrence. It is from this circumstance that I have ventured to request the insertion of some particulars of the case. One of two causes must have occasioned the diminution of the pulse's volume, either a muscular "vis insita," partaking of the influence of the epileptic seizure, or pressure of the muscles of the arm and fore-arm. But if the latter was efficient, would not the artery, where it is superficial, at the wrist, rather have increased in volume than otherwise? For if we fill a flexible tube with a fluid, and apply a compressing force to two-thirds of its extent, the remaining third will increase in volume, as a matter of course, if the tube be dilatable. I have always been disinclined to allow the claim of muscularity of the arteries; but this case has, I confess, a little staggered my creed. The woman did

well, the medicing acted copiously, and next day she complained of nothing but headache and debility. I am, Sir, your obedient servant,

JOHN FURLONGER, M.D.

St. John's, Antigua, Dec. 12, 1835.

RESUSCITATION FROM DROWNING.

To the Editor of THE LANCET.

SIR,—My connection with the *Royal Humane Society* as one of its medical assistants, and the vicinity of my residence to the receiving-house in Hyde Park, have led to my being called upon to treat most of the cases of submersion requiring medical aid which have occurred in the Serpentine for some years past. I was there on Christmas-day, at the time of the accident which, unhappily, was attended with the loss of seven lives, and took an active part in the treatment of the sufferers.

A committee of the society met to inquire into the circumstances of this fatal occurrence, and the notices of their report in the newspapers have produced a long leading article in the *Medical Gazette* of the 9th inst. on "The Humane Society and its exertions." The writer entertains the most preposterously absurd notions relative to asphyxia from submersion and resuscitation, and is, in consequence, quite unable to conceive how seven persons could have been lost, out of fifteen taken out of the water and brought into the receiving house, unless there existed a fault somewhere. He, however, lauds the society, and admits that it exerts itself to the utmost of its means. In reference also to the medical men who gave their gratuitous assistance on that day, he says, "It must not for a moment be supposed that we mean to impute the slightest deficiency of skill to the gentlemen employed. * * * The fact is undeniable that here were fifteen bodies all at once, and under one roof, to be attended to by seven medical men. In this view of the case, perhaps, many will rather be surprised, that so many as eight were recovered."

I have not, therefore, any charge against the society or its medical assistants to rebut, for none has been made. My object is to point out in your valuable journal the erroneousness of the opinions before alluded to. I do not fear that the veriest tyro in the profession will be misled by them, though coming clothed with editorial authority. But it is more than probable that they may confirm the errors, and distress the minds of some of the many non-professional persons who read the medical hebdomadales. The fairest way is to quote the words of the writer. He says,

"Some worthy old authors have headed

down to us histories of recovery, when the submerged had lain sixteen hours, three days, and even seven weeks, in the water. But as we believe that the age of miracles did not extend to the seventeenth century, when these facts are related to have happened, and as we have reason to think that human beings were not differently organized formerly from what they are at present, we must respectfully decline giving credence to the marvellous stories aforesaid. We can believe, however, that there have been some rare cases of recovery where individuals have remained above an hour in the water."

The writer here evidently means under the water. Again, after observing that where submersion is accompanied by apoplexy, the instances of recovery are extremely rare, he adds,

"Not so where syncope occurs, as when a person faints with terror at the instant of submersion, or immediately before; for in this state, as is known, respiration may remain suspended for a period more or less considerable, and probably the greater number of those cases which seem most anomalous, where recovery has been effected after a *sojourn of two hours or upwards in the watery element*, have been of this description."

Here, also, I presume we must read *under*, instead of *in*, the water, for persons have been many hours in the water, without having respiration suspended at all. I shall trouble you with only one more quotation. The writer says,

"In the Paris arrangements for the resuscitation of the apparently drowned, twelve hours are taken as the *maximum*, beyond which there is no hope. Where it is ascertained, for instance, that a person has been eleven hours submerged, no means of probable succour are left untried, and the result of this practice is highly satisfactory." (!!!)

The result in every such case would, of course, be precisely similar to that of endeavouring to reanimate the bodies of the unfortunate persons whose heads have been struck off by the guillotine, and as it is highly satisfactory to our writing Parisian friends, I suppose we shall soon hear their labours in this new work of charity. Equally vain and fruitless would be the ablest exertions to resuscitate those who had been *two hours, or even one hour, submerged*. The medical assistants of the Royal Humane Society are too well informed to make such ridiculous and futile attempts; but frequently in cases of submersion for shorter periods, where there is a possibility of success, they do institute and persevere in the use of means, out of respect for the feelings of relatives, or of the bystanders.

The experiments of the ablest modern physiologists, and the opinions of the latest approved writers on asphyxia, concur with

the result of experience in showing, that there is little chance of resuscitation after a body has been more than five consecutive minutes under the surface of the water. I doubt whether the *Royal Humane Society* possesses any well-authenticated record of a single case of recovery after the body had been submerged more than five minutes. I believe that every one of the seven persons who met their death at the Serpentine on Christmas day, had been more than that time under the water—some of them, I know, and perhaps all, very much more. It is not at all marvellous, then, that they were not restored. I am, Sir, your very obedient servant,

GEORGE WOOLLEY.

8, Brompton-row, Jan. 19, 1836.

*. The above letter reached us last week, but too late for insertion in our Number for Jan. 23rd.—Ed. L.

STRANGULATED INGUINAL HERNIA.

To the Editor of THE LANCET.

SIR,—At the suggestion of my friend Dr. Lubbock, who witnessed the following case, I am induced to submit the same to you, requesting that you will insert it in your Journal, and I shall be glad to be made acquainted through your pages with such observations as may suggest themselves as to the treatment to be adopted under similar circumstances on a future occasion. I remain, Sir, yours respectfully,

W. G. GOWING.

Norwich, Dec. 31, 1836.

CASE.—Nov. 7, 1835. Mr. Lambert, æt. 30, of a robust constitution, by trade a baker, was, on Saturday morning, whilst lifting a sack of flour, suddenly seized with a severe pain in the lower part of the abdomen, which continued above an hour, when he became sensible of a swelling in the left groin, which gave him considerable pain on pressure, and continued to increase until about ten o'clock, when I was summoned to attend him. I found him suffering acute pain about the umbilicus, and vomiting everything which he drank. In the left groin there was a swelling, very tense, of an oblong shape, of about the size of a hen's egg. Descending about one-third down the scrotum. I placed him in a supine position, and relaxed the abdominal aperture, by raising the limb on the diseased side, and attempted to return the intestine. The swelling was so exquisitely painful as almost to exclude the application of the taxis. Not succeeding, I administered a tobacco enema, and took away above twenty ounces of blood from the arm. He complained of sickness, but did not faint. I renewed the taxis, and

in about ten minutes succeeded in returning the bowel. Ordered one grain of opium.

Eight o'clock. Vomiting continues to harass him; pulse 100; great thirst, and a general restlessness. Laxative injections ordered, which brought away some hard feces. A mixture composed of salts and senna, with five grains of calomel, every four hours.

Nov. 8. Nine o'clock a.m. No sleep; pulse 110; vomiting through the night; tongue clean; slight pain in the bowels, which was not increased on pressure; no motion. At four o'clock the symptoms remained the same. At ten I visited him again, and finding that his bowels had not been relieved, and that the vomiting continued, I gave him another laxative injection, which brought away more feces, and ordered a pill composed of a third of a grain of opium and two of calomel, every two hours.

9. He could not lie still for more than a very few minutes; frequent vomiting; pulse 110; tongue clean; occasional pain, which appeared to arise from spasm, as it came on by paroxysms; nearly all the muscles of the body, particularly those of the legs and arms, were affected with spasm. Dr. Lubbock was requested to visit him, and he prescribed one drop of croton oil, and five grains of calomel every four hours, with the effervescent mixture. We met again in the evening, but with no better prospect. Every kind of nourishment was rejected by the stomach; pulse 120; no relief in the bowels.

10. Passed a restless night, took some coffee, which remained on the stomach above an hour. Strength considerably reduced; pulse more feeble and frequent; countenance shrunk, and the mouth frequently filled with a bilious stercoraceous matter; he died at about half-past four.

Post-mortem Examination, Six Hours after Death.—On opening the abdomen, the portion of strangulated intestine, which consisted of a knuckle of ileum, about two inches in length, was of a dark-brown colour, and adhered firmly and generally to the sac, which so completely encircled its upper portion, as not only to obstruct the passage of the feces through the large intestines, but also the circulation of the blood. Its parietes were thickened, and infiltrated with blood, its external surfaces (the peritoneal covering) firmly adhering together. Its extreme points rested just within the internal ring, which permitted the finger to enter freely, as also did the external ring. The abdominal viscera generally, presented a healthy appearance, except that portion which immediately covered the tumour, which was slightly ecchymosed, probably in consequence of the taxis. The stomach was perfectly empty, and very much contracted; the intestines,

as far as the strictured portion, were distended with liquid feces and gas.

Might not my patient's life have been preserved, if, thirty hours after the hernia was returned, an incision had been made so as to expose the abdominal ring, the bowel (which would have been seen) been drawn down, and the hernial sac slit open?

COPAIBAL RHEUMATISM.

To the Editor of THE LANCET.

SIR,—I read in the last Number of your able Journal the communication of Mr. Eagle relative to the circumstance of copaiba producing the disease termed "gonorrhoeal rheumatism," and beg to add my testimony as to the correctness of the views he has taken upon the subject.

It has fallen to my lot to attend a great number of venereal affections, but in no one instance have I seen gonorrhoeal rheumatism produced unless copaiba had antecedently been exhibited. I have now before me notes of a case which came under my treatment last winter, in which the most distressing symptoms supervened on the use of the above medicine. The synovial membranes of the knee were greatly enlarged and indurated; the dorsum of each foot was swelled, and the pain was so excruciating, that the patient was unable to put his feet to the ground for a period of six weeks. His medical attendant pursued (very properly) antiphlogistic measures, such as local bleedings, saline purgatives, &c., but at the same time prescribed a copaiba mixture. When I was called in to see the patient, I found him labouring under great nervous excitement, and he was exceedingly emaciated; pulse 30; numerous petechiæ on different parts of the body; much fever present, and, altogether, he was in a very precarious state. I immediately ordered a discontinuance of the copaiba mixture, but at the same time directed that he should persist in the use of the fever mixture, and that the local bleeding should be renewed. Having pursued this system for a week, he declared himself to be quite "another man," and was enabled to follow his usual occupation. The discharge ceased upon his using an injection composed of the *Plumb. Superac.* and the *Zinc. Sulph.*

I might give you other cases, but refrain from doing so, in order that I may not encroach too much on your valuable columns.

I am, Sir, your constant subscriber,
W. B. MADDOCK, Surgeon.

London, Jan. 19th, 1836.

CÆSAREAN OPERATION,

TERMINATING FATALLY FOR THE MOTHER
AND SUCCESSFULLY FOR THE CHILD.

THE following interesting case, attended and related by Dr. B. G. KRANEFUSS, in *Russ's Magazine*, will be found in No. 2, Vol. 45, of that periodical, the last-published number of the journal:—

The subject of the case was a female, forty-two years of age, who was now pregnant for the first time. The author was called on to attend her on the 18th of March, and found that she had been in labour since the 15th. The midwife in attendance had made several improper attempts, with the hand introduced into the vagina, to change the position of the child, and, moreover, had exercised very violent pressure on the sides of the abdomen, in order, as she said, to hasten the birth of the child. The whole abdomen was now excessively painful; the external organs very red, and also painful. On introducing the finger, which caused a good deal of pain, into the vagina, and exploring the pelvis, the antero-posterior diameter of the inlet was found not to exceed two inches; the child's head presented at the os uteri, which was open, and the motions of the infant could be distinctly felt. The Cæsaean operation was proposed, and approved of, in consultation, by Dr. Warenstoffs, who had performed it twice, and once successfully, for both mother and child.

The patient was a woman of short stature, and evidently deformed by rickets, from which she had suffered in her youth. During the period of pregnancy she caught cold, and still coughed a good deal. The pelvis was much inclined forwards; the distance of both superior anterior spines of the ileum was eleven inches, and the conjugate diameter twelve inches; the conjugate diameter of the inlet was estimated at two inches.

The patient having consented to the operation, the surgeon's first care was to empty the bladder and intestinal canal. The woman was now placed in a bed prepared for the purpose; two assistants held her feet; another, placed at the head, took charge of the arms; a physician, aided by a midwife, was stationed on the left side, and entrusted with the important duty of preventing the intestines from protruding during the operation. It was impossible to procure sponges, which are recommended by *Gratze* and *Hedenus*, in the house of this poor female; their place was, therefore, supplied by folding up a sheet in an elliptical form, and placing it over the front of the uterus, while proper persons took care that it should be applied equally to all the abdo-

migal parietes. The uterus seemed to lie in the middle of the hypogastrium; the first incision was, therefore, made in the linea alba, and successive layers of the abdominal wall were divided, with caution, down to the peritoneum, into which an opening was finally made; the division of the soft parts terminated at one inch and three quarters above the pubes, and extended upwards for five inches and a half.

The uterus now presented itself to view, and an incision was made, in the direction of the external wound, about one inch in length. This was immediately prolonged upwards and downwards, with the bistoury, to the length of five inches and a quarter. The child lay with its back forwards, and the operator proceeded to seek his feet, but was unable to succeed in reaching them, from the contractions of the uterus; the same cause rendered it impossible to seize the head; it therefore became necessary to enlarge both incisions downwards by half an inch; the child was then extracted, and although the uterus contracted strongly, no bowel protruded through the wound; however, the state of the infant requiring some assistance, and the person intrusted with the care of the abdomen having turned a one side to aid the nurse, a knuckle of intestine escaped, but was immediately reduced. The wound was now sponged with warm water, a roll of charpie dipped in oil was placed between the uterus and abdominal parietes; two stitches were applied, and the end of the roll was brought out from the lower angle of the wound, which was left open for about one inch and a half; strips of sticking plaster were also wound round the abdomen, and the wound was covered with a compress dipped in oil, and the whole was retained by a bandage.

Immediately after the operation the woman felt herself well; the pulse, sixty-two before the operation, had mounted only to sixty-five; the only bad symptom was a slight attack of vomiting, which came on immediately after the patient was placed in bed. She was ordered to take a teaspoonful of the following mixture every hour:—*R Decoct. Semen. Lini* ʒvj; *Extract. Hyos. ciam.* ʒj; *Olei Amygd.* ʒj; *Syrup. Althææ* ʒss.

In the evening the patient's pulse had risen to 84, hard and full; the face coloured; the whole abdomen painful. The symptoms were immediately relieved by an abstraction of twelve ounces of blood.

20. Morning. She passed a quiet night, and seems in a favourable state; pulse 65, pretty strong; the lochia now come away, and a bloody serous fluid is discharged from the inferior angle of the wound. The urine is not discharged by voluntary efforts; the use of the catheter is necessary. The cough which existed previously to the operation is much diminished.

As to the child, it was a full-grown male well formed, weighing seven pounds and a half, and twenty inches long. The antero-posterior diameter of the head was four inches and a half; the transverse three inches and a half; and the mento-occipital five inches; the breadth of the shoulders four inches four lines. In the evening the woman was pretty well; however, the pain returned in the right side of the abdomen; pulse 75.

21. Morning. The physician was sent for to return a portion of intestine that protruded through the inferior angle of the wound during a fit of coughing. This was returned, and fresh plaster applied, so as to close nearly the whole wound. A clyster was administered without any effect, and henceforward it was constantly necessary to introduce the catheter. *Mid-day.*—The pain in the right side of the abdomen has become very violent, and extends down to the inguinal region. It is diminished by leeching and cold applications.

R Amygd. Recen. Excortiat. ʒj; *f. terendo cum aqua; Valer. q. s.; Emulsio* ʒvj; *Ext. Hyosiam.* ʒj; *Aquæ Lavrunceras* ʒijj; *Syrup. Althææ* ʒj; a spoonful every hour.

R Opii gr. 4; *Sacch. Albi* gr. x; *f. pulv.* D. S.: to be taken in one dose. A lavement was given without any effect. In the evening the pulse rose to 90; the cough had diminished, and the pain in the abdomen was supportable.

22. Morning. The patient assures us she feels well; the pain has not increased; but the cough is now more violent.

R Opii gr. 4; *Sacch. Albi* gr. x; *f. p.* The two last clysters given have not yet opened the bowels. Towards evening the patient became excited from the numerous visits she had received during the day, and the pulse rose to 112. In the night she coughed a great deal, and the pain of the abdomen became much worse. The epigastric region was now tympanitic, and an evacuation could not be obtained by clysters.

R Olei Ricin. ʒiss; *Vitel. ov.* No. ij; *Aquæ Valer.*, a. s. ut *f. terendo emulsio* ʒvi; a spoonful every half hour.

R Opii gr. 4; *Eleosacch. Fleniculi* gr. x; *f. p. deut. tal.* Dos. vi. S. One powder every two hours. The cough was appeased by a few doses of this powder; aromatic fomentations were applied to the abdomen.

23. A discharge of some wind has taken place, but no stool; the pain is less; pulse 100; the urine red, taken off by the catheter. The wound has a good appearance, and union has already commenced.

24. Vomiting of a foul-smelling matter during the night; pulse 96; the countenance agitated.

R Olei Ricini ʒiss; *Gummi Mimos* ʒj; *Vitel. ovi unius*;—*Aq. Menthe Piper.*, *Valer.*, aa. ʒijj; *f. l. a: emulsio, cui addc Syrrup.*

Manna ʒi: a spoonful every hour. A lavement with assafoetida.

Evening.—No stool; pulse weak, 104; another clyster brought away some wind, which gave the patient relief; she has slept but little since the operation; the cough is much diminished; the tongue is covered with a thick yellow crust.

25. The dressings were reviewed to-day; the wound seemed partially united, but the stitches remained firm. An ill-conditioned pus was discharged from the ununited points, especially when the abdomen was pressed laterally. During the night the patient made several efforts at stool, and passed some hard feces; pulse 110; abdomen still painful. The tendency to tympanitis is now evident; the patient is delirious, especially when awakened from sleep. The lochia copious, purulent, and fetid.—*R Rad. Caryoph., Valer. Min., aa. ʒss. Infunde Aqua Feruid. ʒvj. Stent per 4 horā vas. tēc.; colaturā adde Extr. Hyosey. gr. xv; Ether. Sulphuric. ʒss; Syrup. Althae ʒj: aspoonful every two hours.*

26. The nervous symptoms continue; the tongue is brown; great thirst; the patient complains of great pain; one stool of hard feces; pulse small, 115.

27. Pulse 96, more developed. The urine was passed for the first time without assistance, and is less red. On dressing the wound, its upper edge was found to be united. When the abdomen is pressed upon, the face gives sign of pain; appetite completely lost; thirst; no stool, though a clyster is administered twice a day.

28. The pain of the abdomen has become more acute and general. The patient received some alleviation after the application of cold compresses. An almond emulsion, with *Tinct. Opii* and *Aqua Lauro-ceras*, was ordered. Pulse 120.

29. The pain in the right side of the abdomen is very acute. The patient is much agitated, and cries out in agony. The face expresses great suffering, and has taken on the hippocratic cast. Pulse 140, small, and weak. Aromatic fomentations to the abdomen do not produce any effect as before.

30. A knuckle of intestine has given way, and the feces issue in great quantity through the inferior angle of the wound. Pulse 100, excessively small; face collapsed; abdomen less painful; hands and feet stone cold. The patient sank on the following day, 31st, with the common symptoms of gangrene of the intestine.

Body Examined on the 1st of April.

The edges of the wound, except inferiorly, were so closely united, that it became necessary to divide them with the bistoury. The abdominal contents, with the exception of the uterus and great intestine, were normal. The uterus was contracted to the size of a man's fist. Its inferior segment

filled the inlet of the pelvis so much, as to oppose some resistance to its separation. The wound of the uterus was now only one inch and a quarter long, and the edges were filled with healthy granulations. We could observe no appearance of the intestine having been strangulated in the wound. The posterior surface of the uterus was tumefied, and of a deep-red colour. The whole of the colon, as far as the sigmoid flexure, was filled with hardened feces. Several deep-red spots were seen on the transverse and descending colon, but no gangrene. The anterior wall of the ascending colon was gangrenous throughout, and near the cæcum appeared two orifices, through which the feces escaped into the abdominal cavity. These openings corresponded in size with two roundish prominences of from one to two lines elevation, which existed on the posterior surface of the uterus. In this part only was there a deposit of yellowish fluid.

The pelvis of this patient was removed, and prepared for the museum of Munster; when measured, it was found that the distance between the antero-superior spines of the ileum was eleven inches; the conjugate diameter of the inlet two inches one line and a half; the transverse diameter five inches; the distance of the tuberosities of the ischia from each other, four inches. The child lives still, and is very healthy, a circumstance remarkable enough, if we reflect how much he must have suffered from the manœuvres of the midwife.

Rust's Magazine, No. 2, Vol. 45, contains a case, with a drawing, of medullary sarcoma, occupying the inferior surface of both hemispheres in front of the decussation of the second pair. The man was killed by an accident, and the symptoms to which this remarkable tumour gave rise could, therefore, only be collected from the report of his relations. We cannot award to them much value. We also find in the same number a very good delineation, with a detailed account, of Mr. Weiss's screw lithotrite.

CASE OF PARAPLEGIA,

ACCOMPANIED BY
NON-SECRETION OF URINE AND FECES,
DURING MANY YEARS.

Described in a Memoir read at the Academy of Sciences and Arts of Padua. By G. MONTESANTO, M.D.

ABOUT three years ago the author of the above-mentioned memoir communicated to the *Academy of Medicine* the history of an Italian prisoner who passed several years of his life without having excreted either urine

or feces. This man, who had become an object of great curiosity to the Italian physicians, died at length in prison, and M. MONTESANTO now detailed a complete account of his life and malady.

Dominica Valetto, at the age of 18 years, fell from a great height. The accident, which occurred so far back as the year 1816, was followed by weakness of the lower limbs, and a certain difficulty of excreting both the urine and feces. In 1818 he was committed to the jail of Padua for some crime, and after the lapse of a year, was attacked with inflammation of the spinal marrow. The patient's life was saved by the assiduous care of M. MENATO, but sensation and motion were completely lost in the lower extremities. The paralysis was soon joined by a new order of phenomena. Every day, five or six hours after each report, Valetto vomited all solid and liquid substances that he had eaten. The excretion of feces and urine was now completely suppressed, and in addition to the vomiting by which the meals were daily rejected, the patient was now accustomed, after an interval of a few weeks, to throw up a quantity of stercoral matter by the mouth.

The patient had already passed eight years in this condition, when in the year 1828 he was submitted to the care of M. MONTESANTO. From 1828 to 1831, the vomiting of stercoral matter became more rare than before that period, and even sometimes was absent during a very long space of time. However, the rejection of fluids was more frequent, and this coincided with a plethoric state of the body that rendered it necessary to bleed the patient no less than sixty times. The oppressed respiration, hard accelerated pulse, fever, pain in the chest, and malaise, caused many apprehensions of hydrothorax; in fact, he just escaped falling a victim to this disease in 1830, after a very severe winter, from which he suffered extremely. The unfortunate patient's cell receiving no artificial warmth, while he was unable to cover himself in consequence of the weakness of his limbs.

Under these circumstances M. MONTESANTO wrote to the judicial authorities, demanding, in the name of humanity and for the interests of science, that the removal of the patient to the civil hospital might be permitted; but the prisoner had been condemned to confinement for life, and the tribunal was inexorable.

In 1831 the habits of Valetto underwent some change; he preferred the coarsest and most heavy food. He refused altogether both and wine, but drank brandy in abundance. He expressed a great deal of suffering and disgust whenever any other food than his favourite choice was prepared for him. Thus on the 27th March 1832, a little fried fish which he ate against his will excited the most grave symptoms,—excessive cardial-

gia, pulse quick, and violent inflammatory fever, requiring repeated bleedings. Finally, after incessant though fruitless efforts, continued for fifteen days, which he passed without eating a morsel, after acute spasm of the stomach, and the exhibition of a pain in the back under which he suffered for several years, an unexpected vomiting of stercoral matter in great abundance came on, and towards the end of April the patient was restored to his former health.

At this period a violent shock of an earthquake threatened to overthrow the walls of his prison, and the patient was transported to another. During his passage he suffered severely from pain in the stomach and spine at each shock of the carriage. The spinal pain now became aggravated, and was accompanied with internal pulsations: the abdomen unexpectedly swelled, as if distended with air. This last symptom, though temporary, was the more remarkable, because hitherto the patient never complained of any painful sensation below the stomach, or in the region of the great intestine, the kidneys, or bladder, even while he suffered most severely in the neighbouring parts.

On the 20th Nov. 1833, Valetto was attacked with acute febrile symptoms, preceded by a sensation of coldness, and oppressive pain in the head. The fever was arrested by bleeding: the calm which generally followed this remedy was not now attained. Towards the middle of December his sufferings increased: the stomach refused to bear any food; he was depressed, complained of violent pulsations near the vertebrae in which the pain was usually seated, and in spite of frequent efforts was unable to throw up any matter from the stomach. The disturbance of the circulating and digestive organs was partially calmed by a copious bleeding; but the unfavourable symptoms soon returned: the epigastric region was now contracted, while the hypogastrium was hard and tumefied. After an access of very violent suffering, he threw up some liquid, inodorous, insipid matter, and then some bitter fluid. The region about the xiphoid cartilage now became the seat of a new pain; the hands and arms trembled. Towards the month of March 1834, the lower extremities became oedematous, and presented much of the appearance seen in phlegmasia alba dolens.

On the 12th May, Professor Fabris, chirurgien-en-chef to the Civil Hospital, visited the patient: he explored the state of the rectum, and found the gut very much contracted, and lined with an inodorous greenish mucus: the finger could not distinguish any portion of the bladder, and the patient seemed so fatigued from the examination, that it was not judged fit to introduce a catheter. The patient's health now declined from day to day: the tumefaction of the limbs began to decline, and at the same

time he passed a small quantity of urine through the urethra. The urine discharged was watery, nearly free from odour; sometimes he remained for several hours without passing any; at other times he excreted two pounds in the twenty-four hours. It is important to remark that he never had had either incontinence or retention of urine, and that it was never necessary to introduce the catheter, a circumstance so often required in paraplegic individuals.

At about the month of October he was again removed to another prison, in which he survived only three months. By degrees the impossibility of taking food was established; he vomited at once every liquid and solid substance as soon as swallowed.

On the 13th February 1835, the symptoms of an approaching death were visible, when a quantity of fluid feces, without any premonitory sign, was discharged simultaneously from the mouth and anus. Valetto expired thirty-six hours after this phenomenon, in the thirty-sixth year of his age, and after having suffered nearly seventeen years under this most distressing malady.

Post-mortem Appearances.

The autopsy was made on the following day, in the presence of MM. Brugnolo, Caldanì, Morgagni, Fabris, Montesanto, Argenti, and Méneghini. The membranes of the brain appeared to be cedematous, but the hemispheres of the cerebrum were firm and well developed; the cerebellum seemed small when compared with the cerebrum. The vertebral canal was normal: the point in which the violent pain existed during life did not present any alteration: in the cavity was found a large quantity of sero-sanguineous fluid: the chord itself was normal. In the abdomen the stomach was found much distended, and a great deal larger than in the natural state; from the great bulging extremity to the small cul de sac, it measured eight Paduan inches and a half; from the summit of the great end to the middle of the great curvature, seven inches. It contained a small quantity of bilious and fecal fluid: its parietes were healthy; the liver adhered throughout to the diaphragm: the gall-bladder, completely empty of bile, contained about twenty or thirty calculi. The external surface of the small intestines was in many points injected, and of a brown-red colour: they were contracted here and there, chiefly near the cæcum; they contained the same kind of fluid as the stomach. The cæcum, ascending colon, and a part of the transverse, were normal: from the iliac flexure to the anus, the intestinal parietes were thickened, resistant, and contracted: the inner surface was the seat of numerous ulcerations: the whole canal contained fecal matter,—in the small intestine, very fluid,—in the large, hard and dry. The liver and pancreas were healthy.

The bladder, excessively contracted, was concealed behind the pubes; its parietes were much thickened, and it contained a few drops of thick red urine; the cavity was not capable of holding more than three ounces of fluid: kidneys healthy; ureters flaccid, and a little contracted; the testicles and organs of generation healthy; the vesiculæ seminales contained a small quantity of seminal fluid.—*Annali Universali, October, 1835.*

DISEASES OF OLD PERSONS.

Clinical Researches into the Diseases of Old Persons. Made at the Hospital of Salpêtrière, Paris. By M. HOURMAN and M. DECHAMBRE. Archives Générales, Nov. 1835.

In a former Number we analyzed the first of these interesting memoirs. We now continue the series from the November No. of the *Archives Générales*, giving the statements nearly in the language of the authors themselves:—

The anatomical modifications, which the respiratory organs of old females undergo, are accompanied by corresponding changes in their functions. The principal belong to acts which are purely mechanical, and which give rise to what are called the "physical signs" of disease in those organs, and we shall presently see how they correspond exactly with the changes which we have before described as taking place either in the formation of the thorax, or in the structure of the lungs.

CLASS 1.—*Old Females with the Thorax well developed, the Flesh abundant, &c.*

We have already seen that the respiratory organs differ very slightly in this class from the healthy adult; the same is true of the functional acts; respiration is generally performed with ease in these females; deep inspirations are executed without difficulty, though not quite so freely as by an adult; however, the conformation of the thorax already produces some modification in its expansion, which we now proceed to notice. In an adult female, the mean antero-posterior diameter of the chest (taken opposite the middle of the sternum) is from six inches six lines to seven inches; the transverse, at the level of the mammae, from nine inches six lines to ten inches, and near the base of the chest, at the level of the eighth rib, from eight inches four lines to nine inches.

Now, in the old women of the first class here under consideration, we have found the antero-posterior diameter seven to seven inches six lines; the superior transverse 8.6 to 9 inches; the inferior transverse, the same.

result. We do not attach much importance to the absolute length of each of these diameters, but their relative proportion is a circumstance evidently worthy of attention; they express mathematically what has been said in the former paper on the lateral flattening of the thorax in old persons; thus we see the superior transverse diameter becoming as short as the inferior one, and nearly approaching the antero-posterior. As to the augmentation of the diameters during respiration, they take place nearly equally in all directions; but the augmentation is always much less than in the adult, never depressing more than four or five lines. Finally, the sternum, which is projected forwards during inspiration, undergoes the rotatory movement described by Haller in a very feeble degree. The chest of these aged females is sonorous, but not to an exaggerated degree. When the lungs advance, so as to cover the heart, the precordial region then becomes abnormally sonorous, and we sometimes cannot discover a dull sound over the whole left side of the chest. We can see at once how this circumstance is calculated to produce a false diagnosis in diseases of the heart or pericardium, when, for example, this accidental expansion of the pulmonary tissue has become hardened by pneumonia. Auscultation discovers a vesicular respiration, as in the adult, but it is less deep, less abundant, more large and clear.

CLASS 2.—Old Females with a Narrow Chest, and reduced more or less to a state of Senile Extenuation.

In proportion as the organs destined to accomplish the acts of respiration, become as it were worn out, the necessity of performing the function seems to diminish. Frequently the rhythmus of the respiratory movement is excessively irregular and unequal in such females. The thoracic parietes sometimes remain for a long period in a complete state of immobility, and then alternate, with a series of precipitate movements. It is in vain that one would endeavour "to teach them to respire." The attempts which they make to breathe regularly seem only to derange the function in a more marked manner, and instead of inspiring and expiring regularly, we see them perhaps exhausted by violent efforts that lead to no result. In the state of expiration, the antero-posterior diameter is here seven inches to 7.6 lines; the superior transverse is eight to eight inches and a half; the superior transverse seven to seven inches and a half. During a deep inspiration, they can augment the first by five to seven lines; the two last only by one, two, or, at most, three lines. We must also remark, that it often happens in this class that the transverse diameters are an inch shorter than the antero-posterior, and do

not undergo any change whatever during inspiration. Hence we may already draw the conclusion, that in proportion as we advance in age, the powers which dilate the chest, and chiefly those that act on the transverse diameter, diminish considerably in force. Thus, whenever they are able to draw a deep and regular inspiration, we see the thorax elevated all in a mass, carried abruptly upwards, while the first to the last ribs ascend under the skin which covers them. In this manner we have been able to correct, on the living body, the error of Sabatier, who thought the lower ribs were carried downwards, the middle outwards, and the superior upwards. In this general movement of ascension the sternum is raised eight to twelve lines, but it is pushed forwards in a lesser proportion; fixed inferiorly by the depression of the ribs already described, and superiorly by the ossification of the first, or even second, costal cartilage, the rotatory motion of Haller can no longer be executed; nay, in some cases, the movement takes place in an inverse sense, and the projection of the sternum becomes greatest near the superior articulation.

The facility with which the chest is enlarged, either vertically, or from before backwards, is easily explained by what has been said on the persistence of the costo-vertebral articulations in aged persons. In resumé, we may conclude from what precedes, that relatively to the transverse and antero-posterior directions, the play of the chest in the old person is exactly inverse to that observed in the adult; however, there, fortunately, remains a third direction, almost independent of the osseous case; this is the vertical, and hence the diaphragm frequently becomes the principal inspiratory agent; obliged to redouble its efforts, the folds of its surface press forcibly against the posterior edge of the liver, and, doubtless, there form the deep marks before mentioned. How do the respiratory muscles act in the aged person? The space by which the ribs are separated being considerably diminished, the intercostal muscles must lose a portion of their force; however, the other muscles, though weakened by the general emaciation, act freely. We must, in this remark, except the scaleni and sternomastoid muscles, whose direction is changed, and whose power is nearly destroyed, by the change of form which takes place in the upper part of the person during old age. Expiration is sudden and rapid; the chest suddenly returns by one strong effort to its condition before the lungs expand; this act then is performed with more energy than in the adult; but when expiration becomes active, as in coughing, spitting, &c., then the resistance of the thorax overcomes the weakened muscular power.

The changes disclosed by auscultation and percussion in this second class of old per-

sons, are much more remarkable than in the former. The most general and striking is the increased resonance of the chest. In lungs of the third type especially, the sound is as clear as in a person affected with pulmonary emphysema; this circumstance, which might readily lead us astray, if we were not acquainted with it, is naturally explained by the rarefaction of the pulmonary cells, and the dryness and rigidity of the ribs. But the results of percussion are also modified according to the different regions we examine. Thus in front, the part corresponding to the internal moiety of the clavicle, presents only a moderate degree of sonorousness, much less than we find at the anterior-superior region. This fact is precisely the inverse of what was pointed out by Laennec in the adult, and depends, 1st. On the almost constant presence of gray or black indurations at the summit of the lung. 2nd. From the great curve of the clavicle in old persons. On the other hand, from the atrophy of the mammae, it is more sonorous in the region of those organs than in the adult. The sternal region is commonly but little sonorous, from the smallness of the lungs, which do not completely cover the bone, and from the arched form of the latter. It also results from the same disposition, that the heart, more uncovered than it should normally be, gives a sound extremely dull, which corresponds very exactly with its volume. Behind, when the scapulum, in consequence of the inclination of the body forwards, has undergone a movement of rotation, the sound is more obscure in the fossæ of the scapulum than in the adult.

Auscultation.—In old persons of the 2nd and 3rd class (see former memoir), in whom we observe the extreme rarefaction of the pulmonary vesicles, the respiratory murmur varies according as the lung approaches one or other type. In lungs where the vesicles are not yet confounded together, but elongated into an elliptical form, the respiratory sound has lost that full, deep, low character which marks the murmur in the adult person. The bruit is more diffuse; the column of air seems less pressed upon, and appears to enter large spaces. The timbre is also more clear, as if the air struck smaller and more vibrating plates of membrane.

In lungs of the third type, where several cells are confounded together, the respiratory sound is an exaggeration of the one just described; it appears as if it were bronchial throughout the whole chest, only the force and intensity of the bruit are less. Finally, when one lung becomes extensively diseased, as by pneumonia, and the functions of the other are consequently more active, the respiratory murmur acquires more uniformity, and becomes more vesicular. The resonance of the voice is also considerably modified by old age; in many cases it is so great as to resemble a true bronchophony.

In some old women, whose voice is naturally sharp and high, the resonance is occasionally so vibratory and interrupted as to represent a perfect egophony. The bronchophony to which most old people are subject also gives rise to a mucons râle, more or less abundant, which is mixed with the respiratory murmur.

Connection between the Respiration and Pulse in old Persons.—Authors have spoken a good deal on the frequency of the pulse at different ages. Thus, among other observers, Socmmering and Adelon attribute 130 to 140 pulsations to the new-born child; 120 at one year; 110 at two years; 90 at three years; 80 at puberty; 70 in the adult; 60 and less in the old person. In the year 1832, MM. Leuret and Mitivié made some experiments to ascertain how far this supposed retardation of the pulse in old people was conformable to the truth, and they found that the pulse, far from becoming more slow, was, on the contrary, quicker. Their calculations, however, were made on a limited number of individuals, 34 old men, and 41 old women. As to the frequency of respiration in old age, we find nothing certain in authors. It does not appear that any researches have been made to determine with exactness that point. The experiments we made amount to 312; the women were all examined before the act of digestion had commenced, from half past six to half past seven in the morning: of these 312 individuals, 98 belonged to the first class of old persons; 214 to the second; but we were soon obliged to put on one side 57, on account of the irregularity and inequality of their pulse. There remained then 255 females, free from disease, the youngest 60, the oldest 96 years of age.

The addition of their ages gives a total of 18,660; the average being 74.33.

The sum total of the pulsations is 20,984; the average being 82.29.

The sum total of respirations 5558; average 21.79. Hence the relation of the respiration to the pulse is as 1 to 3.41.

1st. Of the 255 healthy women, 83 belonged to the first class, and here we find the following results, viz.,

Addition of ages . . .	6195—Mean 74.64
Ditto pulsations 6673—	Mean 80.42
Ditto respirations 1755—	Mean 21.14

Relation of the respiration to the pulse, 1 to 3.81.

2nd. 172 belonged to the second class; and here we find,

Addition of ages . . .	12,765—Mean 74.21
Ditto pulsations 14,311—	Mean 83.78
Ditto respirations 3,803—	Mean 22.11

Thus we see that both the pulse and respiration are more quick in the second class than in the first. We may draw general conclusions from the numbers just established. In the first place, the average num-

her of pulsations in the 245 women being 82.29, fully confirms the opinion of M. Leuret as to the frequency of the pulse in old persons. It exceeds by 12 the number generally attributed to the adult, and even by 17 the average number found by MM. Leuret and Mitivici amongst the pupils at the Veterinary School at Alfort. On the other hand, if we adopt 20 as the mean number of respirations in the adult, according to M. Magendie, we find the respiration also accelerated in the old person by 1.79. Finally, if we reconsider the division made of old persons into two classes, and compare the results of each, we obtain another curious result, fully confirming what has just been said; we find that in women of the first class, *younger* by constitution than by age, the pulse and respiration are less

frequent than in the second class, who, nearly of the same age (according to years), are more worn down, more decrepid, more *old* in constitution: as to the relation between the pulse and respiration, it always remained the same, i. e., the acceleration was simultaneous and proportioned in both classes.

Again, by analyzing the cases more minutely, and by dividing the whole number into 6 series of from 60 to 140 pulsations, we find that in two-thirds of the old persons the pulse beat at from 70 to 89, and in one-sixth at 90 to 99. It is also curious to examine the progressive augmentation of the pulse and respiration: both these functions augment in frequency together, but the first more rapidly than the second. Let us take an example from the second class.

SERIES.	Number of Individuals.	Mean Age.	Mean of Pulse.	Mean Respiration.	Relation between the Pulse and Respiration.
Below 60 pulsations	1	79	56	24	1 to 2.33
From 60 to 69	21	78.38	64.14	18.58	1 to 3.39
70 to 79	46	74.37	74.37	21.24	1 to 3.50
80 to 89	54	73.09	83.74	22.26	1 to 3.76
90 to 99	29	74.22	94.07	25.24	1 to 3.73
100 to 120	21	73.43	106.52	23.05	1 to 4.79

The constant relation between the respiration and pulse exhibited in the above table is very remarkable; does the same thing occur in cases where the two faculties are disturbed? To answer this question the author had only to recur to fifty-seven cases, which, as we before said, they were compelled to separate on account of the irregularities they presented; of these fifty-seven, fifteen belonged to the first class and forty-two to the second:—

The mean age of the women was .. 66.50.
 Mean pulse 75.17.
 Mean respiration 27.75.

Hence the relation of the respiration to the pulse is as 1 to 3.71; but as, in the two classes united, the numbers were as 1 to 3.41, we have a difference of 0.31 furnished by the fifty-seven cases.

The experiments from which the above calculations were drawn have been performed with the greatest care, and a desire to avoid every source of error; the observations, moreover, were made on females *all* placed exactly in the same conditions of health, situation, nourishment, &c. &c.

It remains to say a few words on the difference between the numbers now given,

and those derived from the observations of MM. Leuret and Mitivici at the old hospitals.

The thirty-four women examined at *Salpêtrière* gave a mean pulse of 79, instead of 82.19, which results from the experiments of our authors. However, we should remark that the pulse of the patients examined by M. Lebut never passed 100, while that of M. Hourman varied from 80 to 144. Again, of the forty-one old men examined at Bicêtre, fourteen coughed; there remain then twenty-seven, who give a mean of seventy-four exactly. The same number our authors found in separating all the extreme pulsations, and it is curious to observe that M. Lebut declares he did not venture to comprise in his tables a certain number of old persons, although they appeared perfectly healthy, because the pulse presented a frequency which seemed to him incompatible with good health. How easily is the most accurate observer led astray when he allows a preconceived idea to turn him aside from the facts which are before his eyes!

ANOMALOUS CASE OF LITHOTOMY.

REMARKABLE DILATATION OF THE LEFT CAPSULE OF THE PROSTATE.

To the Editor of THE LANCET,

SIR,—If you deem the accompanying case worthy of admission into your valuable periodical, its insertion will much oblige, Sir, your most obedient servant,

JOHN LIZARS.

38, York Place, Edinburgh;

Jan. 22, 1836.

A surgeon attached to a large hospital has peculiar opportunities for improvement, and he fails in his duty if he either neglect them, or conceal the useful results of his observation and experience. Success, though it flatters vanity, is at best an equivocal proof of merit, for it may happen to the rash and unskilful. Successful cases, in ordinary circumstances, when published, afford but little information; cowardice may be unwilling to divulge the unsuccessful, but these are for the most part our proper instructors; from these we learn whether nature or art is the more to be blamed for any untoward event; but whether successful or unsuccessful, those cases are invaluable which lead to the detection of such morbid deviations as would certainly occasion the death of a patient in the hands of a timid or irresolute operator. Of this last class is the following:—

CASE.—James Brown, a healthy-looking man, fifty-nine years of age, entered the hospital on the 29th of December last, and presented the usual symptoms of stone in the urinary bladder, under which he had laboured during the last eight months. He was in this hospital seven months ago under the late Professor Turner, who sounded him, but detected no calculus. The day after his admission he was carefully sounded, but no stone was felt; the bladder was rough and fasciculated. He was ordered warm-baths, leeches to the region of the pubes, the *mistura aqua polacis*, the *ura ursi*, and a seton over the pubes. All irritation having been subdued by these means, he was again sounded, and a stone distinctly perceived. A dose of castor oil was administered, and on the following day the lateral operation was performed.

Operation.—All the preliminary steps having been taken, and the existence of a calculus again ascertained, a large staff was inserted, which could not be made to pass the prostatic portion of the canal. A smaller staff was next employed, which apparently entered the bladder, as its handle was loose and moveable. One of my colleagues held it over the pubes, whilst I commenced and

cut down to the membranous portion of the urethra. I then proceeded, seemingly through the left lobe of the prostate gland, which was hard, cartilaginous, and studded with calcareous depositions. The left forefinger, which guided the lithotomy knife, seemed to enter the urinary bladder, and a little fluid, considered to be urine, flowed out, when I begged the staff to be withdrawn. I next inserted a pair of forceps; but instead of a calculus, such as the sounding had led me to expect, I discovered nothing but calculi, varying in size from that of a millet seed to that of a pea. I now used a searcher, but was not more fortunate. My finger felt a pouch, equal in magnitude to a urinary bladder, which contained numerous small calculi. One of my colleagues, at my request, introduced his finger, and the sensation communicated so nearly resembled that of a mucous membrane, that he suspected I had wounded the rectum, but convinced himself of the contrary by examining that viscous with the forefinger of his other hand. Another of my colleagues was also requested to examine, and he, with a scoop, removed some of the small calculi already mentioned.

I now inserted a catheter, which passed the entrance of this pouch, and got into the bladder, and urine flowed out. The catheter was replaced by a staff, along which the knife was carried through the neck of the bladder, as there was no substance like prostate gland, and a stone of the size of a flattened plum was instantly extracted.

The first incisions into the pouch occupied about one minute; the second incision, and the extraction of the calculus, about another minute. From fifteen to twenty minutes were spent in examining this pouch.

The patient has had no bad symptom—no case of lithotomy ever went on more favourably, and this is now the tenth day from the operation.

Remarks.—The anomalous pouch, which rendered this case so complex, seems to me to have been nothing more than the external fibrous capsule of the left lobe of the prostate gland gradually dilated until it became as large as the bladder itself.

Crosse, in his work on Urinary Calculus, p. 34, says, "Concretions in the prostate gland, commencing in its ducts, often at a distance from their urethral orifice, even at the very bottom of a duct, go on increasing until each duct is enlarged into a pouch, rendering an escape of the concretion into the urethra impossible; the narrow orifice by which the pouch communicates with the urethra often becomes closed in consequence of inflammation and effusion of lymph; the pouch is a secreting cavity, which furnishes additional deposit; and as the concretions enlarge or multiply, the pouch enlarges in the direction where there is least resistance,

towards the lateral or posterior surface of the prostate gland."—See plates ix, fig. 1, and xi, figs. 2 and 3.

Wilson, on the Urinary Organs, at page 353, also observes, "I have met with a urinary calculus larger than a common-sized olive, in a cavity of the prostate gland, where, from the orifice which first admitted it, having contracted, or the size of the calculus having enlarged the stone could not be pressed back into the urethra, and the whole of the prostate gland had been changed into a capsule surrounding it."

I possess a preparation in my museum with cysts exterior to the urinary bladder, one of which may hold from four to five ounces. These communicate with the bladder. I have also another preparation, where the right lobe of the prostate gland forms one capsule.

I freely confess that I was not prepared for the complication just described, nor am I ashamed to confess it, since no mention is made of such an anomaly in the writings of the most eminent surgeons, if we except Crosse and Wilson, from whose works I have quoted above, but which I had not seen.

POOR-LAW MEDICAL CONTRACTS.

STATEMENT OF PROCEEDINGS AT THE
WHEATENHURST UNION,
GLOUCESTERSHIRE.

To the Editor of THE LANCET.

SIR,—I consider it a duty which I owe to myself and my professional brethren, to forward to you what information I possess on the subject of the Poor-law Union contracts. An Union called the "Wheatenhurst Union," in the county of Gloucester, is just formed in my neighbourhood, and I am the only surgeon residing within the Union which comprises 14 parishes, containing a population of nearly 8000 inhabitants. I have attended nine out of the fourteen parishes for nearly eighteen years, and have great pleasure in stating that I am much respected by every class of persons, and what is more, I have professionally attended the poor in a manner which has given them entire satisfaction; I believe there is not a pauper in either of the parishes who would not serve me in any way he could. This of course is self-praise, but I state it simply to make you fully acquainted with my case.

When the Union was first formed, I attended, by invitation, as a parishoner, was introduced to the deputy Commissioner (Mr. Weale), and then stated to the Magi-

strates that I should offer myself as a candidate for the appointment of surgeon to the Union; and as I could not possibly fulfil the duties of the whole Union, I would divide it with a gentleman, Mr. Holbrow, surgeon, of Stourhouse, who lived within an easy distance of ~~the~~ ^{the} and who had ~~been~~ ^{been} one of the largest ~~of the~~ ^{of the} and ~~with~~ ^{with} to himself and entire satisfaction to his employers and the poor. On the evening before the day for electing the officers, I wrote to a friend and patient, a magistrate, to request he would propose me as surgeon to the Union, in conjunction with Mr. Holbrow; in answer to my note, he politely stated that he did not think I could divide the Union as I proposed, but that it would be divided into two districts on the morrow; that probably advertisements for tenders would be made in the papers, and that I had better wait and see what was done, adding, that he would take care and mention my name. In answer I begged to assure him that if such was the case, and the lowest tender was to be taken, both myself and Mr. Holbrow would decline offering ourselves.

In consequence of this, when the business came on, my friend asked if it was necessary that tenders should be advertised for, and if so, if the lowest would be accepted. The deputy immediately said that it was their usual plan; that he knew medical men objected to it, but that they always "came to." Accordingly the usual form of advertisement appeared in the county papers, and I was informed that the Union would not be divided in any other way than was announced, which was most inconvenient to us as surgeons. We therefore entered into articles of partnership, to obviate this difficulty, and then no objection could be made to the signatures to the returns.

I again wrote to my friend requesting that he would propose us as surgeons to the whole Union at a salary of 150 guineas per year, and 1*l.* for each midwifery case. There were two other tenders, the one 140*l.* for the whole, and 1*l.* for each midwifery case, the other 40*l.* for district No. 1, and half-a-guinea for each midwifery case. The gentlemen who made these offers, lived at so great a distance, that very little attention was paid to them, and I am given to understand that seventeen out of twenty of the Guardians were favourable to our election. Before, however, anything could be said, Mr. Weale got up, and stated that the salary was much higher than he could sanction, and if we were appointed, the Commissioners would not confirm our appointment; that it would be much better to have a talented young man "*from the hospitals*," for "*what could country surgeons know?*" and that the salary should be fixed at 100*l.*, including everything except midwifery, which should be fixed at 10*s.* 6*d.* per

case. The Union is fourteen miles broad, and contains 2500 paupers to be attended by the surgeon. Advertisements were again published in the country papers, and in *THE LANCET* (vide Number for Oct. 17), when Mr. Wootton said that he should have fifty applications. The Wednesday following he was again appointed to the Union, when only one tender arrived, offering to undertake the duties of the appointment, without making one inquiry as to the extent of country, or the numbers of the poor. This person's name is Mr. FRANCIS XAVIER MOSELY, a gentleman who has practised somewhere in America. The whole ground-work of their choice was simply his public testimonials, no one knowing whence he cometh, or whither he goeth; and as this adventurer could not immediately become resident, I was requested to take care of my part of the Union, nine parishes, until Mr. Mosely arrived. This, sir, of course, I did without fee or reward, for upwards of a fortnight. The gentleman has now been here more than a month. *He has no instruments.* I lent him a catheter only a few days ago. He has no horse, nor any means of conveyance whatever, but his legs, to visit his patients. The sick are very numerous, and I have no hesitation in saying that *no man, with two of the best horses in the world, could perform the duties he has engaged to perform*; I can assure you, Sir, that I would not accept the whole Union at an equivalent salary, because I feel that I could not do my duty towards the afflicted poor, which hitherto I have ever done.

Now, Sir, I have stated the situation in which our poor are left. I am constantly harassed by their applications to me for medical relief, and how I am to act I cannot tell. I should state that the professional men in this neighbourhood are tolerably well educated, and I was myself early in attendance on hospital practice in Bath, and filled the office of house-surgeon to *St. Bartholomew's Hospital* in the year 1812. I have performed most of the operations in surgery successfully, and, amongst them, several in cases of aneurysm. I merely mention this to show, that my claim rested upon a good foundation. I have resided here nearly twenty years.

I beg that you will make use of this letter in any way you think proper, and I shall be happy to give you further information if required. The price per head, I should have stated above, is 9¹/_d. per year.

I am, Sir,
Your obedient servant,
THOMAS WATTS.

Frampton-upon-Severn, near Stroud,
Gloucestershire, Jan. 1838.

RATES OF ATTENDANCE ON THE SICK POOR.

To the Editor of *THE LANCET*.

SIR,—Your remarks respecting the poor-law medical contract system, in *THE LANCET* of the 12th ult., escaped my perusal until within the last day or two, and observing the earnestness with which you urge the necessity for proposing some plan before the meeting of Parliament, which may tend to supersede the arbitrary, unjust, and cruel measures now adopting by the guardians of Unions, under the sanction of the Poor-Law Commissioners and Assistants, I again trouble you on the subject. The circumstances attending the position of myself and other professional gentlemen in this district, as regards the Union, are fully stated in the petition I forwarded to you on the 18th of September last. In the arrangements that may be made, a specified rate of charge per head, on the gross population of each parish, according to the last census, would be the most desirable mode (if fixed at a fair ratio) of obtaining equivalent remuneration for medical and surgical assistance to the poor. Accordingly, I have made below a calculation of the average expense per head, for the last seven years, for medical attendance on the poor of eleven parishes, attended by me for twenty-five or thirty years past. Some of the parishes are contracted for, and others are attended at so much per case, journeys as well as medicines being charged with a liberal consideration towards the rate-payers, and in no instance has the expense been complained of as greater than was just for the services rendered; and on consulting my medical brethren, it appears that the average as nearly as possible corresponds with theirs.

In *THE LANCET* for the 5th of December, in which you have stated that the expense for medical and surgical attendance on the criminals in the Penitentiary amounts to 1¹/_d. per head per annum, you have also stated that the labourers in the Unions are provided with similar attendance at the rate of from 2s. to 3s. 6^d. per head per annum; but I may I think with correctness assert, that in no instance where Unions are contracted for, does the rate of remuneration amount to one-half of either sum; and as the precise sum offered by the guardians of the Docking Union was not stated in the petition before-mentioned, I now beg to inform you that the population of the combined parishes is 15,368 persons, full four-fifths of whom are agricultural poor, 200^l. or about 3^d. per head per annum, being the amount offered for medical and surgical attendance and medicines, operations, midwifery, and trusses for hernia.

There is considered one circumstance also which I claim, to be in any application to Parliament, the arbitrariness, particularly noticed, and that at the instance in which guardians, etc., stop often of assistant-commissioners, the large proportion of the estate of the holder's income, which perhaps twenty shillings supports his family, after industry. Thus, in parishes, where, he in a division marked out by the Board as a western division, and the person who for many years has been the attendant of such parishes, happens to reside on the eastern side of the line, those parishes are unceremoniously assigned to another practitioner who happens to contract for the western division, thus depriving the original attendant not only of his parish attendance, but, necessarily, of a large portion of his casual private practice, owing to his not visiting such parishes so frequently as when in attendance on the poor; and this is done merely in order that the relieving officer may receive certificates of the health of paupers, from the surgeon of his division, although the fact that no inconvenience can arise from the circumstance of the medical man and the relieving officer residing in different divisions, is proved, by the regularity and facility with which certificates have been forwarded, notwithstanding the various parishes have as yet continued to be attended by the original medical practitioners, owing to medical officers not having yet been appointed, partly by reason of their refusal to comply with the terms offered, and partly from the existence of private contracts with the different parishes not terminating until Lady-day next. I am, Sir, most respectfully, your obedient humble servant,

EDWARD MANBY.

East Rudham, Norfolk, Jan. 20, 1836.

The following is the table above mentioned. The contract in the first seven is for medical attendance, cases of surgery and midwifery being charged for exclusively, but included in the average sum stated per head. East Rudham is six miles distant. Nos. 8, 9, 10, and 11, are attended, per case, at the sums stated per head.

	Average per head.	
	s.	d.
1. East Rudham	0	7½
2. West Rudham	0	8½
3. Harpley	0	8½
4. East Rudham	1	7
5. Houghton	1	2
6. Bircham, Great	0	3
7. Bircham Tofa	0	11½
8. Syderstone	0	8
9. Gatesend	1	11½
10. Banner	1	11
11. Dagthorpe	1	3½

ANNUAL ELECTIONS

AT THE

COLLEGE OF SURGEONS IN IRELAND.

The Editor of THE LANCET.

SIR,—The fidelity with which you, from time to time, give publicity to the political affairs of the Royal College of Surgeons in Ireland, encourages me to trespass on your valuable columns with a brief statement of the proceedings of this extraordinary corporation on "Hansel Monday."

That being the day fixed by charter for the election of officers for the ensuing year, the Tory party, of black-balling notoriety, mustered all their forces, in anticipation of strong opposition from the reformers. But what, think you, must have been their astonishment when the hour of contest, one o'clock, had arrived, without a single member of *genuine* reform principles having appeared in the board-room, the supposed arena of party conflict! No, not a Peter-street, nor a Richmond-man, nor a liberal from any quarter, was to be seen on that eventful occasion! It may be asked whence the cause of this apathy? Have not all members of the corporation an equal interest in its prosperity, and are they not all equally bound to maintain its stability? Nothing can be more fair, nothing more rational, than that such a question should arise in the minds of impartial persons at a distance, who are but little acquainted with the internal workings and perpetual intriguing of the predominant party in this immaculate body; but in the estimation of those who are well informed on the subject of College politics, the liberal party must stand acquitted of any neglect of duty, on the score of absence, on the present occasion. They have, over and over again, endeavoured to assert their rights and establish liberal measures, with a view to keep pace with the spirit of the age, and thereby maintain the respectability of the profession; but no sooner were the doctrines of liberality and fair play sought to be introduced into the proceedings of the College, than that ever-fertile note of dissension, in this unfortunate country,—that tocsin of discord,—“the No-Popery cry,”—was sent forth by that imp of bigotry and intolerance—JACOB, who, in accordance with the enlightened views of his worthy coadjutor in intrigue, CUSAOK, resolved on a plan for black-balling every candidate for membership, who might be suspected of entertaining either liberal opinions or just views of passing events. The machinations of those narrow-minded individuals, however ill-judged or base they may appear to men of honest views, have, nevertheless, so far

MISSTATEMENTS RESPECTING ARTICLES

succeeded in converting the College into a species of *private or party property*, that any efforts from the most active band of reformers to preserve the corporation from total and deserved subversion would prove unavailing. They have tried the experiment of *remoteness* have become the seeds of bigotry to be uprooted by "the fairer, less men," who have been left to fight the battle of independence. They now rely, with confidence, on the exertions of Mr. Warburton, for the final settlement of a question with which he is so well acquainted.

Well, Sir, "the loaves and fishes" of place and corporate honours were quietly left to the disposal of the monopolists, who, I need scarcely tell you, acted most generously towards themselves. Out of twenty-two officers who were elected, there is not one before whose name a conscientious man would venture to prefix the significant adjective *independent*; and, with two exceptions, their "honours" cannot, in any station of society lay claim even to a character for excessive respectability. By way of elucidation, I beg to apprise you that a Mr. Frank White is the new President, and a more fitting personage could not possibly be placed at the head of such a corporation! He is endowed with the convenient powers of the chameleon, and adapts himself to circumstances, by assuming for the time being the political hue of any party which may be rendered available to his own personal interest. In accordance with this judicious rule of acting, he is, in collegiate affairs, a boisterous supporter of every monopoly and abuse which selfishness can suggest; whilst at parochial meetings he deems it expedient to play the part of the poor man's advocate, and in this way attract attention, thinking that he excites the admiration, of the humane part of the community. As a general politician, he *says* he is a reformer, and, in confirmation of this assertion, he stated to the liberal Chairman of the Parliamentary Medical Committee that he had been most unjustly excluded from the Surgeoncy of *Steven's Hospital*, solely on the grounds of his being a Roman Catholic. However, not having much confidence in his own word, on a very recent occasion, he felt it necessary, when putting forward his claims, supplications, and lamentations, to the present Government, as a candidate for the situation of surgeon to the *Richmond Hospital*, to transmit to his Excellency Lord Mulgrave, an *affidavit* confirmatory of the truth of his original statement to Mr. Warburton! I wonder what does his Protestant brother, the Town-Major, think of this line of proceeding,—he who was converted at the "altar of Hymen," on the faith of the late Dr. Blake's money, from the errors of Popery; and, at the same

blissful moment, embraced *purse*, and Thirty-nine Articles!

"Quid non mortalia peccata,
Auri sacra fames!"

Lord Haddington had, I am, no idea that the incessant follower of his Government, Surgeon, had suffered so much temporal punishment for his superstitious adhesion to the doctrines of the Church of Rome! Oh! religion, how much is thy sacred name abused!

And who is the Vice-President for the ensuing year? No less a personage than Mr. WHITE's congenial partner and co-operator in College affairs—THE REDOUBTED ARTHUR JACOB! Yes, Sir, such is the almost incredible fact. WHITE and JACOB are really the President and Vice-President of the Royal College of Surgeons in Ireland! *Arcadis ambo!*

"Ah! sure a pair was never seen
So justly formed to meet by nature."

I forget the next line, but *quis istos separat*. JACOB, the vulgar buffoon, whose discursive and disgusting harangues are composed of gleanings from the fishwoman's vocabulary, and the resurrection-man's glossary,—he who is the avowed advocate of black-balling bigotry and monopoly,—the Conservative champion of every corporate abuse,—he who made such an exhibition before the Parliamentary Medical Committee; and yet, on a late occasion (acting on the supposition, no doubt, that the evidence given by the Irish witnesses would never be published), had the effrontery to state at a public meeting of the College of Surgeons, that he was "the man who told the arch-reformer, Warburton, to his teeth, the absurdity of his attempting to put down or interfere with the Irish College of Surgeons,"—such is the individual who has been elected Vice-President of this once respectable body, which is now dying a natural but a most ignominious death. I remain, Sir, your most obedient servant,

OBSERVER SECUNDUS.

Dublin, January 15, 1836.

LATE ELECTION AT THE RICHMOND HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—It is much to be regretted that such an illiberal religio-political tone, as has of late distinguished more or less many of your Irish articles, should have found its way into the pages of THE LANCET: this can never have been intended by the Editor, whose exertions, I am convinced, are honestly directed towards general improvement, general utility, and the interests of science. Such

a temper may gratify, as it would appear to be the result of, sectarian bigotry, but it holds no kindred with the better feelings of the majority of the profession. It proceeds from a ungenerous and uncandid minority, distorting facts, in order falsely to enlist public feeling on their side, and forward their own selfish interests and bigoted sentiments, without regard to the evils which will undoubtedly ensue from the proceedings, viz.:—1. The splitting of the reform party; the Protestant portion of which cannot be expected to co-operate with those, who, under the mask of medical reform, would advance the interests of political-religious fanaticism; and 2ndly. The creation in good earnest of similar feelings in the opposite party, which, I am happy to say, have at present their chief seat only in the jealous and excited fancy of your correspondent. Why introduce into a medical journal at all, the exciting subjects of politics and religion? Most urgent indeed should be the occasion to justify such proceedings. Surely the medical profession at least should be the happy neutral ground, where men of science and philanthropy (though belonging to all sects and parties) might meet on equal terms, free from the rancour of those distracting topics. The medical profession is not, nor should it be, political: the terms religion or politics should never be heard in the pursuit of medical science, or the distribution of its honours; and he is but an ill friend to the profession or to science, who will persist in flinging this apple of discord among the members of the one or the cultivators of the other.

It may be quite true that the majority of medical appointments (such as they are, and God knows they are few and shabby enough) is held by Protestants; but it is to be remembered, that until of late years, there were very few of any other persuasion in the medical profession (and even still they form a vast majority), while the patronage was vested in persons of the same creed, they forming the bulk of the respectable classes and the *subscribers*,—subscriptions very generally conferring proportional influence. Thus what is selfishly objected to by a few, for reasons easily divined, followed naturally from the condition of things, without any party malevolence or exclusive bigotry whatever, which in truth were never expressed or felt.

Nor is the profession at this day conducted in that hostile feeling your correspondent imputes (unless indeed the exertions of any and the party to which he belongs shall engender it). Individuals of course there are, who are as bigoted as the most infuriate Tory or Radical could desire, but neither the College of Physicians nor the College of Surgeons, as a body, enter into any such sentiments. The latter, from having no connection with the University, is more es-

pecially free from politics and religion, and it is its boast, that, as a body, it has never taken any step in the spirit of either. The fact is, the party who in that body exercise such a pernicious influence, and have metamorphosed a public institution into a private school job, are seated in the same way at the public expense, to the exclusion of every one else, prefer money to religion or politics either; and they look only to the medical reform sentiments of those they wish to promote: thus their president and several others of the officers are at this moment Roman Catholics, and some of the hottest College partisans belong to the same creed, while the claims of Protestants are disregarded, because they are reformers. So little does religion or politics prevail among the thick-and-thin "College men," that the Chief among them, Cusack, Jacob, and Harrison, have alternately figured as Conservatives, Liberals, and Radicals, and at this moment the public neither knew, nor perhaps care, in which corps to class them.

Why then object in such unmeasured terms to the recent government appointments to the *Richmond Hospital*? Oh, but Mr. Adams is a Tory! He never gave any evidence of any such sentiments. All that the public can know, or indeed is to be known, on the subject, is, that he *professes* the established religion; and is this to be a bar against all promotion? Truly this is one-sided liberality with a vengeance!—I do not wish to be the vindicator of Lord Mulgrave's Government, but I must say that all but prejudiced bigots must see, that in this case, at least, he acted properly, not only for the advantage of science and the Institution in question, but also for the interests of that party which gives such obliquity to the optics of "*Observer*." 1st. It would be easy, but not very gracious, to demonstrate not only that Mr. Adams was by far the fittest person in "*Observer's*" list, for the vacant office, but that none of the others were actually adapted for the position they had the impudence to claim. And, 2ndly, By the promotion of Mr. Adams, two appointments were vacated; one of which was at once conferred on Mr. Cholera White, an ultra Roman Catholic,—and the other, "surgeoncy to the *Jervis-street Infirmary*, which leaves an appointment for another Roman Catholic in that Institution. I say nothing of the appointment of Mr. M'Donnell, as I presume that he cannot be objected to, inasmuch as his sentiments are as much opposed to an established religion, and his politics are as extreme as those of any Radical of them all. Further than that, Mr. Carmichael could not have had any "jobbing understanding" with him, as the appointment was made out while Mr. M'Donnell was in Paris. I may also add, that the arrangement did not originate from the Commissioners; they were merely consulted as to the propriety of the

effects than by any agent with which we are acquainted. We scarcely, in fact, yet know any of the uses of electricity. The only use of the magnet we know is its pointing to the north; and with voltaic electricity we merely produce sparks, and only very rarely. The philosopher should try

to discover the uses of electricity in, or otherwise. Respecting the apparatus I have got here, those who choose are at liberty to try its effects. The shock to be given depends very much on the length of the wire which may be employed. With a short wire the spark will be pretty bright, but productive of scarcely any physiological effect. With a very long wire the spark will be exceedingly feeble, and the physiological effect very powerful. With regard to the subject immediately under discussion, I can only say that, as we are all engaged in the same great search for truth, if in any respect I can be shown to be wrong, I will most willingly adopt more correct views. It is only within the last three years, for instance, and since I came to the *London University*, that I was satisfied that particles of light did not come from the sun. No imputation can justly fall upon us for correcting our views. I wish we could treat political questions upon the same principle, so that the ordinary and domestic affairs of life might not be interfered with by our notions on those subjects, and that a man, when he obtained more correct views of political questions, might adopt them without being subjected to the reproach of being a "turncoat." If the discussion here is sufficient to induce medical men to turn more of their attention to the important subject debated, I shall rejoice at having helped to add to the interest of a science, which, I assure you, I have most warmly at heart. (Much applause followed the remarks of the learned professor as he resumed his seat.)

Dr. SCHMIDT said that, until he adopted his present views of magnetism, he had entertained those explained by Dr. Ritchie. Dr. Schmidt then explained some of his views in answer to those of Dr. Ritchie which we have not reported, and the whole of which, therefore, we omit, — with less regret, indeed, from the circumstance, that they would not form a useful portion of a medical report. He asked, however, why Dr. Ritchie said that we, as yet, knew but very little of electricity and magnetism, and yet argued that it was impossible that magnetism should produce any physiological effects. Opportunity, he (Dr. S.) thought, was only wanted to follow out ideas on the subject. He was only desirous of having the merits of the magnet tried as a remedial agent. If Dr. Ritchie would at any time do him the favour of joining him in an examination into all the circumstances of the production and power of his magnets, he would be most happy to adopt Dr. R.'s views, and

publicly acknowledge his error, provided ground were shown to him for the change.

Dr. RITCHIE said that he considered this with one or two very slight exceptions. Dr. Schmidt and himself after all entertained nearly the same opinions. Dr. Schmidt had certainly stated nothing that was not before very well known. He should be happy, at the next meeting, to meet him, to explain and hear explanations, and to afford him the use of all his apparatus at the University; and if he (Dr. S.) could convince him (Dr. R.) in the end that he was wrong upon any one point, he would most readily acknowledge it.

Mr. BIRD stated that he had tried various experiments upon the human body with an electro-magnet which he possessed, but that all his experiments produced the same results, whether the electro-magnet was connected with the battery or not.

The thanks of the Society were then presented, by a general vote, to Dr. Ritchie for his attendance this evening, and for the very lucid, able, and highly satisfactory statement he had made. On a suggestion that "both the experimentalists should be included in the vote," the President observed that there was a rule of the Society which prevented this course being pursued with respect to any of its own members, and that Dr. Schmidt had been admitted a member that night. The Society was then adjourned.

NORTH-LONDON HOSPITAL.

THE first annual report of this establishment has just been issued. The hospital was opened for the reception of patients on the 1st of November 1831, and the books show from that time up to November 1st, 1833, the following list:—In-patients admitted, 1156; out-patients, 1299; casualties relieved, 1664; lying-in women attended at their own habitations, 270; total 3789.

The patients who have died in the hospital during the year amount to 90; in-patients remaining at the date of the report, 123. The hospital now contains 130 beds. A loan of 2500*l.* has supplied the deficiency in the sums required to defray the whole cost of the present building and outfit, which amounted to 7670*l.*, of which sum 5170*l.* were raised by subscriptions. The Committee propose to liquidate the debt and enlarge the hospital by establishing a building fund, a foundation for which has been made by Mr. Henry Philip Hope, of Connaught place; who, in addition to other donations, has placed at the disposal of the Committee the sum of 200*l.* for this purpose.

Although the ordinary expenditure of the first year has been greater than will be in

future required to support the hospital in its present extent, yet the receipts arising from the fees paid by students (devoted by the medical officers to the support of the patients), and the contributions at the Anniversary Dinner in May last, have been such as to leave a small balance on the twelve-months, in the hands of the treasurer. The following are condensed statements of the accounts:—

Receipts and Expenditure from June 1832 to October 31, 1834.

	£	s.	d.
Donations and Collections at Churches	4366	11	6
Profits of a Bazaar in the Regent's Park, in June 1834	502	3	0
Dividend on Consols	1	12	9
Donation for Investment, by W. L. D.	100	0	0
Queen Caroline Fund	1200	0	0
	£ 6170	7	3

	£	s.	d.
Paid to Builders and Architect	5176	3	9
Salaries and Wages	307	15	8
Advertisements, Printing, Stationery, Postage, Portage, Incidental charges, &c.	365	19	8
Investment in 3 per cent. Cons.	100	0	0
Balance in Treasurer's hands	280	8	2
	£ 6170	7	3

Receipts and Expenditure from Oct. 31, 1834, to Oct. 31, 1835.

	£	s.	d.
Balance in hand	280	8	2
Loan at 4½ per cent.	2500	0	0
Fund raised for the projected Eastern Fever Hospital, transferred by Donors	52	10	0
Collection at Church	65	0	0
Bequest of Colonel Sackville ..	31	10	0
A Third of the Profits derived from the Colosseum Fete ..	188	0	0
A second Donation for Investment, by W. L. D.	100	0	0
Dividends on Consols	4	17	11
Donations, Collections, &c.	1991	13	3
Annual Subscriptions	256	3	0
Fees paid by Students for attending the Practice during the Session 1834-35	3130	1	0
	£ 8600	3	4

	£	s.	d.
Balance paid to Builders	2677	17	5
Furniture, Fittings, & Repairs ..	1841	3	0
Pharmaceutical Fittings and Apparatus	69	4	2
Surgical Instruments, Splints, &c.	131	8	0

Advertisements, Printing, Stationery, Case-Books, Postage, Portage, &c. &c.	284	12	0½
Meat, Bread, Milk, Groceries, Rice, Meal, Stores, Vegetables, Cheese, Candles, Soap, &c.	1278	13	.....
Coal and Wood	215	5	11
Wine and Spirits	64	15	10
Beer and Porter	148	7	2½
Patients' extra Diets	33	6	0
Bandages, Linen, &c.	49	7	1
Washing	179	2	5
Incidental charges	84	0	1
Salaries, Wages, &c.	674	14	5
Drugs, Lint, Tow, Plaster, &c.	447	18	4
Spirits of Wine	29	5	9
Leeches	32	0	0
Burial Expenses, Insurance, Water Rates, Gas	28	8	6
Guarantee to R. Liston, Esq.	156	10	0
Interest on Loan	56	5	0
Investment in 3 per cent. Cons.	100	0	0
Balance in Treasurer's hands ..	17	8	3
	£ 8600	3	4

To the Editor of THE LANCET.

SIR,—Dr. Macleod having repeatedly libelled Dr. Cummin, a lecturer at the Aldersgate-Street School of Medicine, by giving circulation to a report that Dr. Cummin was the assistant editor of the *Medical Gazette*, it was resolved by some of the students of the school to inquire of Dr. Cummin, after his lecture on Wednesday last, whether that statement was true. The design was accordingly carried into execution on that occasion, the impression being very strong, that neither the slanderer of the students at their late meeting, nor any person so intimately connected with the slanderer, ought to continue any longer secret in the person of Dr. Cummin, if the libel were true. It is but justice to Dr. Cummin to make known in your Journal, that his reply to the questions put to him on Wednesday was, that he neither was the author of the slanderous article, nor could have prevented its insertion in the periodical in question, nor was connected in any way, directly or indirectly, with the editing, the management, or the production of the *Medical Gazette*. I am, Sir, your obedient servant,

AN ATTENDANT AT THE ALDERSGATE-STREET SCHOOL.

Jan. 27, 1836.

CORRESPONDENTS.

To the Editor.—SIR,—In your report of the proceedings of the Meeting which took place at the Crown and Anchor on Monday evening the 18th of January, a short speech is attributed to "Dr. BLUNDELL." Will you allow me to state, that as I

was not present on that occasion, the address in question was not spoken by me. I have the honour to be, Sir, your obedient servant,

THOMAS LEIGH BLUNDELL.

20, Lombard-street, Jan. 23, 1836.

A Hospital Pupil, Glasgow, must be more explicit before publishing any statement on the subject, we must have the names of the offenders and the aggrieved; the letter must be confidentially authenticated.

However widely the medical gentlemen have differed, they must all have denied the truth of the impressions stated in *Gamma's* letter. The details described therein were not "new," but impossible. We can express no other opinion on the case than that already given; and the treatment can be directed with propriety only after a personal interview with any medical gentleman who may undertake to prescribe for the afflicted patient.

Mr. Matthews.—The wax model was a section of the skull, showing the ganglion oticum, with its branches, and the tympanum, published by Mr. Schloss.

We shall feel much indebted to any of our readers who will take the trouble to inform us, by letter (addressed personally to the Editor), of the names and places of residence of such medical men as they know to occupy the office of Coroner in any part of these kingdoms, whether for towns or counties, and whether living near to, or at a distance from, our correspondents, with the dates (or not) of their appointment.

Does Mr. Brookes desire that his letter should be published? Of course we cannot undertake to call upon the three parties whom Mr. Brookes has named. The bare reference to those parties proves the truth and accuracy of our brief critical notice. If the statements in the book be satisfactory, whence the necessity for the collateral aid? We have examined the work again, and are now ashamed of the lenity of our first notice. If we have acted unjustly, it certainly is not to Mr. Brookes, but to the profession and the public. If Mr. B. is not contented, we shall have much more to say on the subject; but we hope the book is shelved.

The letter respecting the Dorsetshire Medical Association, would be charged as an advertisement at the Stamp Office. A passage from it, however, showing the objects of the Institution, will be inserted in the next week's LANCET.

The particulars of the meetings at St. Thomas's Hospital and the London University have been laid before us. At the one, nine students in thirty-four, and at the other seven students in four hundred, have put their hands to documents declaring that the Apothecaries' Company is the pink of British medical institutions. The St. Thomas's students are said to have declared the same thing in writing at King's College, pro-

vious to their sail down the Strand to the Borough.

The facts stated by *Investigator* shall be published, but it is impossible to find a place for them this week.

It would be better to lay the plan for the "Student's Association," which has been sent to us, before a meeting of the gentlemen who are interested in its adoption or rejection. The sanction of our correspondent may therefore be obtained from the publisher.

The report from the Royal Institution will appear next week.

R. R., Jewin-street.—Time fails us for an epistle. Unless the want is urgent, it would be both economy and good policy to wait.

Mr. Bateman.—1. No farther portion has yet been issued. When it appears, our analysis and comments may be resumed.—2. The means of conclusion have not yet been afforded us by the only party who can supply them.—3. Most probably they will.

Mr. Baxter's case has reached us.

The letters of Mr. H. Prater, Mr. Samuel, Mr. Erett, Dr. Kelsa, Dr. Wm. Ferguson, George F. (part), A Pupil of the Borough Hospitals, A Member of the Royal College of Surgeons (part), Anti-Humbug (part), A King's College Medical Student, A Licentiate of the Apothecaries' Company, and H., are intended for insertion.

We have received a letter from Mr. Meade, the Chairman of the late meeting at the Crown and Anchor Tavern, stating that several untruths appeared respecting him in Dr. Macleod's journal of last week. The space which would be occupied by Mr. Meade's letter in our columns, would be ill-bestowed on the fabricator of Messrs. Longman's periodical; and we therefore hope that Mr. M. will be satisfied with the above statement relative to its contents.

The report from St. George's is necessarily postponed for a week.

Observer requests us to state that his reply to the "direct contradiction" given by Messrs. Crampton, Colles, and Carmichael, to his statement relative to the appointment of Mr. Adams to the Richmond Hospital, will be forwarded in time for publication in the next number of THE LANCET.

A Student, G. St.—One of Mr. Liston's excellent clinical lectures will appear in our next number.

A Surgeon—We have other reports of Dr. Wallace's admirable clinique before us ready for publication.

The statements of Mr. Soper with in reply to Mr. Way, are unavoidably omitted this week.

A Subscriber should endeavour to obtain the information from Dr. A. himself.

ERRATA.—In Dr. Rignold's paper, page 686, line 27, for *lombibuna*, read *lombibuna*; line 28, for *rubricea*, read *rubricea*.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 6, 1836.

[1835-36.]

LECTURES ON DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE X. PECULIAR VARIETIES OF CEREBRAL HEMORRHAGE.

GENTLEMEN,—We have hitherto studied only the ordinary symptoms that accompany hemorrhage of the nervous centres; we have drawn merely a general picture of the most common features of the disease. It is now time to lay before you an account of certain varieties that you will meet with in the course of practice. The nervous symptoms are sometimes complicated with others that do not seem to belong strictly to apoplexy. They are even replaced altogether by phenomena of a different nature. What are those symptoms? In what do they consist? Where are they found? Certain of them arise from accidents occurring in the nervous centres themselves, the rest depend upon disorders in the other systems.

Spasmodic Affections of the Limbs.

The first class of symptoms which we have now to examine, is that depending on some lesion of the nervous centres, or of the membranes by which they are enclosed. They give rise to certain derangements of motility, or of the intellectual faculties, that are not ordinarily seen in cases of cerebral hemorrhage. Thus, in some cases, we observe contraction of one or more muscles of the trunk or extremities. This is evidently not a phenomenon of hemorrhage, whose grand characteristic is the production of paralysis; it depends on an

inflammation more or less intense of the cerebral matter surrounding the apoplectic cell. In other cases the limb is not contracted, but convulsed. We have seen certain examples where, in a short time after the effusion of blood, the limbs and side of the face were agitated by spasms, by convulsive movements coming on at intervals and with various degrees of intensity. These symptoms either may appear in the members affected with paralysis, or, while one side of the body is deprived of motion, the other is the seat of convulsive actions. Upon what do these phenomena, which occasionally manifest themselves as a consequence of cerebral hemorrhage, depend? Not in the effusion of blood certainly, for they are too rare. They occur too seldom to permit their arrangement under the symptoms of effusion. In many cases they are probably connected with irritation or inflammation of the nervous pulp or its membranes.

But are we to conclude on the existence of an inflammatory action in all cases where the spasmodic contractions now alluded to accompany cerebral hemorrhage? Does their manifestation justify the immediate employment of antiphlogistic measures?

Certainly not. Take care how you adopt implicitly such an idea. The most unfortunate consequences may be the result. Let us suppose a case in point:—An individual falls down suddenly, deprived of sensation and motion; he has been struck, in other words, with a violent attack of apoplexy. You bleed him copiously from the arm; the first abstraction of blood seems beneficial; but as the blood continues to flow he becomes agitated; convulsions soon make their appearance, and you are compelled to shut the vein, in order to prevent the continuance of a state which might have an unfortunate termination. This case is not certainly an exceptional one. You will frequently have occasion to meet with it in practice, but can we admit the presence of inflammation to explain the disorders of movement in the cases alluded to? No. The brain is in a condition quite opposite, and the convulsions depend, not on an excess of blood, not on inflammatory irrita-

tion, but on a partial anemia of the cerebral hemispheres.

There are certain other disorders of movement which accompany hemorrhage of the nervous centres, not as regular symptoms, but as extraordinary and rare phenomena; these also draw our notice in their turn. We have rarely had occasion, in only three times, to see patients labouring under the symptoms of cerebral hemorrhage, who presented a peculiar phenomenon of a very extraordinary nature; these individuals were at certain moments seized with an irresistible desire to advance, to run directly forwards, and, again, at certain other instants, they experienced the same irresistible inclination to go backwards. How are we to explain this curious symptom; this strange alternation of two opposite impulses? It is difficult to find a satisfactory reason; however, we may recall to mind, as connected with the subject, the experiments made by M. MAGENDIE to show the influence exercised by lesion of different parts of the brain upon locomotion. You may remember, that when M. MAGENDIE removed the hemispheres of the brain behind the corpora striata, he produced the first strange derangement of motion; and when he destroyed, or took away, the whole of the cerebellum, the animal, instead of advancing, constantly retrograded. Is there anything analogous to be observed in the cases of the patients to whom we have just alluded? Have we found any special alteration in the brain, which would account for the perversion of movement which they exhibited? These are questions which it is impossible to answer in the present state of the science; we have seen only three cases of the kind, and in these three we did not see the autopsy; we are not aware that many other examples exist in the records of medicine; the disorder of movement which consists in a desire to advance or retire by turns, is, in fact, a very rare phenomenon,—at least, in turning over the various works published on disorders of the nervous system, we have been able to discover only a single fact, which we propose to cite in brief detail.

In some cases of hemorrhage of the cerebellum, the effusion of blood has occupied one of the peduncles of that organ. Now, it has been proved by the experiments of M. MAGENDIE, that when one of the peduncles of the cerebellum is cut across, the animal, instead of constantly advancing, or retiring, as when the cerebellum is removed, shows a remarkable tendency to the circular motion; he seems incapable of getting forwards or backwards, but keeps perpetually spinning round on the same centre of motion; the body of a patient, who presented this rare and curious phenomenon during life, has been examined, and the lesion, a coagulum of blood, was found in one of the peduncles of the cerebellum. This is a

coincidence highly worthy of our attention, although it has existed in one single case only; we know of no other; this case was observed and reported by M. SEZARIS. The patient, a man, sixty-eight years of age, had been much given to the use of spirituous liquors; after an excess, he was seized with a desire to turn round and round, and when compelled to keep his bed for two months, he died. The same symptom predominated; the patient, unable to walk, showed the impulse under which he laboured, by constantly turning himself from one side to another in his bed.

These are a few of the anomalous symptoms, if we may use the term, which occasionally present themselves in cases of cerebral hemorrhage; but we may meet with complications that should be noticed. Thus some patients attacked with apoplexy are at the same time agitated by

Violent Delirium.

This is certainly a complication and not a regular symptom of the disease. The delirium attending certain cases of cerebral hemorrhage, depends on the existence of inflammatory irritation in the nervous pulp immediately surrounding the apoplectic cell, or on inflammation of the meninges in its neighbourhood. In other cases, instead of agitation and delirium, we observe a state of

Somnolence

different from that which usually accompanies and characterizes hemorrhage of the brain. The patient is plunged in a deeper degree of coma; he is more insensible than is ordinarily the case, and here we commonly find, as a cause of this exaggerated somnolence, a greater or less degree of serous fluid, distending the ventricles, or shed between the membranes lining the surface of the brain, and thus exercising a general pressure upon the organ. We now pass to an examination of symptoms that depend on

Lesions of some Organ independent of the Brain or its Annexes.

We frequently have occasion to observe inflammation of various organs marching with apoplexy, and of course modifying or complicating the ordinary phenomena of that affection. These disorders may be of an acute or a chronic nature. The former generally present themselves with a physiognomy altogether peculiar: their march is very rapid, and the patient soon dies in a state of great weakness and prostration. This latter circumstance probably depends on the state of compression of the brain, which influences the reaction in distant parts of the body. Again, eschars are very readily formed in persons labouring under cerebral hemorrhage. If the patient have been confined for any length of time to bed, the cutaneous integument is very apt to suffer from gangrene: thus you have two

points to remark in connection with certain complications of apoplexy. 1st. The facility with which inflammation may be developed in several organs, and the great tendency of that inflammation to present itself with adynamic symptoms. 2nd. The facility with which the integuments are struck with gangrene in the parts exposed to pressure. These two points are of great importance in practice. They teach you on the one hand to be on your guard against the secondary affections with which your patient may be attacked, and on the dangerous character of those disorders: while, on the other hand, they direct your attention to a state of the skin which, if neglected, may give rise to disastrous consequences.

The Duration of Apoplexy

is very various. However, it is a general principle, that this disease, except in cases extremely rare, does not kill the patient on the spot. In a few instances death has taken place in a quarter of an hour after the first symptoms of effusion. In other cases, which still are to be considered as excessively grave, the fatal termination does not arrive before the lapse of one, two, four, or even six hours. All these cases are more or less rare. In a great majority the duration of the disease is longer; and, however it may be contrary to popular ideas, you may hold it for certain that sudden death is much more frequently produced by a rupture of one of the great vessels of the heart, or of the latter organ itself, than by apoplexy. Indeed, experience shows, that in several cases of sudden death, we can find nothing to explain the immediate cessation of life. We may invent hypotheses to cover our ignorance, we may have recourse to physiological explanations more or less ingenious, but laying these aside as mere conjectures, we are compelled to avow frankly that in some cases we can find no pathological lesion whatever to account for the sudden manner in which life has terminated.

Progress of Apoplexy.

The march of cerebral hemorrhage is almost as variable as its duration. Frequently the symptoms go on augmenting, and the disease progresses gradually up to the moment of death. In many other cases we do not observe this constant march from the commencement of the attack to its end. There are relapses at different times; the patient is at one period much better than another, and this alternation of amendment and recrudescence may go on for a considerable length of time; this is by no means rare; indeed, we may say that hemorrhage of the nervous centres is one of the diseases most liable to relapse. When the patient has been once attacked, he has generally one, two, or three relapses, the last

terminating fatally, and hence the prognosis is in most instances very unfavourable.

Other Variations in Symptoms.

If you remember what we have said during the study of hemorrhage of the nervous centres, you will be prepared to allow several varieties of this important disease. Some of them depend solely on the seat of the lesion. Hemorrhage of the cerebrum differs from that of the cerebellum: of the cerebellum from that of the spinal marrow. Some varieties are formed by the nature of the accompanying symptoms. Thus we may have apoplexy with loss of consciousness; we may have it with a perfect preservation of the intellectual faculties,—two very different forms, you must allow, of the same affection. Again, other varieties are distinguished, not according to the presence or the absence of some great leading symptom, but according to the intensity of the symptoms in general. This latter is a good practical division, one that has been handed down to us from a distant period. Thus apoplexy has been distinguished into mild, into dangerous, and finally, into apoplexy of a middle character. This is an old distinction, and one that is useful in practice, for it leads at once to an appreciation of the most remarkable disorders. Between the two extremes of “mild” and “dangerous” hemorrhage, may be arranged all the great variety of forms which we have pointed out in the course of the two preceding lectures. Finally, other varieties refer to certain complications attending or succeeding the effusion of blood. Thus some cases are distinguished by marks of inflammation or other disorders in some portion of the nervous pulp. In other cases the seat of the complication is far from the brain, and consists in inflammation &c. of one or more of the great viscera.

TREATMENT OF CEREBRAL HEMORRHAGE.

We have now arrived at an important part of our subject,—the treatment of hemorrhage of the nervous centres. However, our observations on the point shall be concise; many of them are anticipated by what we have already said when speaking of cerebral hyperemia. The chief business of the physician in the treatment of cerebral hemorrhage is to follow and combat the accidents as they present themselves; or the treatment may be considered under another point of view, and regarded as preventive.

Venesection

is certainly the fundamental means on which we should depend. A large quantity of blood should be immediately abstracted from the system; we repeat, a large quantity, because it is important to make a sud-

den and efficacious impression on the circulation by taking away a considerable mass of the circulating fluid. In general we choose a vein for this purpose, and allow the blood to flow freely through a large orifice. The good effects of venesection may be referred to two principal circumstances; the first is, that it manifestly opposes the continuance of the hemorrhage into the nervous centres. The second effect is to remove any congestion of the cerebral substance by which apoplexy is so often attended, and thus give the patient a great chance of recovery from that accident. Again, we obtain no small advantage, by a copious abstraction of blood, from its effect in preventing the inflammation, which, as we have before said, tends to develop itself in the nervous pulp immediately surrounding the apoplectic cell, two or three days after effusion has taken place. Finally, venesection may facilitate the absorption of the coagulum, and thus hasten the patient's recovery by removing the material cause of the secondary accidents. Thus, you see, we can justify the utility of general bleeding in many respects, and you will have occasion to prove the truth of what we have said, when the active exercise of your profession shall call you to apply these principles in practice. Many authors advise the blood to be drawn by opening one of the large veins in the fold of the arm. Others, on the contrary, prefer opening one of the veins in the neck, particularly the external jugular vein; we would recommend you, in all cases, to choose the arm. You can manage this part of the body more easily than any other; you avoid any unpleasant, or even any dangerous constriction of the neck, and you are more sure of obtaining the quantity of blood you desire in a shorter time. Finally, some writers speak of choosing a vein in the foot; but this is an uncertain method of bleeding, and not accompanied with any advantages which can make us prefer it to venesection at one of the veins in the arm. Some of the older authors, and, amongst others, MORGAGNI, recommend us to bleed in the occipital veins, a method by which they say we act more immediately and certainly on the brain, but the practice is now completely abandoned.

Another question that has been discussed is the following; "On which side of the body should we bleed?" should the abstraction of blood be made on the same side of the body at which the loss of motion exists, or should we open a vein on the opposite side? All this seems of very little importance indeed: by bleeding on the side opposite the paralysis, you probably abstract blood from the same side of the body at which the effusion exists, but it is not easy to see how the state of the circulation in the brain is more influenced by this than if we took away the same quantity of fluid from the

other arm: the general effects are certainly more in proportion to the rapid abstraction of blood, and to its quantity, than to the choice of one vein rather than another. We have already drawn your attention to the importance of taking away at once a large quantity of blood; your first bleeding should rarely fall short of a pound, and may be repeated according to circumstances: the English practitioners are in the habit of bleeding very freely; they generally abstract 20, 25, or even 30 ounces of blood at a time, and the effects of this practice seem to justify its adoption. You will find certain contradictions to bleeding freely forced by some writers; thus they say when the face is excessively pale, the countenance sunk, the habit of body feeble and meagre, we should be sparing in the quantity of vital fluid we abstract, and particularly in repeating venesection, but I think we are not to attach any importance to the circumstances just alluded to: it is absolutely necessary to arrest the flow of blood into the substance of the brain, and to dissipate any congestion which may attend the hemorrhage; these two points should dominate all the minor considerations.

Again, it has been asked, "Should we bleed if the attack of apoplexy comes on after a meal, when the stomach is charged with aliments?" Certainly. The presence of alimentary matter in the stomach might perhaps induce you to defer bleeding in cases of a trifling disorder, but in apoplexy, where the existence of the individual is so seriously compromised, we should not hesitate to have recourse at once, and on the spot, to this our fundamental means of treatment.

Having combatted the first effects of cerebral hemorrhage by a copious abstraction of blood from the arm, we must have recourse again and again to the same remedy, according to circumstances: we must keep it in reserve against those symptoms of congestion that manifest themselves at certain periods after effusion has been fully established; we must have recourse to it whenever the appearance of certain phenomena, which have been described in our former lecture, would lead us to conclude that the nervous pulp surrounding the apoplectic coagulum has been irritated by the presence of the lesion, and is about to pass into inflammation; these are so many indications that point out the necessity of again opening a vein: however, let me remark, that you must proceed with caution, and observe what may be called a middle term in the practice of venesection: that when we have to treat a patient who is labouring under the immediate effect of cerebral hemorrhage, where we are called immediately after the attack, we should bleed once largely; we should even repeat venesection to the same extent as the first bleed-

ing did not answer expectations; but after one or two abstractions of blood, practised at a short interval, if the intelligence should still remain obliterated, if the pulse do not rise, if symptoms of reviving consciousness do not manifest themselves, beware how you persevere; the further abstraction of blood becomes dangerous, the loss of a few more ounces may rapidly aggravate all the symptoms; the coma persists and becomes more profound, convulsions appear, the breathing becomes stertorous, and your patient, from whom you have taken the slight chance of existence that remained to him, sinks rapidly from the abuse of a means, which, if managed with precaution would have been his safety.

I have more than once seen cases where the whole treatment consisted in the application of a few leeches behind the ears, or to the temples, with the administration of one or two irritating enemata to act as derivatives on the intestinal canal; yet with this simple medication, pursued for two or three days, the intellectual faculties were restored, the coma was dissipated, and nothing remained of the cerebral hemorrhage but its almost constant attendant, paralysis of the limbs. These cases prove that nature alone is often sufficiently strong to combat with success the accidents of apoplexy, for we cannot attribute any great effect to the loss of blood abstracted by a few leeches. However, we would not conclude from these that sanguineous emissions are to be neglected; we would only draw your attention to the fact, that venesection may be pushed too far, and that repeated abstraction of blood, in cerebral hemorrhage as well as in various other diseases, may give rise to consequences far from being beneficial.

An excellent work (*beau travail*) might be composed on

The Abuse of Sanguineous Emission.

Had any of you the time, he would confer a benefit, not only on our science, but on humanity, by showing how injurious have been the effects of venesection when pushed beyond measure, even in the treatment of inflammatory disorders. He might prove that bleeding, when repeated too frequently, in cases of acute pneumonia, instead of cutting short the disease, has, on the contrary, shortened the existence of the patient, who sinks under the loss of blood injudiciously abstracted. We might pass in review the history of all other affections, and prove the same circumstance. Diseases, whether acute or chronic, have certain periods, certain phases, through which they must pass, and it is in vain that we would arrest the march of nature, or turn her aside from the march she has chosen. The patient, on the other hand, requires a certain degree of force to carry him successively through these several phases; and to ~~maintain~~ strength by a wan-

ton abstraction of the vital fluid, in the onset of disease, is only to leave him without resource at a later period, when it is most imperiously required. Hence, I say, take away a certain quantity of blood in the commencement of inflammation, or of other diseases which require venesection; this is good, this is rational; but if you pass this quantity, you transgress the bounds of a sage moderation, and you injure the patient instead of relieving him. To ascertain this wholesome medium is the difficulty: to decide when we have pushed venesection far enough is a point that requires all our skill, experience, and knowledge; but this is a consequence of the nature of the science we profess. Were it not the case, the practice of medicine would be an easy task, and the healing art accessible without difficulty to the first comer that presented himself.

Arteriotomy.

We have hitherto spoken of abstraction of blood from the nervous system only, but the temporal artery has been frequently opened in cases of cerebral disease, and many writers prefer this method of blood-letting to any other: they think a more powerful impression is made on the system when an artery has been opened. However, this opinion is not supported by a sufficient number of facts to make us abandon the practice of drawing blood from one of the large veins in the arm, a method which we consider preferable in several points of view. An American physician has even gone so far as to open the radial artery, but this is a bold practice, which we would not recommend you to imitate: all the necessary indications may be completely and satisfactorily fulfilled by opening a vein, without any of the inconveniences that obviously arise from arteriotomy.

Bleeding by Leeches.

When a sufficient quantity of blood has been drawn in this manner, we may second the effects of our first one or two bleedings, by applying leeches in greater or less numbers to the temples, behind the ears, to the cervical region, the anus, the inside of the thighs or the vulva in the female: each of these regions has been selected by different practitioners, according to their different ideas, and there are, perhaps, circumstances under which one may be preferable to another. It is of importance that the patient's head should be constantly kept in an elevated position, and you may also follow up the application of leeches &c., by covering the head with cloths dipped in cold water, or with ice.

Revulsives and Emetics.

Some writers have advised the application of a circular ligature round the limbs; it is not easy to see what beneficial effect

can be expected from such a proceeding. It is much more rational to have recourse, as a secondary means of treatment, to revulsives of various kinds; these may be applied in the form of blisters, sinapisms, &c. to various points of the cutaneous integument; some prefer administering them internally: they may then be given by the mouth, or thrown up the rectum in the form of irritating enemata. Some writers, especially the older ones, were in the habit of recommending emetics in cases of cerebral hemorrhage; you will find this, I say, frequently mentioned as an auxiliary in the older works; but must we point out the absurdity of such a practice? Emetics can only be injurious when any determination of blood to the head exists; they are still more dangerous when effusion has actually taken place, and you can easily understand how the muscular efforts that accompany the act of vomiting are more likely to aggravate the patient's condition, than confer a benefit.

Treatment of the Paralysis.

We have now to consider the treatment proper to combat the effects of the hemorrhage of the nervous centres. Paralysis is the most frequent and remarkable of these phenomena. Can we oppose any remedy to the modification of movement? Can we hope to combat the paralysis with success? The greater part of the secondary phenomena, and the paralysis in particular, are nothing but mere symptoms; it is not to them that we must address ourselves, our means of treatment are here consequently unavailing. As long as the cerebral substance is compressed by a coagulum of blood, you can easily conceive that we can do nothing for the paralysis, which is its necessary and immediate consequence. Our first and main object must be to favour the removal of this clot, the cause of all the lesions which manifest themselves in sensation or motion. However, when we have reason to think the coagulum has been absorbed, or at least is nearly removed, we must not remain idle spectators of the helpless condition of our patient; we must do something. For this purpose we may apply stimulating substances along the limbs; we may excite the nerves which supply the members, or the nervous plexuses from which the nerves are given off. In these cases, nuxvomica has been administered internally with a good deal of advantage. When the paralysis is of very old standing, it is reasonable to expect some benefit by stimulating the muscles, the immediate organs of locomotion; they have in some measure forgotten to act; they have been enfeebled by long rest, by a forced inactivity, and require perhaps only some additional stimulus to restore their power, which now rather lies dormant than completely annihilated. This practice then may

be adopted in cases of ancient paralysis, but take care, gentlemen, how you have recourse to it rashly in more recent cases; the use of stimulants will, under such circumstances, be calculated to determine a still greater degree of cerebral congestion, which may give rise to the most fatal results. In individuals labouring under the consequences of cerebral hemorrhage which dates at a period considerably far removed, we often find it highly advantageous to support the strength by the gentle administration of ferruginous preparations; by a light nourishing diet; by occasional use of mild bitters, &c. In this way we support the constitution under the struggle it has to make, and by aiding nature in her efforts to remove the material cause of the disease we obtain a final triumph.

As to the hygienic measures that should be observed during the course of cerebral hemorrhage, they are exactly similar to those proper for congestion of the brain; it is therefore unnecessary to recur to them on the present occasion. We may now ask Do we possess any

Means of preventing the Occurrence of Apoplexy?

Authors have recommended the practice of abstracting a quantity of blood from time to time, in cases where this accident seems likely to occur. It is a good one whenever any of the indications of central hemorrhage present themselves with any degree of clearness; but unless these precursory symptoms exist, it is quite superfluous and unreasonable to abstract blood on the simple supposition that our patient may be attacked with the disease in question. The same remark holds good with respect to the use of the seton and several other means which are ordinarily employed as preventives of apoplexy.

Hypertrophy of the Brain.

We have now passed in review some of the principal maladies of the nervous centres, at least the principal of those maladies which are attended with an organic change of structure in the part. We have successively studied hyperemia of the cerebro-spinal axis, anemia, inflammation, and hemorrhage. We now arrive at a second class, in which no organic lesion is found, in which the disease rather consists in an altered nutrition, in a new arrangement of the molecules, without destruction or disorganization of the nervous mass; this second class likewise comprehends four grand subdivisions, which we distinguish into hypertrophy of the nervous centres, atrophy, *induration*, and softening.

When speaking of encephalitis, we showed how the nervous pulp might, under the influence of different stimulants, present the appearances of hypertrophy or ramollissement; but in the actual state of the science,

we are unable to say whether the immediate cause of these two conditions be inflammation or not; hence we are justified in treating them apart. Indeed, for the interests of the science, we are compelled to treat ramollissement apart from inflammation, for by pursuing an opposite course, we should be compelled to neglect or confound several most important facts. Go to the hospitals, observe diseases of the brain: follow the case of a patient who presents a certain *ensemble* of symptoms, and you will say that he has a ramollissement of the brain, and not an encephalitis. The former is associated with a train of phenomena with which you are familiar; the latter is not yet fixed in your minds, and it is for that reason that we have considered it by itself in the present classification of cerebral maladies.

We shall next take up the second portion of our subject, hypertrophy of the spinal marrow. This is an affection which you should distinguish with great care from hyperemia; however, in many cases, as we shall have presently occasion to see, the substance of the chord is pale and bloodless, at the same time that it is hypertrophied. The increased nutrition may, and often does, coincide with increased vascularity, but in several other cases we find it is in connection with anemia. "What are the anatomical characters of hyperemia of the spinal marrow?" This is a question, the answer to which we must defer until our next meeting.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURES

ON CASES OF

STRICTURE OF THE URETHRA,

Delivered in the Session of 1836,

BY MR. LISTON.

LECTURE I.

GENTLEMEN,—You have had, during the last few months, many opportunities of observing the symptoms, consequences, and treatment, of strictures of the urethra, one of the most troublesome and dangerous diseases which the surgeon has to manage. You have had the opportunity of witnessing the cause, and I may even say the formation, of this disease, and of watching the development of the symptoms attendant upon obstinate contraction of the urinary passage of a most unmanageable form, viz., that following injury of the perineum.

CASE.—A man was admitted, J. D., 35

years of age, who, while going to his work early in the morning, when it was dark, slipped his foot into one of those apertures that are made in the pavement for throwing down coals. In some way or other he struck his perineum on the edge of the opening, and so great a quantity of blood escaped as to make him feel very faint. About seven hours afterwards he applied to the hospital, when, very properly, a catheter was introduced, or attempted to be introduced, but the instrument appears to have got entangled in some laceration, and a quantity of blood oozed out, although the greatest gentleness had been used. When I first saw the patient there was some swelling of the perineum, which became tender on pressure. Leeches and fomentations were applied, and he was discharged some two or three weeks afterwards, apparently very well. He returned, however, on the 25th of September, complaining of very great difficulty in passing urine, he having been dismissed on the 1st of that month. He was taken back as an out-patient. There was evident hardness of the perineum, and very great difficulty was experienced in passing the catheter; in fact he now suffered under a stricture of the very worst and most unmanageable kind.

Now a patient in such a situation, with stricture of this rigid kind, is in constant danger. He is in great risk of urinary abscess, and of extravasation occurring into the cellular tissue. He is, from the least excess, liable to complete retention of urine in the bladder, and if that be not most properly and promptly treated, fatal consequences may ensue, or he may be reduced to such a state that his after life will be so embittered as to be scarcely worth retaining. There is, in fact, no disease in which a person is more apt to be "bungled out of his life," than in retention of urine, whether from strictured urethra or any other cause. But even slight forms of the disease will bring upon the patient considerable suffering, mental and bodily, great irritability of temper, and serious interruptions to the complicated and important functions of the organs attacked, —even impotence, to some extent.

A great variety of disorders of function, and changes of structure, in the neighbouring parts, connected by sympathy or function with the urinary passage, have been supposed to depend on disease in that canal, and to be removable by putting it into a sound condition. There is much truth in the doctrine, though the treatment must not stop short at that point. Many diseases are certainly engendered or kept up by a disordered and irritable urethra, and the removal of that state enables the surgeon to apply his other remedial means with double effect. Many affections of the bladder, of the testes, of the prepuce, of the verge of the anus, can be much more readily

and certainly put to rights by attention to the point in question. There is a man up stairs in No. 3 ward who is labouring under stricture. He passes his water very frequently; there is great swelling and redness of the scrotum and prepuce, and ulceration about his glans penis, which for the present forbid any attempts to introduce instruments. He is passing much puriform matter with his urine, which is discharged with great difficulty, and frequently we shall find in such cases a very bad stricture to be causing all the mischief. The testicle is apt to suffer, often becoming swelled in consequence of irritation in the part; the prepuce thickens and contracts; and persons labouring under stricture have more or less uneasiness about the verge of the anus. There is a certain uncomfortable feeling, and a bearing down, great pain, and often difficulty, in passing the stools, and great exertion is called for on the part of the abdominal muscles to empty the bladder; you find also that the bowel is emptied at the same time, there is an evacuation of flatus, and very often of the more solid contents of the bowels. The patients, from the constant straining, are apt to have a determination of blood to the part, they labour under piles, and hemorrhoidal tumours internally and externally, and, very often, there is considerable falling down of the bowel. Other symptoms arise from irritation of the urethra, and among them many painful affections in the lower limbs. Neuralgic often hinge upon urethral derangement, and general and local treatment alike fail, together or combined, in affording relief, until this is looked to and remedied. I have now under treatment a man under thirty years of age, who had been actively treated during at least eighteen months before I saw him. He complained of violent and almost constant pain in the course of the left sacro-sciatic nerve. He had been cupped many times, as often as four times a week; he had had blisters and sinapisms applied, and he had tried all sorts of drugs internally; indeed he must have had the stomach of an ostrich to have got quit of the mass of horribly poisonous stuff put into it in the shape of medicine, and he had nearly ruined himself by the purchase of expensive and fashionable drugs, without obtaining even temporary respite. From a highly respectable chemist who supplied the patient, I have a list of the remedies used at various times. It comprised delphinia, strychnia, veratria, aconitine, colchicum, Dover's powder, and, lastly, carbonate of iron in immoderate quantities, though he might, under the circumstances, have, I doubt not, swallowed the chain cable and best bower anchor of a first-rate boat, in the form of rust, without being one whit relieved. Such, at least, is my impression. The state of his urinary organs had never been inquired into, or at

any rate attended to. He laboured, and had done so from before the neuralgic attack, under difficulty in passing his water. It came away frequently in a small stream, and with much straining. In the space of fourteen days, and by a few introductions of proper-sized bougies, beginning with a very small one, the pains all but left him, and he is now rubbing in, and it will be with effect, an ointment containing the most valuable of external narcotics, the veratria and aconitine, in the form recommended by Dr. TURNBULL. This is another instance, if any were wanting, to convince you of what I am constantly insisting upon, namely, the necessity of inquiring for, and searching out, the cause of surgical disease, as the first and most effectual means of cure, and doing away with that, if possible, whatever it may be. Pains of a gouty nature in the lower extremities often disappear upon the removal of disease or disorder of the urethra, and many patients have expressed to me their astonishment at the exemption from their usual sufferings consequent upon disorganization and debauch, after their urinary organs had been put into a right condition.

The remedy in such slight cases of stricture is readily applied, though, even there, skill and great caution are essential to the patient's well-being and safety. By rash, harsh, or frequent interference, the disorder of function may be increased instead of being alleviated, and in place of a trifling and easily remediable contraction, perhaps only a slight tenderness of some portion of the mucous lining, with irregular action of the surrounding muscles, a narrow and confined stricture may have its foundation laid, occasioning a contraction so tight, as to admit with difficulty and reluctance any instrument larger than a common probe, and surrounded by a substance almost as unyielding as fibro-cartilage.

Now stricture is produced in consequence of inflammation of a violent character. It does not naturally follow all inflammations, otherwise the great majority of the male population would assuredly labour under this troublesome disease. There are a great many young men who have had gonorrhoea, again and again, without experiencing the least difficulty after the cure has been completed, or, in the after period of life, in making water. Many people are exceedingly liable to gonorrhoea, and if they expose themselves to it much, they may perhaps have suffered under that infection a dozen or twenty times. I have seen patients who have had it as often as that, and still have not laboured under stricture. The inflammation in these cases is not of a violent character; it is attended with a discharge, which gradually subsides; but if the inflammation be in any way excited beyond a certain point, if it be excited in consequence of the discharge being suppressed suddenly

by debauchery, or by the improper use of injections, or if it be excited by (excellent remedies when judiciously and timely employed) the introduction of instruments during the inflammation,—if a bougie, for instance, be introduced during gonorrhœa, which is sometimes the case; and if that bougie be introduced forcibly, the inflammation will run so high, that it will be followed by the deposition of lymph in the cellular tissue, or, perhaps, on the surface of the lining membrane. But the worst cases of stricture are those which arise from external injury. They may occasionally be attributable to internal injury. There is also one case here, by-the-by, which shows remarkably well the cause of stricture. Two very strong reasons are seen, why the man should have suffered from this disease. Two very powerful exciting causes were applied. The man was aged 47, and was admitted on the 17th of December 1834. About six years ago, when rigging a vessel, he fell from a height of about thirty feet, and came astride upon a boom. He complained of severe injury in the loins, which was removed by cupping, but had then no affection of the urinary organs, excepting some hemorrhage from the passage. About four years ago, that was two years after the injury of the perineum, after being over-heated, and drinking a large quantity of cold beer, he was seized with retention of urine. He applied to a surgeon, who forced a large catheter into the bladder, and drew off the urine. This proceeding was also followed by profuse hemorrhage from the urethra. From that time he has complained of pain and difficulty in passing water. Now the cause of the retention no doubt was a stricture, occasioned by the bruise on the perineum, which perhaps did not attract his attention very much, afterwards aggravated by the debauch. While over-heated, he drank a quantity of cold beer, and inflammatory swelling of the thickened part followed; then a fresh injury was inflicted upon the urethra, the mucous tissue was very likely torn up extensively, and this was followed by fresh inflammation, which terminated in one of the most troublesome strictures I have encountered. He had a copious discharge of puriform matter from the urethra, and retention of urine occasionally supervened, but was relieved by fomentations. He had been twice under treatment, and derived considerable benefit from the measures that were then adopted. Upon his admission, some induration was felt along the course of the urethra and perineum. The stream of urine was small, and gave rise to considerable smarting, and sometimes great pain. The urine was opaque, and was discharged, with a great quantity of mucus. A catheter was introduced on two different occasions, and retained for some time, but not so long as

could have been wished, as the patient was irritable, and difficult to be managed. It was an exceedingly unyielding stricture, and there was for some time very little ground gained by the introduction of bougies. We were, you may recollect, under the necessity of leeching the perineum more than once, of correcting the state of his digestive organs, and of allowing long intervals to elapse betwixt the introduction of the catheter. He got into the service of the hospital, but had not long been in it before he was dismissed. He got doing some mischief or other, and was discharged, but not before the introduction of No. 8 catheter had been effected. I believe, when he went away, he made water perfectly well, the mucous discharge having ceased. As had a case as I have ever seen, arose from the laceration of the passage while the patient was yet a boy. I saw him labouring under dreadful difficulty in making water, and the urine was mixed up with an immense quantity of vitiated mucus. Sometimes the irritation was very violent, and the call to make water almost occurred every half hour. I had him brought from the country, and most actively treated. When a boy at school, he was seized with retention of urine in consequence of exposure to cold. The surgeon in the country had no proper instrument with him, and he endeavoured to relieve the patient by pushing in the handle of a spoon, with a small twisted old-fashioned handle, for helping sugar. This operation was followed, not by the evacuation of urine but of blood, and ever after that he had difficulty in passing urine. The stricture became confirmed, very likely fresh causes were applied, and the passage was inflamed again and again. Perhaps he had again and again gonorrhœa. In fact there is no saying what additional causes existed for the stricture. We often find, that very many causes have been in operation, an external bruise, for instance, when it is lucky for the individual if nothing else happens, for sometimes the symphysis pubis is separated, or the bones are broken, or a portion of bone enters the bladder, an injury which is almost always fatal within the first 24 hours; and if the patient escapes from the dangers of effusion of blood in the cellular tissue, and obstinate retention of urine, the foundation of the worst kind of stricture is laid. When I left the infirmary at Edinburgh, I had under treatment a man with very bad stricture, the cure of which was materially retarded by an attack of erysipelas of the face, followed by inflammation of the upper part of the windpipe and the fauces, with a profuse discharge of purulent matter. (Mr. Cooper had a patient who died after an attack of erysipelas from a disease of this kind—a sort of purulent laryngitis—and you may recollect that he showed you

one of my drawings of this appearance.) The patient of whom I last spoke, ascribed his stricture to his having slipped in stepping over a rail, on which he fell astride. I have seen various cases of strictures from blows. I had under treatment at one time a stricture produced by a kick with a heavy shoe, which I thought I never should overcome. The water passed only in drops. I failed again and again to introduce instruments. I got the catheter fixed in the stricture, but by no possibility could I get it through, and I had determined, as in the case of C. M., now in the house, to cut into the perineum, divide the urethra behind the stricture, bring the knife forward, and expose the extremity of the catheter, introduced as a guide, and thus be able to pass the instrument into the bladder, and there keep it. He was placed on the table, and tied up as for lithotomy, when I found the stricture yield a little, and on persevering I succeeded in getting a very small catheter into the bladder, and then, as you are aware, the cure was in my power. So in C. M.'s case, by a little perseverance on the day on which I thought of cutting into the perineum, I accomplished my object, and a very rapid and satisfactory cure resulted. I had a young patient, who, before I took charge of the Edinburgh Hospital, had been operated upon there, in whom the stricture was occasioned by the kick of a horse in the perineum—an odd place, by-the-by, for such an injury, for one cannot very well understand how the horse's hoof could reach the perineum. The scrotum was bruised, the part behind had also suffered. He richly deserved the punishment, for I believe he had put a furze bush under the horse's tail, and was tickling him in that tender region. He was afterwards further punished, for his perineum was cut into without any object being attained; when he came under my treatment, a catheter was passed, and retained for a short time. I sent him home again, but some hours after he was seized with retention of urine, and he was brought to me in great suffering and agony. A catheter was then re-introduced and retained until a profuse discharge took place, when the stricture yielded. The cure was completed, according to the method which I shall detail by-and-by.

Stricture also arises in consequence of the laceration of the passage in extracting stones, or from large stones being forced along by the impulse of the urine. We had a case, some little time ago, of false passage in the urethra, a fistulous aperture, through which the greater part of the urine was discharged, after the extraction of a stone. It appeared, from the history of the case, that the boy had laboured under stricture, from some cause or other. The stone had come down from the bladder, and had stopped behind the stricture. He was ad-

mitted into an hospital; I shall not say where, as it is not my wish to offend any one (many in the profession are uncommonly thin-skinned); the stone was cut out about an inch and a half behind the orifice. He took no great care of himself after that. Bougies were introduced in order to overcome the stricture, but the opening could not be made to close again. He was admitted labouring under retention of urine, and was relieved completely by the employment of fomentations; the stricture was dilated, so that Nos. 5, 6, or 7 catheters were admitted readily. The boy did not submit to treatment very well; he was opposed to such means as would have removed the cause, which was the first object, because the abatement of the stricture was essential to the closing of the false passage. Something more, however, would have been required. But it is very difficult to close up openings which are anterior to the scrotum. I do not know what the circumstances were that rendered an opening necessary, but if it had been possible to bring the stone through the orifice, and by introducing an instrument along the urethra, so as to divide the contraction, without injuring it from without; or, if it had been possible to push the stone back, no such bad consequences might have happened. I caution you against making an opening into the anterior part of the canal, for you will find it almost impossible to get the opening closed up again. Had the stone been thrust into the perineum, which it could have been without any risk, and cut out from thence, there would have been no fistulous aperture. I am not an advocate for dividing the stricture from within by the use of cutting catheters or other contrivances, but in a case where the stricture is near the orifice, almost within sight, I do not think that any injury would result; and certainly an incision into the perineum would be attended with less troublesome consequences than the incision anterior to the scrotum.

Having said so much to you about stricture, it is time that I should describe to you the symptoms. Slight stricture, especially after the parts have been excited, causes a frequent desire to make water, a scattering of the stream, and occasionally a discharge, a sort of gleet. The patient may apply for relief from some uneasiness in the perineum, or swelling of the testicle; when stricture is more confirmed, there can be very little doubt, from the symptoms, as to its existence. Then the water is passed only in a very small stream, indeed, sometimes, only in drops, and with great straining, and strong impulse on the rectum, for the parts sympathize closely, and are acted upon by the same muscles.

When the stricture is pretty well confirmed, the patient often supposing he has wholly emptied the bladder, may find a quantity of

water run off, in a minute or two afterwards, mixed probably with a quantity of viscid mucus. This is easily explained. In stricture, changes take place in the urethra, as well as in the bladder. If the stricture increases, the muscular coat of the bladder becomes very much contracted, and the cavity is diminished in capacity, and its mucous surface is altered, and in the urethra, more especially behind the contracted part, there is a dilatation, as may be seen in many preparations on the table. You find in a recent specimen the mucous coat always exceedingly thick, and loaded with dark-coloured blood. The muscular coat is four or five times thicker than it ought to be. The passage becomes very much dilated, generally speaking, behind the contraction, the necessary result of the stricture becoming tight. Sometimes great quantities of water collect in the pouch thus formed. Sometimes it is like a small bladder, and, not unfrequently, calculous matter collects in it; stones form in the perineum in this way, and it is from this pouch that the water oozes out after the calls to empty the bladder have gone off, and the patient has readjusted his habiliments; and if the patient be in the humbler ranks of life, and cannot constantly change his apparel, he is scarcely fit to be approached, for he smells as rank as a polecat.

The stricture, in the first instance, may involve but a very small part of the canal, presenting only such a contraction as might be produced by tying a firm small cord around the passage. But inflammation recurs, from time to time, from various causes,—from injections, or from some injury of the parts, either from without or from within; or the urine being obstructed may be impelled against the part with great force, and cause inflammation. Fresh depositions of lymph thus take place, and, ultimately, the limited stricture extends until a hard cord can be felt surrounding the passage, and increasing the contraction perhaps to the extent of an inch, or even more. This hardness in the perineum is found to obstruct the catheter, and you can take hold of the cartilaginous mass in guiding the instrument through the unyielding tissue, and the introduction is only accomplished in many cases after a good deal of perseverance and pressure.

If means be not taken to relieve this disease, ulceration is apt to ensue in that part of the canal into which the urine is constantly impelled. If the ulceration be rapid, or sloughing occur, there is a risk of the urine being extensively infiltrated in the cellular tissue; but, generally, if the urine be not completely retained in the bladder, it escapes, though in small quantities, through the urethra; the parts around the urethra become condensed and inflamed; and abscess may come slowly to the sur-

face, which, being opened, evacuates a quantity of well-digested but solid matter. A day or two may elapse before the inflammatory swelling subsides, when the urine begins to run through the cavity of the abscess, mixed with matter of no pleasant odour. Often the greater part of the water will come through this passage, and if the stricture becomes more and more confirmed, the whole of the water may at last pass so. One patient now under treatment here is somewhat in the condition described. C. M., aged 42, was admitted with a fistula in perineo, through which the greater part, if not the whole, of the urine, was passed on admission, in the first instance, and that not very freely. When this is the case, the stricture very often yields in some measure. It is not so much excited, as the water is not impelled with such violence against it. This patient had been long under treatment, and at one time great progress was made towards a cure. But, latterly, through his own carelessness, a great aggravation of the complaint had occurred. It was, for months previous to his presenting himself here, found quite impracticable to reach the bladder, with any sort of instrument. Caustics and cutting instruments from within had been employed, as is usual, without benefit. We occasionally meet with cases in which one abscess forms after another, and the scrotum is perforated by holes,—six, eight, or a dozen papillæ presenting in the scrotum and perineum, the whole of the water coming through them. I have treated several such cases, external injury or mismanagement having caused the passage to close entirely, not, however, without cicatrization of the surrounding tissues. Cases occasionally occur in which not a single drop of water has passed *per vias naturales* for several months. I had one case where nothing passed through the urethra for eighteen months, and I recollect another in which nothing was passed through the urethra for fifteen years. The man positively declared that not a single drop of water had passed through the urethra for that period, though he was not very far advanced in life. How he could so long submit to such inconvenience and suffering I cannot comprehend.

What is necessary to be done under such circumstances? I believe that it is only in these cases,—when you cannot by any possibility introduce the catheter,—that you should be under the necessity (excepting also in cases of extravasation) of making incisions into the perineum. I was, in the two cases to which I have alluded, very much afraid lest I should be obliged to put in practice an operation which is pretty often had recourse to unnecessarily, I suspect, that is, incision of the perineum, and division of the stricture from behind forwards, when the water was still passing

through the urethra, though in a very shabby way; but ultimately in both of them the catheter was, by cautious and persevering efforts, got into the bladder, and a cure was then accomplished without difficulty or delay.

I said that gradual ulceration frequently leads to abscess. Here is a very good specimen of it. Observe a ragged hole opening from the urethra into the cavity. The specimen was obtained from the body of a very old man who died from the effects of extravasation. The ulceration was recent, and here you perceive is the cavity of the abscess. By the progressive ulceration the matter gradually came to the surface.

But where the urine is retained, and the stricture, from the inflammation within, is entirely closed, a different result follows. Retention of urine, I need not tell you, is very alarming, and very difficult for the patient to bear. The symptoms come on very speedily, where stricture is the cause. The bladder, though not so very much thickened, as in this remarkably beautiful specimen, is, almost uniformly, much contracted, and incapable of being dilated to any extent. It will sometimes contain six or eight ounces of urine, and sometimes not above half that quantity. The symptoms of retention, therefore, come on at a very early period, and consequently the danger is very great. In a few hours after the symptoms have commenced, the patient, perhaps, thinks he is relieved, he feels as if water dribbled away from him, he has a sensation of heat in the perineum, and he is speedily afterwards alarmed on finding a large swelling in the scrotum, urine having got into the cellular tissue in consequence of sloughing of the dilated part of the canal; or the cyst in the abscess having given away by the same process; or an abscess by rapid ulceration, perhaps, has been forming, in close connection with the urethra, by the compression of which the urine is prevented from passing along the canal. You see this happens now and then during the progress of gonorrhœa. An abscess forms and impedes completely the passage of the urine, without any contraction existing in the passage. I had once under treatment such a case of gonorrhœa, the abscess being very deeply seated, in which the urine was arrested in its flow for the best part of three weeks. It is not a good practice to introduce instruments in acute inflammation of the passage, but in that case it was necessary, for ten or twelve days before I saw him, to introduce a catheter two or three times a day, to relieve the bladder. There was a sort of chronic abscess formed down by the side of the rectum, and it was only when it became apparent, and was evacuated by incision upon my first visit, that the patient got relief, and had the functions of the parts restored. Now where the patient makes

violent efforts to pass water, the cavity of that abscess, connected with the dilatation behind a tight stricture, is filled with urine, as well as the posterior part of the canal, and the parietes of the abscess give way, so as to permit the escape of the fluid, containing much saline matter, and very acrid, into the cellular tissue. The cyst does not burst, as some writers assert, nor does the urethra; but they either slough or ulcerate. Some patients, with retention, get through by active and judicious management, but a great many are lost, from even slight extravasation of urine. Another very great risk, in all these cases, from such an occurrence, that a fatal termination takes place at a very early period, and without time being given for the destruction of the cellular tissue, the urine seeming to act on the constitution as a poison. It is rapidly effused, and attended by a secretion of putrid sanies, with a sinking of the powers of life, and a speedy termination in death.

I should have mentioned before, that we find stricture occurring at various parts of the passage—strictures from injury. The very worst kinds are generally met with in the posterior part of the canal corresponding to the perineum, in the widest part of the urethra; but the strictures generally met with arise from acute inflammation, produced by the introduction of instruments, or the suppression of discharge. They generally occur in that part of the canal which is anterior to the sinus of the urethra, at three or four inches from the orifice. Strictures occur in the membranous portion of the canal, and they occur also, although not so often, very near the orifice. These are exceedingly unyielding, though *why* I cannot tell you, but contraction of one part often leads to contraction of another. Say that the passage is contracted behind, in the membranous portion, and the water does not come away in a full stream; the canal is never fully dilated. Naturally, one of the narrowest parts of the canal is at about three or four inches from the orifice. Here coarctation takes place, and also at the orifice, which is the tightest of all. The whole canal is, to a certain degree, diminished in caliber, and these parts more than any other. The disease very seldom exists singly. Other parts of the canal are generally affected, besides that which is first observed. In most cases you will be able to pass a catheter so far, say, through an obstruction at three inches from the orifice; but then an obstacle still exists further back. Perhaps the commencement of the membranous portion of the urethra is as badly thickened as the anterior. Before we next meet, I shall think on the subject carefully, and if I have now forgotten any of the symptoms or the circumstances connected with stricture, I shall then make up

for it. I shall then speak of the treatment. You have seen many cases here, but many more cases are met with in private practice which are not admissible into hospitals, the danger is so very slight. Only the worst cases of stricture are admitted here. It is right that you should understand this, and you should be prepared to treat them *scientifically*. But there are a great many very difficult cases, for, indeed, many patients labouring under this disease have been "bungled out of their lives" through ignorance and inattention. This drawing represents mortification of the scrotum from extravasation of urine. Patients do not often survive under such mischief, or until the parts become thus disorganized; some struggle through wonderfully, and if incisions be not made, as they ought to be, very early and very freely, the scrotum or the penis is often left uncovered and unprotected.

I should mention that occasionally the passage ulcerates towards the corpus spongiosum, and the urine is admitted into the vascular network, the penis becoming black in consequence. It is not into the body of the penis, but into the corpus spongiosum, that the infiltration occurs. The outer surface of the glans, as you are aware, communicates freely with the spongy body, is, in fact, a prolongation of that tissue. When the glans becomes black, and sloughs, it is about one of the most alarming and fatal signs which we meet with, and many are alarming enough in the disease. This is not a very common occurrence, but Sir BENJAMIN BRODIE mentions, I think, two or three cases in which he noticed it, and in all, the patients, I believe, perished. I have seen the appearance also more than once, but in one of the instances a fatal termination did not happen. The urine may in this way be admitted at once into the blood, and be returned by the veins into the mass of circulating fluid, and thus you can account for the bad consequences which almost invariably follow, but still a fatal result does not uniformly take place.

CURE OF ULCERS.—Dr. Cramer recommends for the treatment of ulcers, that a piece of lint, imbued with the discharge, should be dipped in an impalpable powder of the nitrate of silver, and then reapplied to the sore. This he repeats every day, or every other day, and by his enforcing a quiet state of the member, he mentions his having succeeded in healing the most obstinate ulcers in a period of six or eight weeks. He has likewise employed the same powder with advantage to the granular conjunctiva.—*Heidelberg. Klinische Annal.*

JERVIS-STREET HOSPITAL, DUBLIN.

CLINICAL REMARKS

BY

DR. WALLACE.

FRACTURES OF THE JAW.

JANUARY 19, 1836.—Ward No. 4.—Here, gentlemen, is a case of fractured jaw in a woman; let us compare it with the one in the man in the ward No. 2: the comparison will be useful. What are the relative situations of the fractures in these two cases? You saw that the man's fracture was situated just at the right side of the symphysis, that it passed between the first and second incisors. And here let me remark, that fractures of the jaw, although they are said to occur at the symphysis, never do take place in that situation, not really in it. This is what you might expect, when you reflect that the symphysis is much stronger than the part of the bone just connected with it, or at the side of it. You remark, that this woman has a fracture on the right side in precisely the same situation as that of the man, but you see she has got a second fracture; the bone is broken on the left side also, immediately in front of its angle. This renders her case far more serious than that of the man. Observe what a difference there is between them. You saw that the man appeared to suffer very little, and there was scarcely any deformity. See how much the fragments are here displaced; remark how this woman appears to suffer, what agonizing pain she seems to experience about the fractured angle, how the least motion of the head annoys her, and how she grasps her occiput with her hand to keep her head steady. She discharges abundantly saliva from the mouth, and is almost quite unable to articulate, whereas the man could speak very distinctly. What is the cause of this great difference in these two cases? I have often observed many of the distressing symptoms which you see in this woman, to arise when the jaw was fractured far back; and I have always supposed them to be owing to the injury of the trunk of the sub-maxillary nerve, which you know enters the bone near its angle, and is, therefore, much exposed to injury in such cases as the present, that is, when a fracture exists near the angle. There is also another reason why the double fracture in this woman should produce much more serious consequences than the single fracture in the man. The depressors of the jaw are almost all attached to the middle fragment, while the elevators are connected with the two posterior portions of the jaw; hence great displace-

ment must arise by the different parts of the jaw being pulled by their muscles in different directions. The middle portion is depressed, and the posterior portions are raised, and this displacement is greatly facilitated by the direction of the fractures, which is parallel to the line of direction in which the depressing muscles act, that is, from above downwards, and from before backwards. But in the man's case, the elevating muscles being connected with both fractured portions, the action of the depressors, which are connected with the large fragment, are greatly moderated, and hence there is little displacement.

Now how have these fractures been produced? How has the fracture in the man been produced? By a fall from a ladder on the chin. How has it been produced in the woman's case? By a blow on the left side of the jaw. You can easily conceive, that the mechanism of the forces which caused the fractures in these two cases near the symphysis was different, that is, the force did not act in the one case, as it did in the other. In the man's case, the tendency of the force was to straighten the jaw by pressing the convexity of the chin inwards and backwards, and the solution of continuity close to the symphysis commenced in the inside of the jaw, and extended outwards. In this woman's case, the force being applied to the side of the jaw, the tendency of its action was to increase the natural curve of the jaw, and the fracture near the symphysis must have commenced externally, and passed inwards, and most probably the second fracture occurred subsequently to the first, but by a continuance of the same force.

What difference of treatment must be adopted in these two cases? You have observed that the man seems to be very comfortable under his injury; and all that has been done has been to retain, by a bandage passed under the chin and over the head, the lower jaw against the upper; bits of cork being previously interposed between the teeth at each side. The same treatment has been adopted, you observe, in this woman's case, where there is a double fracture, but you see it does not answer. You see how much she suffers. Now we shall give her great ease by adopting the proper mode of treating such cases. The plan is to interpose a grooved cork at one side only, that is, at the side that is elevated, and then gently apply a bandage under the base of the jaw, so as to raise as much as possible the depressed side. Now let me explain to you the principles of this practice. Look, first, at the state in which the bones are. You remark that the portion of the jaw interposed between the two fractures is much depressed. This depression is caused, as I have already explained to you, by the contraction of the depressing muscles, and by the weight of the unsupported fragment of

jaw. You also remark what pain is given, whenever I attempt to raise this depressed portion into contact with the upper jaw, or to a level with the other portion. You see she will not allow this to be done; you cannot, in fact, by acting in this manner, either bring or retain the bones in their proper situation, and even if no pain were produced, the mechanism of the parts, and the direction in which the displacing muscles act, would soon render your endeavours unavailing. Well! what should be done? You must, as I have said, depress the raised part, you must bring it down to a level with the broken fragment; and you do this by interposing a cork between the upper jaw and the raised side, proportioning its thickness to the degree of displacement. You thus depress the raised side, and make it meet the depressed side. I shall now put in this cork at the raised side. See what relief it affords; I shall next pass this in at the other side. You remark she cannot bear it; I must remove it. Now I shall apply a bandage, as we did in the man's case. This, then, is the mode of treating these fractures. In the one case, you apply a cork at both sides; in the other, you apply it at one side only, and you see how admirably the difference of treatment is suited to the two cases. I should mention to you, that it will sometimes happen, that it will be useful in cases of double fracture to apply a second cork; for example, in the present instance we might apply a cork between the posterior teeth at the left side, not as it was applied between the upper jaw and the depressed fragment, but between the upper jaw and the posterior and left fragment of the lower, which is, as well as the right side of the jaw, kept raised by the elevator muscles. This would keep this portion of the jaw down to a level with the posterior end of the depressed middle fragment. I generally, however, find that this second cork is not necessary, for there is not in this part so much displacement as anteriorly. The cause of this you will easily comprehend, when you consider the attachment of the depressor muscles.

Let me make another remark to you. You might suppose that as a fractured jaw is subject to constant motion in speaking or deglutition, its reunion would not be easy. The reverse is, however, in general, the case, and I have often been surprised at the rapidity and satisfactory mode in which fractures of this bone unite, even in cases where from the carelessness and garrulity of the patient you might augur the worst. It is really very remarkable how admirably nature often works out her object in these cases: yet, I have sometimes seen these fractures remain ununited, and have then had occasion to verify the remark of Boyer, that it is surprising how little the disunion affects, after a time, either mastication or

enunciation. Dr. Physick, of Philadelphia, succeeded in causing reunion in a case of this kind, by the seton. I have also observed, on some occasions, union to have taken place with deformity. Hence, in saying that these cases turn out well, although little attention be paid to them, I am making only a general remark, and this must not induce you to pay a lax attention to them.

Ward No. 8.—Oh, another fractured jaw! How was this caused? (The house-surgeon replied "that she had been thrown down last night by a carriage in the street, that she was brought into the hospital in a state of insensibility, and that it was supposed a wheel had passed over her head.") Although there is, gentlemen, considerable swelling and tenderness in the fractured side of the jaw, and about the parotid, there does not appear so much injury as would probably have been caused had a wheel passed over the jaw. The fracture may have been produced by a simple fall on the jaw. Let us see where the fracture is: you remark that it is not in the situation of the fractures in either of the other cases: it is a single fracture, and corresponds to the interval of the first and second incisor of the left side: you also remark the nature of the displacement: the left or smaller portion is drawn outwards, and the larger inwards and backwards. There is scarcely any perpendicular displacement; this is owing to there being elevator muscles attached to each fragment. You remark that she has much more pain than the man in Ward No. 2, but less than the woman in No. 4. You see I can easily replace the parts in their proper position, by pulling outwards the left or smaller portion of the jaw, and by pressing backwards the right portion.

You may suppose, from the facility with which the fractures of the jaw in these three cases have been detected, that their diagnosis is always very easy; so it is if care be taken. You are, however, aware, that only a few days since, a man who had been discharged from prison, came to the Dispensary with an injury of his jaw, and when I told him that his jaw was fractured, he replied that he had himself told Surgeon — that his jaw was broke, but that he desired him to go about his business, that there was nothing the matter with his jaw. You see, therefore, that attention is requisite, and upon some occasions considerable attention is necessary, to detect a fracture of the jaw; for it may happen that there is no displacement whatever, and a crepitus may be evident to the patient, when it can scarcely be detected by another person.

HYDRIODATE OF POTASH IN SYPHILIS.

Ward No. 6.—You are, I am sure, gentlemen, attending closely to this man's most

interesting case; see what an alteration in his countenance; he has been in the hospital only a few days: when first admitted, he kept the ward awake all night, as I was informed, by his roaring out with the agonizing pains of his bones, and particularly of his shins. He says he now rests most comfortably: his shins were, on his admission, so uniformly swelled, from the knee to the ankle, that no defined prominences could be felt along the tibia, and the soft parts covering these bones were so tender, that he could not suffer the least pressure to be made on them. You see this is not now the case; there are a number of projections or exostoses, to be felt, and although the whole tibiae are still much larger than natural, they feel vastly smaller than they did four days ago. These changes in the form of his legs have resulted from the subsiding of the great tumefaction of the soft parts; all tenderness seems also to have subsided. You see he allows me to make pressure all along his shin. Again, look at his skin; you remark that the groups of shining, scaly tubercles, which were scattered over the surface of his body, and on his temples, have shrunk to a level with the surrounding skin; and two of those which had ulcerated, one on his back, and the other on his breast, have healed. Now what has caused all these remarkable changes in the space of four days? Two drachms of the hydriodate of potash. He has taken half a drachm of this salt daily for the last four days. This is precisely one of those cases of syphilis in which mercury acts as a poison; and this man was half poisoned by mercury before he applied here. The employment of the hydriodate of potash in such cases as this, is the greatest improvement which has taken place in medical surgery in modern times. This case makes the one hundred and twenty-fourth of secondary syphilis which I have so treated and carefully noted. Two years and a half have now passed since I commenced the investigation, and I have collected as great a body of facts as have ever perhaps been collected, respecting the treatment of any one chronic disease by a particular remedy. I am, I assure you, arranging, whenever I have a moment to spare, these cases, and will commence, before this month is out, to fulfil the promise, which I have long given you, of making them the subject of a series of clinical lectures on syphilis.

DISORGANIZATION OF TISSUES OF THE CALF.

Ward No. 3.—There is a disease, gentlemen, in the upper and back part of the calf of this boy's leg, to which I wish to direct your attention. You remark that there is great and deeply extending hardness in the part; that there is, what the common peo-

ple call, a "flag," that the skin has a slight purplish colour. The leg is bent on the thigh, he cannot straighten it. There is often much pain in this disease, particularly when the person stands or attempts to walk, and unless treated in one particular way, it is remarkably tedious, and often ends in the death of the hardened tissue, which falls out, and leaves a hole so large sometimes, that you could bury an orange in it. We had a similar case in Ward No. 4, a short time ago, in the person of a woman. She had been treated before she came under my care, as this boy has been treated, with poultices, and leeches, and stupes, and was not benefited, nor has this boy been benefited by a similar treatment. This affection yields rapidly to mercury, and, as far as I know, to mercury alone. The woman was materially relieved, just as soon as her gums were affected; and so will this boy be relieved as soon as the slightest action of mercury is perceptible. You see how poor and delicate a looking creature he is: you would say from his appearance that he had a very bad habit. The woman presented the same character of constitution, yet she bore the mercury well, and was extremely benefited by it. I may conjecture, but I do not pretend to say, what the disease is. I have told you its characters, and the manner in which you can cure it.

CASE OF

SMALL-POX COMPLICATED WITH HYSTERIA.

To the Editor of THE LANCET.

SIR,—If you consider the following case merits a place in your truly independent and widely-circulated Journal, I shall feel much obliged by its insertion. I have the honour to be, Sir, your obedient servant,

JOHN J. KELSO, M.D.

Lisburn, Jan. 20, 1836.

CASE.—J. F., *etat.* 19, of a stout make and sanguine temperament, enjoying up to the present attack, for the most part, uninterrupted good health. Dec. 18, 1835, I saw her, and found that three or four days since she commenced ailing, but considering her complaint as only a cold, no treatment was resorted to. She was lying on her right side, in a listless, stupid state, not caring to execute any motion, and apparently unconscious of what was passing around her. Has entirely lost the power of articulation, but appears quite sensible (in the intervals of frequent fits of delirium) of the nature of questions put to her, which she endeavours to respond to by efforts in which the whole

muscles of the trunk of the body, as it were, become roused into action, accompanied with a deep and powerful inspiration, to be instantly succeeded by a loud, protracted, but rather modulated shout. Those efforts at pronunciation are evidently teasing, if not actually painful, as she requires to be frequently interrogated before making them. Has severe headache, as evinced by the frequent application of her hands to the forehead; face flushed; skin hot and dry, and there appear a few specks on the chest, probably the eruption of small-pox. Tongue coated with a brown fur; pulse about 100, not full; stomach irritable, rejecting the ingesta, which is chiefly fluid, as there is considerable thirst; bowels constipated. The catamenia has been absent for these last two months. She was ordered a cooling mixture, with a common laxative powder.

22. The eruption of small-pox fully developed, the pustules being distinct, and rather few in number. Irritability of stomach has disappeared, and the appetite is improving. The thirst is less, pain in head diminished, but the state of lassitude persists, with a disinclination either to make the efforts at speaking, or to move herself in bed. Towards the evening there is a feverish access, and the nights are restless. Bowels preserved relaxed by cooling medicine.

26. The articulation is returning, the words, which are very imperfectly spoken, being wholly unintelligible to me, but not so to her immediate attendants. Complaints of severe pain in the lumbar region, shooting round to either groin, with a sense of heaviness in the hypogastrium. Face still keeps flushed, and the headache is occasionally violent. Tongue remains coated, but the appetite is unusually keen. Pulse about 90, rather weak. There is globus hystericus, and she cries and laughs alternately,—phenomena which set in a few days back. *Habcat emplastr. lyttae nuchæ.*

29. The pronunciation is becoming gradually more distinct and intelligible, the words being uttered at the top of an hysterical cry. There is present some debility, notwithstanding the keenness of her appetite. *Sumat Tinct. Lyttae gtt. xv ter in die. Vesicat. parv. dextr. mammae; hip-baths.*

Jan. 5, 1836. The debility has increased. Bowels have been purged from a dose of the pil. aloet. co., which she had taken. The sense of hearing is remarkably acute, and the nervous system generally in a state of considerable excitement. Nights are still restless. Has been taking bitters, wth carb. of iron, &c., for some time.

14. She is gradually, but rather slowly convalescing; some hysterical symptoms still persisting. The catamenia has not yet been restored. The tonic remedies &c. are to be continued.

Remarks.—The case just detailed I con-

sider as worthy of relation, by its affording interesting instruction, especially on two points. First, it evidences a rare example of the supervention of hysteria on the constitutional disturbance that ushers in variola. The violence of the hysteria may be judged from the fact of the complete suspension of the power of speech for the period of six days, and from its slow but gradual return to its wonted state of perfection, which it has now nearly regained. That the occurrence of this phenomenon was owing to the hysterical affection will hardly be questioned, since the existence of the latter was both then, and subsequently, unequivocally demonstrated by other phenomena that could not be mistaken; such as the wild, loud, and hysterical cry, with which she attempted to speak, the alternate crying and laughing, oftentimes immoderately, the exalted excitement of the nervous system generally, as evinced by a marked acuteness of hearing, amounting even to pain when words were uttered rather louder than usual, and an especial sensitiveness of the whole surface of the body, with globus, &c. But the question here occurs, whether the development of the hysteria is to be attributed to the pyrexia of the small-pox, or to the amenorrhœa, which, as has been seen, had existed for a period of two months. That the hysteria did not at least immediately originate in irregularity of menstruation is pretty evident, from the circumstance of the derangement of the uterine function persisting during even established convalescence. Its development may rather be referred to the fever, the system possibly having previously taken on the predisposition from the above, in conjunction, perhaps, with other causes. But although the vast importance attached to deranged uterine action as an exclusive, or even a chief, origin of hysteria, is justly exploded, it may still be considered as acting, to say the least, not altogether an unimportant part in its excitement as a predisponent cause. Hence its regulation, if possible, in all systems of treatment, should form, as it has formed with all enlightened practitioners, an indication, in every case, of primary moment.

Next, it adds another instance to the too many that are already on record, that vaccinia does not ensure a complete exemption to the system from a subsequent attack of variola. In proof of the genuineness of the variola in this case, notwithstanding the presence of a distinct vaccine indentation on one of her arms, I may simply enude-
 rate the intensity of the febrile commotion that ushered in the eruption, the regularity of the progress of the latter to maturity and decline, coupled with the fact of each vesicle exhibiting the characteristic central depression. Although it must be confessed that in this case the eruption was not very extensive and distinct, cases are not unfre-

quently observed to run their course, where vaccination was never practised with an equal degree of mildness.

It may not here be out of place to state, that for the last year, and better, small-pox has prevailed epidemically, to an alarming extent, in Lisburn, and in the country for many miles around it, attacking indiscriminately the vaccinated and the unvaccinated, the old and the young. It exhibited itself chiefly under the confluent form, and the number of fatal cases were uncommonly large, occurring, principally, as they did, in those who had never undergone vaccination. It was observable, too, that in all the cases which were vaccinated, and were afterwards attacked by variola,—and these were a considerable number,—it ran its course both more mildly and speedily, the mortality being comparatively trifling, the vesicles still presenting their distinguishing characteristics. But from the fact of vaccinia being thus found inefficient, in all cases, as a preventive to infection, the common people have considered the having recourse to vaccination as useless, and the opinion has extended, and is extending, propagated, as it is, in particular places, by some of its officious, if not influential members, that safety alone resides in inoculating with the variolous virus. Thus in some parts inoculation has been practised rather extensively; and although, generally speaking, the result is more favourable, the disease passing through its course more mildly, yet instances of a more fatal termination are by no means rare. Besides, the practice cannot be too much reprehended, as it not only tends to abuse the public mind against what yet must be considered as a valuable substitute, but operates injuriously on society, by the propagation of a dreadful, and we would fain have hoped, a banished scourge. Viewing, however, as I do, vaccinia as an admirable and still efficient security against variolous infection, under particular circumstances, it may not be improper to mention what those circumstances are; and in doing so I only reiterate an opinion, subject, so far as my experience goes, to no exception, not lately advanced, and which has, of late, become rather popular, that when considerable febrile commotion is excited in the system, with inflammation in the course of the absorbent vessels and glands, in the inoculated extremity, and the evolution of pustules, either round the original vaccine one, or on other parts of the body, (phenomena which fully demonstrate that the system has been influenced by the vaccine lymph.) the most implicit reliance may be placed on its adequacy as a preventive mean against all subsequent infection. It were useless to search after any other sufficiently valid test of the genuineness of vaccine lymph, than its demonstrable tangible effects on the living economy.

With regard to the treatment of the case, there is little worthy of remark beyond the fact that, as no remedies of an active nature, for combatting the hysteria, could be had recourse to during the progress of the small-pox, it was left to take for a time its own course. This was the more to be regretted, on account of the melanina appearing when the eruption was about beginning to decline, as this would have been the proper time for resorting to those remedies best calculated to elicit the catamenial discharge, the accomplishment of which would have proved, doubtless, an important preliminary step towards a cure; but the taking advantage of nature's effort, at that time, by any active treatment, would hardly have been justifiable. Subsequently, considerable debility set in which demanded a tonic system of treatment; and as the restoring the healthy tone to the system was considered the best emmenagogue, few remedies pertaining to this class were resorted to. The practice of irritating the mammae, recently so much lauded as an important means of eliciting the menses, through its acting sympathetically on the uterus, proved ineffectual; but at the same time it is right to state, that owing to the debility then present perhaps it had not a fair trial.

RHEUMATISM FOLLOWING GONORRHOEA.

To the Editor.—SIR, my attention having been drawn to a statement published in THE LANCET of Saturday, January 16th, respecting gonorrhoeal rheumatism, I beg to say that I think this disease does not in all cases arise from the administration of copaiba. There is at present a man in the *North-London Hospital* labouring under this disease, and who has been there for the last two or three weeks, and on my questioning him, he strongly denies ever having taken any of the above medicine. The treatment adopted by Dr. Elliotson in this case, consists in the exhibition of hydriodate of potassa, with manifest advantage. The most peculiar symptom in this case is a severe pain in the soles of the feet. The following is a short account of the symptoms peculiar to this form of disease, extracted from some rough notes taken at Dr. Elliotson's lectures at the University, when on the subject of rheumatism. "Rheumatism is very much predisposed to by gonorrhoea. This sort of rheumatism always affects the feet. It may affect the knees and hips also. It is also a very obstinate form. With this rheumatism there are generally attacks of superficial inflammation of one or both eyes. It is not iritis, and it is not purulent, but it is attended by copious watery secretion. Some persons never have gonorrhoea without this secretion."

There have been several other cases of this form of disease in the hospital during the last year, all of which have been successfully treated by the hydriodate of potassa. Should any other cases occur, I shall not fail to make inquiries, the result of which I will forward. I am, Sir, your obedient servant,

J. B. SAMUEL,
Student N. L. H.

Vauxhall, Jan. 23, 1836.

MEDICAL AID FOR THE SICK POOR.

PROPOSAL FOR ITS SUPPLY ON EQUITABLE PRINCIPLES.

To the Editor of THE LANCET.

SIR,—Having been lately requested to sign a protest of the general practitioners in medicine of this part of the country, against the misrepresentations of the Poor-law Commissioners,—which, although in no way interested, except as the advocate of justice and humanity, I had great pleasure in doing; and having for many months past listened to endless discussions, and read an infinity of remonstrances, and letters, and complaints on the subject, I still think that the main points and strength of the case have been overlooked, and therefore should you think this letter of an impartial bystander worth publication, I beg you will give it a place in the first spare corner of THE LANCET.

Every one will admit that our Government must have been actuated by the laudable desire of ensuring proper medical attendance to the sick poor of the country, and it remains to be seen whether their agents, the Poor-law Commissioners, have adopted the proper steps for effecting that national object, or whether they have not, on the contrary, sought to slur over the calls of true humanity, and, as I shall presently show, by practising on the fears of the established medical officer, driven bargains with him, and, on degrading terms, exacted an amount of duty which never can be rendered with the effect sought to be obtained, because in their rage for union and centralization, they have in many instances removed the sick poor as effectually beyond his eye, and out of his reach, as if the object had been to deny them all medical assistance whatever.

It has ever been easy to be charitable at the expense of others, and the game has too often been played of seeking popularity and applause, to the prejudice of justice. When the Poor-law Commissioners therefore claimed credit for economical reform, by advertising for the lowest tenders, and calling up the inexperienced needy adventurer from the schools, in want of a place, to un-

derbid the established practitioner who had long been in charge, they handed over the sick poor to serve the purpose of the former's unprincipled speculation, or held him up in *terrorem* over the latter, with the view of imposing conditions upon him which he never could execute in fairness either to the unfortunate paupers or himself, but which, in order to preserve the practice on which he subsisted, he found himself obliged to submit.

This surely was intimidation and not justice—far less could it come under the denomination either of charity or humanity, and as it must be the aim of every parental government to protect all classes of its subjects, the numerous medical practitioners throughout the land have a right to invoke its protecting shield against their present oppressors, and this can be extended to them effectually, only in the way of a national enactment, providing medical attendance in every parish for all the paupers, whether sick or well, in the list, on equitable terms, at so much annual cost per head, and then the Commissioners, by selecting and appointing the best, instead of advertising for the worst, may exercise, and under proper regulations enforce, that humanity to which they were so falsely laying claim.

As a contract, take it in what way you will, always implies eventual gain to the contractor, every system of tender and underbidding must be bad, and in the long run the sick poor must be the only sufferers. The system I advocate, were it fairly entertained by the legislature, would be national, humane, and just to all parties. It has for ages, under certain modifications, been practised in the army and navy. It was, as I have witnessed, executed with the best effect amongst all communities of negroes throughout the West Indies, and I can conceive no good reason why, *mutatis mutandis*, it may not be brought into operation amongst the pauper population of Great Britain. One mighty advantage would be the simplification of accounts, of regulation, and of duty. All would be comprehended, without confusion or dispute, under one principle of action; and if the reciprocity of compensation and duty be justly poised, the sick poor would be duly cared for, and the medical attendant not degradingly, because not unjustly, rewarded. Any other plan than this must be fraudulent, as laying claim to charity, and that too without effecting the object, at the expense of the medical profession, while it cannot fail to involve the members of this last in perpetual contest with the poor-law authorities; they are seeking to impose, and the other to avoid, impossible duties, and all to the prejudice of the poor. This would be clear and intelligible to every one, and should it appear so to the profession, I hope they will arise, as one man, to seek the protec-

tion which its enactment would afford. I do not here enter into details to prove the foregoing, or to show that the best established practitioner of every parish, from his knowledge of the pauper's character, and the responsibility for his own, must ever be the fittest in the first instance, and should never be employed out of its bounds, or at least beyond his beat, for the sick poor require to be protected against neglect, as much as their doctor against oppression; but I am ready to do so should my statements be disputed.

Having, of late, avoided the topic, and ceased to read upon this tiresome subject (for nothing is so tiresome as the reiterated language of unredressed grievance), I really cannot tell whether the above proposal may not already have been laid before the public through some other channel; if it has, this letter will be superfluous; but if otherwise, its publication in *THE LANCET* may probably, in some degree, serve the cause of the profession. I have the honour to remain, Sir, your most obedient servant,

W. FERGUSSON, M.D.,

Inspector-General of Hospitals, H.P.

Windsor, Jan. 20, 1836.

MEDICAL POOR-LAW CONTRACTS.

LETTER FROM MR. RUMSEY.

To the Editor of *THE LANCET*.

SIR,—I have perused the leading article in *THE LANCET* of Saturday last relative to the mode of making medical contracts in the Poor-Law Unions, and beg, in reply, to assure you that much as I should rejoice to see some decisive step taken to bring the present state of parochial medical attendance under the notice and investigation of Parliament, I should not feel justified in coming forward as you propose, to call a public meeting of the profession in London.

My reasons are as follow:—

1st. In my official capacity, as Secretary to a Committee consisting of eleven members of the *Provincial Medical Association* (residing in eight different counties of England and Wales). I could, of course, do nothing without their joint approbation and direction.

2nd. I am quite uncertain whether their approbation to such a measure would be obtained, or whether they would consider themselves authorized to act in a manner not at all contemplated in their original appointment, which was for a specific object, viz. to report on this matter at the next anniversary of the Association.

3rd. It is also very doubtful whether a public meeting in the metropolis would ascertain the feeling of the great body of

country practitioners, very few of whom could attend, and still fewer could remain long enough to enter fully into the subject, which requires a particularly careful and calm discussion.

My own opinion with regard to the best course to be pursued on the occasion is, that associations of medical practitioners should forthwith be formed in every county or district, similar to those in Berkshire, Buckinghamshire, Sussex, the Wealds of Kent, and East Kent,—that meetings should be held by each association, for collecting evidence relative to the working of the present system; for devising the most effectual means for a remedy; and for taking immediate measures to bring their views before the consideration of Parliament, either by petition, or by direct communication with their local representatives. It might also be desirable for each association to appoint one or two *deputies*, who might meet in London, and who, being fully prepared for the discussion, might agree, *with effect*, on some plan to be submitted to the Legislature.

However, as I am desirous that your recommendation should have full weight, I have written to all my colleagues on the subject, and if anything should transpire from our consultation worthy of your knowledge, I shall not fail, with your permission, speedily to inform you of it.

As the appeal to me was public, perhaps my reply should likewise be so. I have the honour to be, Sir, your very obedient servant,

H. W. RUMSEY.

Chesham, Feb. 1st, 1836.

CONDUCT OF THE APOTHECARY EXAMINERS OF MR. SMITH.

To the Editor of THE LANCET.

SIR,—I trust the interest which you have always shown in the cause of medical students generally, and in the case of a late rejected candidate for the apothecaries' license, especially, will extend to an early insertion of this letter, as it touches very materially upon one point in the report of his case.

It was stated by the Chairman at the meeting at the *Crown and Anchor*, and again reported in your journal, that in the course of the examination of Mr. Smith, the indentures of the candidate were produced by the Secretary, Mr. Watson. I presented myself on the same evening as the gentleman alluded to. The proceedings commenced by each signing his name, testifying that all the certificates he had produced were correct. After this, and previous to the commencement of any one of the examinations, my

indentures were returned to me, and I immediately left the table. Thus, having preceded Mr. Smith, I did not see whether his were returned to him; but from others who have passed the Hall, and, among those, one who presented himself on the same evening, I have ascertained that their indentures were returned after the same manner as mine. Now in my case, as in others, my examiner could not have perused my indentures a second time, unless I had voluntarily produced them, or Mr. Watson or some one else had picked my pocket while my attention was so very anxiously engaged; and in that case one or two circumstances must have taken place: either the candidate or his foster tutor, Mr. Meade, has made an incorrect statement,* or the indentures must have been retained specially for the purpose of their production in the manner described. If the first suggestion which I have thrown out be satisfactorily refuted by Mr. Smith himself, and he certainly ought to notice it, it will warrant the charge that his rejection was *premeditated*, and that animosity was entertained towards him by the examiners, ending in an act of foul injustice. If Mr. Smith vouches for the truth of the statement, the Secretary to the Society of Apothecaries will afford, as a matter of course, an explanation of this most extraordinary affair. I am, Sir, your obedient servant,

INVESTIGATOR.

London, Jan. 28th, 1836.

MEDICAL MAGISTRATES.

SIR,—As the champion of the general practitioner, I address myself to you on a subject which interests our profession. I understand that the Lord Lieutenant of this county refuses, most preposterously, to hear of any application made to him on the part of any member of the medical profession, for an appointment as magistrate. Has his Grace's elevation precluded him from knowing that this class of his Majesty's subjects is as well educated and more generally informed than most others, and that their conduct, their habits, and their means of acquiring a knowledge of mankind, are not excelled by those of any other? Upon what ground, then, does his Grace object to the medical practitioner? We know, for we have had many examples, that any illiterate retail trader whose success in business has enabled him to become possessed of a freehold property of the value of 100*l.* per annum, professing *Tory* principles, has no difficulty of mounting the bench.

* The latter gentleman has been engaged as private tutor sufficiently long to be well aware that the production of the indentures could be only compatible with great irregularity in the customs of the court, and I certainly ought to have commented upon the statement at the meeting.

An old law which excused medical men from serving on juries, and performing the duties of parochial offices &c., and which was then intended as a boon, has of late years been converted into a reproach by the ignorant. The office of coroner was formerly frequently held by the medical practitioner.

I am very happy to see by the late municipal returns that many of the towns have appointed medical men as councillors; and I trust that, ere long, our body will take that station in society, and assume that importance, to which its intelligence and moral character entitle it. I am, Sir, yours &c.

MEDICUS.

London, Jan. 23, 1836.

PETITION FOR REMUNERATION AT CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—I take the earliest opportunity to inform you that at a Committee meeting of the *Berkshire Medical Association*, held this day at the *Reading Dispensary*, the following petition was prepared for presentation to the House of Commons. I am directed to request that Robert Palmer, Esq., will do us the honour to present it, and also to furnish a copy to all the members in the county, with an earnest solicitation of their support. I have the honour to be, Sir, your obedient servant,

GEORGE MAY.

Reading, Feb. 2, 1836.

To the Honourable the Commons, &c.

The Petition of the undersigned Medical Practitioners resident in Reading and its vicinity, and in other towns and villages in the county of Berks,

Humbly sheweth,

That your Petitioners have been at all times willing to further the due administration of justice in their attendance on Coroners' Inquests.

That the duties which thus devolve on your Petitioners are highly important and responsible, requiring the possession of extensive knowledge, and the devotion of much time and anxious labour.

That your Petitioners are advised and believe, that the law in its present state does provide a remuneration for their services at Coroners' Inquests.

That your Petitioners respectfully appeal to your Honourable House, with the temperate but earnest language of complaint and remonstrance, humbly beseeching you to supply a remedy against the injustice which they thus suffer, and to enact the award of such equitable remuneration as in your wisdom may seem meet.

And your Petitioners will ever pray, &c.

ALDERSGATE SCHOOL OF MEDICINE.

LETTER FROM DR. CUMMIN.

To the Editor of THE LANCET.

SIR,—My name having been very unceremoniously introduced into your last number by a writer signing himself "An Attendant at the Aldersgate-street School," you will perhaps allow me to set this person right with respect at least to his principal misstatement.

The fact is this. When I quitted the theatre on Wednesday last, after lecture, found in the museum a student who said he wanted to put a question to me, and hoped would answer it. I assented. Upon which, to my surprise, he began with, "Understanding, Dr. Cummin, that you are part editor of the *Medical Gazette*, in which an article has appeared"—I at once cut short the speaker to demand what right he had to address me in that form; I pointed out to him the impropriety of his conduct, and added that it was highly impertinent in him or anybody else to impute to me the authorship of any article appearing without any signature in the *Medical Gazette*.

Such was the whole amount of what passed; Mr. Skey and Mr. Furley, who were present, can vouch for the truth of what I state. The latter part, consequently, of your anonymous correspondent's letter, beginning with, "It is but just to Dr. Cummin," &c., is totally unfounded—pure and gratuitous fiction. I am, Sir, your obedient servant,

W. CUMMIN.

February 1st, 1836;

24, Great Russell Street, Bloomsbury.

Dr. Cummin having submitted to our perusal the preceding letter, we can guarantee the perfect correctness of the statement which it contains.

F. C. SKEY.

EDWARD FURLEY.

Aldersgate School of Medicine;

February 1st, 1836.

THE LANCET.

London, Saturday, February 6, 1836.

Two or three weeks since we were instructed to believe, by the hirelings of the corruptionists, that the draft of the charter of the new Metropolitan University was in a state of forward preparation, and, more-

over, that the preliminary labour had thus far been executed by the enemies of medical reform. The charter was to be out in a few days, and its machinery was to be set in active motion by the wily fabricators, and the partisans of the two chief medical corporations. Yet there is no charter, and there is no person beyond the precincts of the Privy Council Chamber, who can obtain a glimpse of such a document. Let us hope, then, that discussion, exposition, and a little salutary agitation, have been productive of some advantages to the community. If this matter had been left to be settled quietly in holes and corners by the intriguers, the charter long since would have received the sign manual of the King, and a precious charter in all probability it would have been. Not that the Ministers have no desire to do justice to the public in this transaction, but because it is quite clear, from what has already transpired, that they were not acquainted with, or had not sufficiently investigated, the laws which the new institution was designed to effect.

Anticipating that some such obscurity of the intellect prevailed on this subject in the Cabinet, we insisted on the production of a draft of the intended instrument, and we now unhesitatingly contend that the prerogative of the Crown with respect to charters, is grossly abused, and brought into public odium, when it is exercised secretly, in consummating measures which affect the general interests of the people. If nothing wrong be intended, whence the necessity for concealment? But the mere endeavour to carry on the work secretly is proof, *a priori*, that something wrong is intended. If Charters are to be privately constructed, why also are not Acts of Parliament? In both cases there is an equal reference to the principles of legislation, as well as to the details by which the laws are to be executed.

The monopolists of our colleges must be sorely perplexed on finding that the predictions of their hireling tools have not been

verified, and they may now, perchance, if they be not totally blind, discover, that in the very hesitation of the executive, is to be found one of the best proofs of the honesty of the Ministers. It is now sufficiently evident that the advisers of the Crown have not been entrapped, whatever may have been the number of snares set for their discomfiture and betrayal. At all events, it will be found, ultimately, we apprehend, that the opponents of instituting a liberal University in this metropolis, will not have the misfortune to be the chief labourers in the work. Even if their evil genius have been consulted in the design, their plans, we can assure them, *will not be adopted*, so that neither from their heads nor their hands will any auxiliary aid be solicited or obtained.

Although we were told, again and again, that the charter was near its completion, yet no hint was given of what would be its conditions, and the friends of the new institution were exposed to the incessant torture of conjecturing its contents. There was much of discretion manifested in this studied silence, experience having but too long proved that arrangements in medical government which were suited to the feelings and practices of our two detested medical colleges, would at once be spurned with indignation by nineteen twentieths of the profession. A popular liberal government would hardly trust, in so important an undertaking as that of founding a new University, the ramp of that most intolerant faction, which, even now, by its prejudices and bigoted conduct, is daily throwing an additional burden of degradation on the governing councils of the Colleges of Physicians and Surgeons. Throughout the progress of the discussion on the new project, we have not for a moment doubted the integrity of the CHANCELLOR of the EXCHEQUER and his colleagues. But it occurred to us that they stood in need of some wholesome advice. It was imagined that they would start the new institution with

precipitancy,—that a sinister influence might establish and work out the governing principle, and the dangers were magnified in our view by supposing that the well-meaning founders commanded but a very imperfect knowledge of medical law, and of the multifarious circumstances which are connected with the existing chartered corporations. The contrivers in this instance, on both sides of the question, have appeared to imagine that it is as easy to manufacture and set in motion a new metropolitan University, as to puff out a soap-bubble, and float it in the air. The minds of these persons, however, it is evident, have not been applied to the most intricate or weighty parts of the subject, or, possibly, the most active of the advisers of the CHANCELLOR of the EXCHEQUER have consisted of two descriptions of persons,—one anxious that the institution should be imperfectly founded, in order that it might experience a speedy downfall,—the other, less anxious regarding the general interests of science and the community, than for the success of one or two favourite institutions. Placed between the clashing views of individuals whose minds were thus biased, the Ministers have not had an easy duty to discharge. The delay, therefore, which has occurred in executing it, must induce every unprejudiced person to believe that they would not willingly lend themselves to forward the sinister schemes of either faction. We still hope and believe, therefore, that the advisers of the Crown will go straight forward in their undertaking, fearlessly, boldly; disregarding the threats of enemies on the one hand, and the interested entreaties of friends on the other. A more glorious opportunity for founding a national institution, dedicated to literature and the sciences, never offered itself to a body of enlightened statesmen, and as the enemies of reform have conceded a principle, difficulties there can be none where there is found comprehensiveness and vigour of intellect.

We are presuming, however, that there

is honesty of purpose, that there exists on the part of the executive authority an ardent love for the diffusion of knowledge, and, in the pursuance of that great and divine object, that there shall be manifested a display of contempt and defiance towards every individual who presumes to occupy a position which is detrimental to the hopes and prospects of the majority of the nation. If the new institution be based upon just principles, it will not so much be the University of London as the University of the Empire, whose inviting portals will receive without distinction the sons of genius and intellectual industry. If it be designed to give an impetus to the progress of knowledge, why, we ask for the hundredth time, should its utility be lessened, its splendour be clouded, by the imposition on students belonging to certain schools, of a peremptory curriculum? The system of education should remain as free as the air; and the certificate system, as it is at present carried into operation between the schools and the colleges, ought to be annihilated for ever. What is it, in fact, but a tax which operates prohibitory of honours, of fame, and of fortune, against the natural talents and prospects of the poorer members of society? This question should be answered unrestrainedly by every advocate of the certificate system, and if the answer contain no refutation of the principle for which we contend, let us have an institution which shall be devoted to the interests of the nation, and not dedicated to the sordid interests of a monied aristocracy.

IN THE LANCET of last week, we inserted a note at page 727, signed "An Attendant at the Aldersgate-Street School," in which reference was made to the alleged disclaimer of a Dr. CUMMIN, that he was in any way connected with the trashy thing printed every week, called "The Medical Gazette." A note will be found, on the same subject, in the present Number of THE LANCET, from Dr. W. CUMMIN himself. In this last

production, there is a contradiction of a portion of the statement which was contained in the one first published. But what is to be inferred from the remainder of the epistle? We put the question, in order that it may be answered by the party who is most deeply interested in the affair. Before, however, any reply can reach us from that individual, it is our bounden duty to inform Dr. W. CUMMIN, that it has repeatedly been stated to us that he is the coadjutor of MACLEOD in printing the attacks which systematically appear in "The Medical Gazette" against the general practitioners of this country. Out of mere mercy to Dr. W. CUMMIN, and from a dread of subjecting ourselves to the reproach consequent on giving currency to an incorrect accusation of so serious a character, we have hitherto refrained from coupling the name of CUMMIN with that of MACLEOD in the work of slandering—perseveringly and systematically calumniating,—the general practitioners of medicine in this empire. Every man of honourable feeling would shrink, instinctively, on hearing that it had been rumoured that he was the writer of the articles in, or was in any way connected with, the editorial department of so infamous a work as "The Medical Gazette." Even MACLEOD, it will be recollected, sent, whiningly and cringingly, to the Editor of THE LANCET, protesting that he had ceased to be the hack of the booksellers in Paternoster Row. Even RODERICK MACLEOD hastened to rid his pure character from the imputation of being the fabricator of a journal, in which, at the command of employers attached to the "recognised" hospitals, attempts had so long been made to hold up to derision and scorn the professional character of the great body of English medical practitioners. MACLEOD knew, and had long been made to feel, that he had, on many occasions, contrasted the "eminent names" of writers who had figured in the columns of the subscription journal, with the comparatively "unknown," but not less re-

spectable names, which were attached in the pages of THE LANCET to many of the best medical productions that had ever been printed in the English language. In the eyes of the Editor of "The Medical Gazette" (the poor devil was whipped to his work), a knowledge of the science of medicine and surgery was confined to "hospital" physicians and "hospital" surgeons. Like his friend and colleague BENJAMIN BRODIE, he treated general practitioners as a "subordinate" class of men, and—not stopping there,—with a malignant cowardice never equalled in the annals of literary or controversial turpitude, finding that he was incapable of coping, in arguments and statements of facts, with the advocate—many years the only advocate—of general practitioners, the writer of the editorial articles in "The Medical Gazette" became a moral assassin, and insinuated a charge against the character of the advocate of the general practitioner, which a malignant and cowardly spirit would not allow him to make openly, and under circumstances of just and honourable responsibility. There continued the despicable slanderer, whoever he may have been, behind the shield of, as he hoped, an impenetrable ambush. The disgust and indignation, however, of the maligned majority of the profession, took a direction which prompted RODERICK MACLEOD to assert that he was no longer editor of "The Gazette." In a moment of virtuous regret, or of Scottish prudence, he tried to escape from the responsibility of the connection. Suddenly struck with horror at his position in society, he retreated from the bar of public scorn, with as much precipitancy and rapidity as he flew to the Police Magistrates of Marlborough-street, from the horsewhip of Mr. MACHISTIE. Whether, in denying his connection with "The Medical Gazette," the statement of RODERICK MACLEOD was true or false, it has not been necessary, from that period, to make his conduct and character the subject of more than an occasional curatory remark. Who

ever may have been the writer of "The Gazette," whoever may have been guilty of the baseness and cowardice of attacking the private character of the Editor of *THE LANCET*, because that Journal was strenuous and persevering in support of the rights of thousands of English surgeons against the encroachments of the Colleges, and the insults offered to them by the functionaries of the Hospitals, the slanderer succeeded in destroying his own; at any rate, of causing the bare suspicion that any man could be the author of so much infamy, to be converted into the means of his own professional ruin. When RODERICK MACLEOD ceased to be the Editor of "The Medical Gazette," we know not; but we believe that the most that can be said of him at present is, that he has the opportunity of administering "bread pills" to some of the patients of *St. George's Hospital*. He is *one* of the sufferers in that establishment. His fate is redolent with instructive warning.

But to return to Dr. W. CUMMIN. The contents of his note, we tell him frankly, are of a suspicious description. He has taken a step which requires that he should advance farther, or sink back at once into the abyss of odium in which the report of his being connected with "The Medical Gazette" had thrown him in the minds of the students. There is no escaping from the dilemma but by making an unqualified declaration that he has no official connection with the editorial department of that production. Unless he be in a condition to publish such a disclaimer, he will probably spare himself many years of anxiety and fruitless toil, by at once taking his departure from this metropolis, and returning to his native country. Neither the soil of England, nor the feelings of the bulk of his professional brethren, will be found at all congenial with his professional pursuits and interests. We trust, therefore, that the next communication of Dr. W. CUMMIN will be sufficiently expurgatory of

the stain which still lodges upon his reputation. Already he seems sensible that the bare suspicion of his connection with the editorial office of "The Medical Gazette," demands the substantiation of a contradiction offered under his own name, by the testimony of two witnesses. He has already made a true estimate of what must be the certain consequences of a connection with the pestiferous and odious journal in the pages of which the signs of cowardice, falsehood, and malignity, have been regularly traced by the pen of a concealed low-minded slanderer.

In the notices which have appeared in the journal so frequently named in the course of the foregoing remarks, of the great meeting of medical students held at the *Crown and Anchor*, the consistency of that work, in its love of calumny, is strikingly apparent. Not content with falsifying the conduct of the gentleman whose temperate and admirable behaviour conferred a dignity on the deliberations of that assembly, which could not have been adequately derived from any other source, the maligner of the students, the defender of the unjust conduct of the Apothecaries' Company, the systematic advocate of the abuses of our hospitals, and the corruption of our corporations,—this contemptible slanderer of the bulk of the English medical profession, must necessarily display his viperous poison in making an attack upon Mr. LISTON, only because that distinguished surgeon was present at the meeting, and, by his presence there, showed that he sympathized with the insulted students, and was desirous that their privileges should be placed upon a just and secure footing. In taking part with the students, Mr. LISTON has committed a heinous offence, and he must therefore be made the subject of a certain portion of vituperation. Accordingly, amongst the imputations which are thrown out against the purity of that gentleman's motives in attending the meeting, is one which charges

him with having been actuated by a fellow feeling with one of the aggrieved parties. "Was there," says the slanderer, "any kindred grievances to be complained of? Had there been a recent rejection, a double one, of a candidate in Lincoln's-inn-fields, to irritate the feelings of the "celebrated surgeon" of the North, and all at once to drive him into the ranks of "medical reform?" In the outpouring of his envy and malignity, the hired scribe has forgotten that the meeting did not concern a "recent rejection" in Lincoln's-inn-fields, but one at Rhubarb-hall. And from whom did he obtain his information relative to the "rejection" at the College of Surgeons? Why does he conceal the facts? *Why?* Because a simple statement of them would overwhelm his employers with disgrace. True, a student was lately rejected at the College of Surgeons, after two pretended examinations. And under what circumstances? The young gentleman had been upwards of six years in the profession, and his time had been thus bestowed;—

He was five years the private pupil of a distinguished hospital-surgeon in Edinburgh.

He had been nine months dresser in the Royal Infirmary of Edinburgh.

During nine months he was the clinical clerk of the surgeons of the Royal Infirmary.

During eighteen months he was physician's clerk in the same institution.

He regularly attended all the medical classes in Edinburgh, and constantly dissected during long periods in Edinburgh and London.

This gentleman was rejected. Because he was not qualified? No. But, as we believe, and probably as the profession will believe, because he had been the private pupil of Mr. LISTON, and thus the persecuted student was made the medium of attacking the character and reputation of the teacher. The pre-eminent qualifications of the candidate are well known. No

doubt can be entertained of his perfect capability to undergo a fair and impartial examination. Nay, we can prove that one of the Examiners at the College of Surgeons, who was present on the occasion in question, has since declared that the young gentleman "had fairly mastered his examination." Yet he was subjected to the pain and mortification of a rejection. If the examiner who was the author of the cruelty, be exulting in his success, we tell him that the termination of his triumph will be the infliction of a lasting disgrace on his character, if he be not instrumental in procuring for the rejected student a public examination before an impartial public tribunal. SUCH A SCRUTINY IS NOW CLAIMED BY THE CANDIDATE, AND WE ARE AUTHORIZED TO MAKE THE DEMAND PUBLIC. The candidate is ready, willing, and solicitous of proving that he has been the victim of injustice, and all eyes will now be directed towards the parties who are stigmatized with being his persecutors. Had the young gentleman been a private pupil of any one of the surgeons either of *St. Bartholomew's Hospital*, *St. Thomas's Hospital*, or *Guy's Hospital*, had he been clinical clerk to either of those surgeons, or had he produced an enormous roll of "certificates" from the surgeons of either of those hospitals, who can or will believe that he would have been rejected? Had he been placed under the circumstances just stated, some eight or ten very simple and ordinary questions would have been asked, and there the scrutiny would have terminated; but in the case of this young gentleman, a thrust was to be made at Mr. LISTON, whose appearance in the metropolis has disturbed the nerves of the whole of our "consulting" surgeons, with the exception, probably, of Sir ASTLEY COOPER and Mr. WARDROP. The fame of Mr. LISTON has already extended throughout Europe, as an operator and a pathologist, and, placed as he was, at the moment of his arrival in this metropolis, by his previously-established fame, in one of

the most prominent places in the first rank of his profession, no art, no contrivance, no misrepresentation, of which the monopolists can be the authors or the inventors, can have the effect of checking the course of his brilliant and successful career. On the contrary, the attack which has been directed against him in the person of his pupil, is an acknowledgment of his reputation and power. It is a concession which the force of genius has extorted from prejudiced and tainted minds, and were it not for evidence of this undoubted and unquestionable character, we might be incapable of judging to what extent or to what purposes the minds of the hospital surgeons of this metropolis had been excited by the honourable appointment of Mr. LISTON to the office of surgeon in the hospital of the "University of London."

In publishing the letter of Mr. RUMSEY, (page 747) we have only to remark that his plan would be perfectly unexceptionable were there time for carrying it into execution. We hope, therefore, even yet, that either himself, Mr. YEATMAN, or some other gentleman who has devoted his attention to the subject, will act upon the suggestion which was submitted to the profession in the last number of THE LANCET. It is quite certain that there is not now sufficient time to form county associations, whose opinions could be brought to bear with sufficient effect on the decisions of Parliament. If the meeting were convened in the metropolis, Mr. RUMSEY would find that many hundreds of medical practitioners would be present. It is a question in which the entire medical body takes a deep interest.

The disciples of HAHNEMAN are becoming as numerous in this metropolis as, and not more so than, those of the late wild-headed EDWARD IRVING, and, apparently, from the same cause, that is to say, the

author of the scheme obtains the sanction of his dupes to some of his nonsensical hypotheses, through first seducing their assent to some common-place principles which all admit to be incontrovertible. Whatever is new in the homœopathic system evidently is not true; and whatever is true, may be found in medical writings from the days of HIPPOCRATES to those of SYDENHAM, or from the time of SYDENHAM to that of CULLEN.

Since writing the above remarks we have received the following statements from one of our reporters. We beg those members of the profession who may think the matter worth a moment's consideration, to remember that the "new" light is not that of homœopathy simply. The proper name for the mania is HAHNEMANISM.

The discussion at two of the metropolitan medical societies at their last meetings have ended with remarks on the subject of Hahnemanism, Dr. Uwins bringing it forward in the Westminster, and Mr. KINGDON in the London Medical Society. Both those gentlemen seemed to think that it would be well for the profession to inquire into the merits of the new doctrine, particularly as "a number of influential merchants and others in the City of London had become advocates of the system. One of them had lately experienced some relief in a cutaneous affection, from adopting the treatment of a German doctor, and had wholly dispensed with the attendance of the surgeon to the family, because that gentleman declined to treat the children on the homœopathic principle!" Mr. KINGDON related other cases of a similar kind. He certainly considered, he said, that it would be proper, from the influence the system had obtained over the minds of many very intelligent men in this metropolis, to prove its merits. We have heard that "the new system" is a subject of common talk "on 'Change." Dr. Uwins states that he was convinced that Dr. QUIN, one of the Hahnemanists, was not likely to be led away by imagination or charlatanic views. He was also in consultation with Dr. DARLING a short time since, when that gentleman ordered three minims of the liquor ammoniæ acetatis in a mixture for a child, asserting at the time that he had found it exert more diaphoretic power in such doses than in larger.

It was also stated by a Member of the London Medical Society that several of his patients had placed themselves under Hahnemanists, and that he knew two physicians of eminence who, after being unsuccessful in the treatment of several cases, recom-

mended their patients to try the homoeopathic system. Considerable amusement was afforded by the statements of several members who considered the system "fudge." But several treated the subject very seriously.

A Manual of Experiments Illustrative of Chemical Science, systematically arranged, &c. By JOHN MURRAY, F.S.A., F.L.S., F.H.S., F.G.S., &c. 3rd Edit. London, Highley, 1836.

THE author of this little work is a kind of admirable Crichton in his way; there is no article of the encyclopædia that he has not written upon. Appended to the volume before us are notices of not less than fifteen treatises by the same author on subjects relating to chemistry, natural history, experimental philosophy, medicine, navigation, theology, and the inferior mechanical arts!

The *opuscule* itself is an epitomized epitome of chemistry, a selection of the plums from the pudding, a means by which, without the pains of thinking, any idle fellow may attain a sufficient modicum of practical chemistry to astonish young ladies and little boys. Every nanum, happy in the possession of a son with an uncommon genius for the explosion of squibs and crackers, and the ignition of phosphorus, cannot do better than present him with this important volume.

NEW OPERATION TABLE.—Those who are familiar with the scenes of confusion, and know the want of system, which daily prevail in the majority of the operating Theatres of the Metropolitan Hospitals, will feel much gratified by inspecting an apparatus, which has been contrived by Dr. VEITCH, a model of which is now at the Admiralty. In conducting surgical operations, we generally observe either a most ostentatious and ill-timed display of instruments, or an affectation of simplicity of means for accomplishing the intended purposes, so that when any unforeseen accident occurs during an operation, the requisite instruments are not at hand. The ingenious contrivances of Dr. VEITCH obviate all those difficulties, combining in a small space not only a Table which is well adapted for all surgical operations, but having underneath the table, and invisible to the patient, a set of compartments sufficient to

contain every kind of surgical instrument. The table is so contrived that the head of the patient can be elevated to any angle, and its length may be altered according to the height of the patient. The compartments are each marked with their particular contents, so that any assistant can at once supply the operating surgeon with whatever instrument he may require. Although Dr. VEITCH, who is an experienced Navy-Surgeon, has designed this admirable table for the use of surgeons of the Navy and Army, yet it is equally applicable to all public Hospitals, and may be most advantageously possessed by all medical gentlemen in extensive general practice.

HOSPITAL SAMARITAN SOCIETY.

"There has existed for many years at the *London Hospital*, Whitechapel, an association of extreme utility, most highly creditable to the projectors, styled the *Samaritan Society*. Its object is the relief of circumstances of distress in persons presenting themselves at the hospital, which cannot be provided by the Institution itself. For instance; domestics who have been obliged, by sickness or accident, to quit their places, when discharged from the hospital, are frequently without the means of support until other places can be procured. Many patients are so destitute as to require partial clothing before they can leave the Institution. Many are natives of distant parts, and, without assistance, would be unable to reach their parishes. Innumerable inducements exist for the formation of a society of the like nature, in connection with the *North-London Hospital*. Time, however, has not been afforded to organize a plan, though a subscription for the purpose was set on foot soon after the opening of the hospital, the disbursement of which has been judiciously attended to by the Matron (Mrs. Hunt), to whom, until the Society is formed, it is respectfully requested that contributions (most acceptable, however small the amount) may be forwarded." We add, our most cordial recommendation of the object, to the humane.

ROYAL INSTITUTION.

Friday, January 22, 1836.

SILICIFICATION OF PLANTS.

THIS was the first meeting, for this season, of the members in conversation. We observed amongst the visitors many of the most distinguished *literati* and *illuminati* of the day. Dr., or rather Mr. Faraday (for we understand scruples of conscience interfere with the full acceptance of the Oxford

diploma by this gentleman), selected for the subject of this evening's lecture, the changes effected in fossil plants, which process he, in common with Dr. McCulloch, has called the *silicification* of plants.

Silex or *silica*, or, in common parlance, *flint*, as the professor said, is one of the most common of substances; it abounds in sand, in clay, in crystal, and in various earths; it also circulates in, and is secreted by, living plants, as, for example, the grasses. The properties of this substance are very suitable to so general a constituent of nature; it is insipid, inodorous, and resists the action of ordinary reagents. It also resists, to a greater degree than any other compound substance, the influence of heat. Mr. Faraday has never succeeded in reducing it to a gaseous form, and is disposed to think the experiment quoted by Dr. McCulloch as fallacious. As Dr. McCulloch succeeded in only one instance in sublimating the silica, probably the presence of calcareous matters might account for the deposition on the surface of the receiver. Silica may be reduced to a very fine powder, and the lecturer exhibited a quantity in a state of extremely minute division. It is, as already intimated, a compound body, consisting of an element called *silicon*, and oxygen. This silicon is a brown metalline body, not acted upon by water.—a circumstance in which it differs from other bases of earths. Silica, with the exception of *calc*, is the most general constituent of nature; it constitutes almost the entire of flint, agate, calcedony, amethyst, and each crystal. Flint is discovered in great abundance in the fissures of the chalky strata, being distributed in laminae, which lie occasionally parallel to those of the chalk, and occasionally dissect them at various angles, cutting up the chalk into rude squares, rhomboids, and other mathematical forms. Nodules of silica, in the form of agate, are found in the middle of other stones, where it exhibits a beautifully crystalline disposition. In calcedony, a form of *silex* familiar to many, the soft character of the outline shows the substance to have been once plastic. One character is peculiar to silica, that of forming glass when in union with a common alkali; when thus united, it is soluble in water, and it may be precipitated in the form of gelatine, by the addition of an acid. This gelatine contracts in dimension as it solidifies. The proper subject of the lecture was the silicification of plants, or that delicate and unexplained process by which the original matter is removed, and supplanted by siliceous deposit. This species of *substitution* has nothing similar to it amongst any of the phenomena of nature; it is so particularly delicate, that the botanic character of the plant is perfectly preserved, all the vessels, fibres, &c., being in form and colour an exact transcript of the original structure. The most skilful manipulation

could not macerate, or, in any other way illustrate, the organic vegetable derangement, without injuring the parts to an infinitely greater degree. Several examples are extant of fossilized woods, both of the endogenous and exogenous classes. These are preserved in all stages of growth, from the germ to the mature tree, and in all degrees of decay, even to the most fragile touchwood. What is remarkable, is the conservation, not only of the actual solid, but of the *area* of the vessels, which are filled up with white, or semi-transparent agate. In the decayed woods, the deficient parts are also represented by the same kind of agate. Dr. Turner has formed an hypothesis for the solution of this interesting process. He supposes these fossils to be formed in such situations as are exposed to the action of silica, dissolved in the alkalized streams of water, which are sometimes met with. Many considerations are opposed to this supposition. These fossils are always produced deep under the surface of the earth, away from the influence of air and water; the theory of infiltration will not account for the fossilization of such very tender and perishable parts as the seminal leaves of a plant. The infiltration of these plants would, as far as our present knowledge of physics intimates, require many years for its completion,—a circumstance inconsistent with the accurate preservation of evanescent structures. Mr. Faraday is of opinion, that we have no knowledge whatsoever of the nature of this process. He thinks our only mode of inquiry must be confined to an examination of silica, in order to an exposure of some of its occult properties. A careful search also may develop some specimen of fossilization, where nature has been impeded in her proceedings, and her nostrum betrayed, the change being exhibited as it were *in transitu*. The instances of recent fossilization, which have as yet been produced from various places, are mere incrustations of calcareous or even of siliceous matter, where there has been no preservation of organic forms, none of that beautiful and incomprehensible *substitution*, which, while it excites our admiration, baffles our curiosity.

Several splendid specimens of fossilized wood were kindly furnished for the occasion by Mr. Brown, the celebrated naturalist, and Sir Francis Chantrey, the distinguished sculptor.

LONDON INFIRMARY FOR DISEASES OF THE SKIN.

(From a Correspondent.)—A public meeting of the friends of the above-named institution, in aid of its funds, was held on Monday evening last at the Committee Room, 51, Great Ormond Street, J. C. Carpus Esq., F.R.S., in the chair. The venerable

chairman opened the business of the meeting with an able address, explaining the objects of the institution, and earnestly inviting its friends to come forward promptly in its aid, almost the whole of the expenditure, since its revival, having been hitherto defrayed by the medical officers. He stated his expectations, that if well supported by the public, it might, ere long, equal in public utility the great hospital of *St. Louis* in Paris,—and mentioned the researches which had been lately made by Dr. Litchfield, and some of his colleagues, on the itch insect, the existence of which had been fully demonstrated by him.

The secretary, Mr. BRENT, then read a report on the state of the charity, which had been the means of relieving a great number of patients, in many of whose cases a complete cure had been effected. He stated that he had great hopes of public support in behalf of the infirmary, and that the attention he had received in his canvass in the immediate neighbourhood, and the interest its re-establishment had excited there, had greatly exceeded his expectations. He read letters which had been addressed to him from the Duchess of Kent and the King of the Belgians, who have been graciously pleased to extend to it their patronage, and also one from Sir John Conroy, announcing his assent to become a vice-president, agreeably to the request of the Committee.

A number of gentlemen added their names to the list of subscribers, and it was determined that the present meeting should be only preparatory to one on a much larger scale, to be held shortly at the *Thatched-House Tavern*, or some other public room, at which the president, or one of the vice-presidents, should be invited to take the chair.

NORTH-LONDON HOSPITAL.

ERYSIPELAS OF THE HEAD.—REMARKABLE EFFECTS OF THE EXTRACT OF BELLADONNA.

MARY PECKS, aged 32, was admitted under the care of Mr. LISTON, on the 21st of January, labouring under severe erysipelas of the head and face. The patient was admitted into the hospital on the 30th of October, last year, for a similar attack, affecting the same parts; she was then very successfully treated with tartarized antimony, incisions, and fomentations. The attack was probably not more severe than the present one, in the first instance, but it had been allowed to proceed for four days without the administration of any remedy. The convalescence was rendered rather tedious, from collections of matter forming in various parts of the

scalp. She was, however, discharged, quite well, on the 22nd of Jan. 1835, and remained in good health until the evening of the 20th of Jan. 1836, when having left the house very thinly clad, she suffered considerably from the cold. During the same night she was seized with rigors, which were succeeded by heat, pain, and tingling of the head and face: on the following morning her face was so much swollen that she could not see. On being brought to the hospital on the afternoon of the 21st, her whole face and scalp were enormously puffed, and very tense; her eyes were completely closed, the pulse 110, the tongue covered with a thick yellow fur, bowels open from medicine. She was wild and restless, and her hearing appeared to be morbidly sensible; she answered questions put to her, in a vague and hurried manner. Fomentations were applied, and a quarter of a grain of tartarized antimony in some saline mixture was given every hour.

22nd. Has passed a restless night, complains of the pain being more smarting; pulse 160; tongue still furred but moist. She was now ordered a mixture containing one grain of the extract of belladonna in sixteen ounces of water, of which two tablespoonfuls were given every three hours. The eyelids to be freely punctured, and to continue the fomentations. A ring of the nitrate of silver was drawn around the neck.

23. Very much improved, has passed a good night; the swelling and redness are greatly diminished, the surface appearing wrinkled; pulse 96; tongue still furred; bowels open. The patient says she is very much better. A small quantity of pus, which had collected over the right parietal bone, was evacuated.

24. Rapidly improving; swelling and redness nearly gone; pulse 96; bowels not open; to have a dose of house-medicine. Convalescent; discontinue the mixture.

In going round Mr. LISTON remarked that this was one of the most satisfactory and successful cures of erysipelas he had ever seen, the disease entirely, though not suddenly, disappearing in the course of a very few days. He was inclined to attribute this to the treatment, both local and general, which had been adopted, but more particularly to the administration of belladonna. This the students might be aware, was given on the homœopathic principle, the doses only being somewhat increased. They had all probably seen the good effects of the aconite, and some of the other remedies employed by the advocates of homœopathy.

DISLOCATION OF THE HUMERUS ON THE DORSUM SCAPULÆ.

This rather unusual accident lately occurred at this hospital, to a woman, who stated that she had fallen on the point of

the right shoulder. The humerus was dislocated on to the dorsum of the scapula. The following symptoms presented themselves:—A hollow underneath the acromion, and a large firm tumour, resembling a small orange, on the dorsum scapulae, beneath the spine of the bone, and which moved on rotating the humerus. The arm fell nearly perpendicularly, the elbow pretty close to the side. Mr. MORTON, the house-surgeon reduced the dislocation, by an assistant fixing the scapula and grasping it with both hands. Extension was then made by Mr. M., from the hand with the arm held out at right angles with the body. The head of the bone returned with a very audible snap. The arm was then slung, and fomentations were applied to the joint.

I should feel very greatly obliged by your noticing the above defect. I am, Sir, yours obediently,

ROBERT DRUITT.

King's College, Feb. 3rd.

. The letter we believe was printed as written.

CORRESPONDENTS.

THE session of Parliament having commenced, it is earnestly requested that all communications to Mr. WAKLEY may be addressed to him at his residence, 35, BEDFORD SQUARE.

To the Editor.—SIR,—Having been absent for some weeks in the country, my attention has only been lately directed to a paragraph in your journal, referring to the note of mine which you did me the favour to insert. You may remember that the note in question related to the numbers of the pupils in attendance at the new anatomical school in Kinnerton-street. I stated that there were 42 *bona-fide* pupils, independently of others to whom the lecturers had given tickets. It appears that you have received several letters impugning this statement, and implying that the number of *bona-fide* pupils is not so great as I represented. Now, Sir, I repeat, upon my word of honour, that what I stated is strictly correct, and that the number of gentlemen who have actually paid their money for their tickets does amount to forty-two. Besides these gentlemen, twenty-three others are in attendance, making in all sixty-five. As my accuracy has been called in question, you will, I am sure, permit me thus publicly to repeat my assertions, and again to refer to the books which lie on the museum table, as evidence of the correctness of my statements. I am, Sir, your obedient servant,

JAMES EVETT.

Kinnerton-street, Jan. 27, 1836.

ERRATUM.—To the Editor.—SIR,—I have observed an error of the press in my letter which appeared in the last number of your journal. The last few lines of the second sentence ought to have been as follows:—Because they have not like himself been *seduced into attendance there*, and have not gratified by an “*exorbitant fee*” the fraudulent extortionacy of its “*governors or functionaries*.” The words between inverted commas are, as nearly as I can now recollect, those used in the letter to which mine was written as an answer.

In a notice of “Andral's Clinique” a short time since, we stated that the price of Dr. Spillan's translation, published by Benshaw, scarcely exceeded that of the original work. The following correction of this observation should have been made in the ensuing number: The French edition is published at forty francs, and is sold in London at forty shillings; the Brussels edition is sold in London at thirty shillings; Dr. Spillan's translation, when complete, will sell at twenty-five shillings, being five shillings less than the foreign edition.

A Non-Professional.—The prevalence of such an “opinion” is news to us. As a matter of form, perhaps, the custom is abating. Its uses are numerous.

One of the Meeting.—The proposal would be right enough, but the parties would, unfortunately, have to struggle against the law by its adoption.

A Medical Apprentice.—Conformity with the custom ought not to be rendered compulsory, and then, whenever voluntary compliance is yielded, the terms of a proper agreement would unquestionably be obeyed. Doubtless a change will be made in the law.

We have found it impossible to insert this week the letter of Mr. Prater, and in order to give the whole of the St. George's Hospital proceedings at once, we must again defer our report from the board-room of that institution.

We will insert the letters of A Suffolk Practitioner, Mr. Beddingfield, and K.

The letter of Mr. Carmichael appeared at page 714 of our number for January 30. The very earliest opportunity was taken for giving it insertion.

We are requested to point attention to an advertisement on the cover of this week's LANCET announcing the first meeting of the

Medical Association projected at the last meeting of the Crown and Anchor Tavern. The fullest opportunity, we are assured, will be afforded on this occasion for making proposals relative to the rules and regulations of the association, to the great body of students who are expected to attend.

Mr. JAMES BAKER (whose letter was not received until a very late hour) wishes us to draw attention to an advertisement on the cover of THE LANCET, containing some particulars of a petition which he has prepared to be presented to the House of Commons, praying for the enactment of a law which shall award a just proportion of remuneration to medical men for devoting their time and services in the elucidation of facts at coroners' inquests.

Mr. SOPWITH, in a reply to the letter of Mr. Way, "most distinctly states that Mr. Way did not, at their first interview, *disclaim* any authority as a member of the Committee for the course he was pursuing, but that on Mr. Sopwith's refusal to comply with his request being clearly given, Mr. Way *did use the threat* stated in Mr. Sopwith's last letter, and," Mr. Sopwith adds, "in a tone of voice which was evidently intended to convey more meaning than the words ex-

pressed. To show Mr. Way," Mr. Sopwith proceeds, "that neither the prospect of exclusion from all future medical meetings, nor the denial of professional aid when needed, would induce me to forget the courtesy due from one gentleman to another, I did bow and thank Mr. Way for the trouble he had taken in calling upon me, but that gentleman was too far led away by his feelings of chagrin at my cool refusal, to distinguish between the motive which induced me actually to thank him, and that expression of thanks which is meant to convey a sense of obligation for some real favour conferred. That Mr. Way was much surprised at my referring to his conduct before the whole of his professional brethren, I can readily believe, for, forgetting he had overstepped the line of prudence in his capacity of committee-man, and scarcely expecting that a practitioner of only two months standing in the place, would presume to request an explanation of his conduct before the association, it was very natural for him to be both surprised and annoyed at being called upon unexpectedly to exonerate the body he in part represented, from all participation in his proceedings, and to acknowledge that he had acted upon his own responsibility alone. With such an explanation the members of the Association were of course satisfied, having nothing to do with Mr. Way's private motives or actions as unconnected with them."

Mr. Sopwith's letter is dated Jan. 20th, but we have not before been able to secure room for any portion of it, a circumstance which has caused us regret.

The insertion of several reports and communications is unavoidably postponed for a week.

A Constant Reader of THE LANCET is informed, that he is entitled by law to make the claim in question, but there is no law which enables him to support it.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dets.		
Jan. 11	34.75	21.50	29.03	28.94	0.6625	S.E.	Cold and damp in the early part of the Week.—Lightning on the 11th, commencing at six p.m. General thaw began on the 14th. Very fine on the 16th and 17th.
12	31.50	21.75	29.34	29.16	—	S.W.	
13	36.	23.50	29.65	29.56	—	S.W.	
14	45.50	37.50	29.65	29.44	0.80625	S.W.	
15	38.75	37.50	29.53	29.19	—	N.W.	
16	35.75	23.25	30.	29.55	—	N.W.	
17	39.50	25.	30.08	29.99	—	N.W.	
Jan. 18	38.25	32.50	29.98	29.74	—	S.W.	The week generally dull, with the exception of the 19th, 22nd, and 23rd, which were very fine for the season.
19	35.50	27.50	30.08	29.98	—	E.	
20	39.	34.75	30.02	29.85	0.00625	S.	
21	38.50	27.50	29.63	29.43	—	S.E.	
22	44.50	40.75	29.34	29.28	0.1	S.	
23	49.50	36.	29.55	29.17	0.0875	S.W.	
24	40.	36.	29.86	29.74	0.0125	S.W.	
Jan. 25	44.75	38.	30.13	30.06	—	S.	Early part of the week fine.—Rain on the 28th and remaining days, with snow on the 29th.
26	43.25	35.	29.95	29.85	—	S.	
27	45.	36.	29.82	29.63	—	S.	
28	45.50	36.75	29.53	29.10	0.0625	S.W.	
29	42.50	30.50	29.27	28.72	0.4375	S.	
30	39.	31.50	29.32	28.78	0.1375	N.W.	
31	44.25	35.	29.19	28.97	0.3125	W.	

High Wycombe, Feb. 2nd, 1835.

W. JACKSON.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 13, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XI.

HYPERTROPHY OF THE NERVOUS CENTRES.

GENTLEMEN,—We have now to enter upon the study of a class of nervous diseases different from those which have hitherto occupied our attention. We have to lay before you the history of hypertrophy of the cerebro-spinal axis, of its atrophy, of ramollissement, and, finally, of induration; after having completed the history of these four lesions, we shall occupy ourselves with lesions of secretion.

Let us commence with hypertrophy of the nervous centres. This lesion may be seated in any one point of the cerebro-spinal axis, in the cerebrum, in the cerebellum, the medulla oblongata, or any portion of the spinal chord; however, we shall take for our type hypertrophy of the cerebral hemispheres, and describe the anatomical characters of that lesion, observed in this part of the nervous system, as applicable to the whole.

Hypertrophy of the hemispheres of the cerebrum is distinguished by the following

Anatomical Characters.

The nervous substance is firm and dense, and opposes unusual resistance to traction; its colour is, in general, more pale than common, and the hypertrophied tissue does not contain any considerable quantity of blood. DANCÉ was one of the first who wrote upon this subject: you will find an excellent

memoir of his on the history of hypertrophy of the brain in the *Repertoire d'Anatomie*, published by M. BRESCHET, vol. 5, where the pathological anatomy of this disease is described with great minuteness and fidelity. The nervous tissue, as we have just said, seems to contain less blood than natural, and when you divide the cerebral substance into slices, you observe but few of those small reddish points which are ordinarily disseminated through the nervous mass when in a normal condition. Thus hypertrophy may exist without hyperæmia. It is not an excess of blood which forces the nervous molecules to occupy a greater space than is natural, but the increased bulk depends on an augmentation in the number of those molecules themselves.

When you divide the substance of the brain, the cut gives a dry even surface, which does not present that humid aspect natural to the brain. The same appearance is observed externally; the superficies of the brain is in like manner dry, and it would seem that the normal exudation of fluid which takes place from the arachnoid and pia mater, has been either diminished or suspended. The convolutions are flattened, and approximate together; there does not seem to exist any space between: the latter circumstance is readily explained by the pressure exercised in consequence of hypertrophy. The membranes are closely applied to the cerebral surface, and seem as if they were too tight for the organ which they envelop. The ventricles are, as it were, effaced, and we observe no tendency whatever to effusion within their cavities. The nervous mass, developed beyond measure, seems to occupy the place left, by all the compressible parts yielding to make room for it.

We may now follow the lesion which we have just briefly described, through the different portions of the cerebro-spinal axis. Examples of hypertrophy have been observed in the cerebral hemispheres, in the cerebellum, in the spinal marrow. We propose to study the lesion in each of these portions of the nervous system, apart; and 1st for

Hypertrophy of the Cerebral Hemispheres.

The lesion may occupy the whole mass of the hemispheres, or it may be partial, occupying

but a small portion of the nervous tissue. We shall put on one side the latter species, to consider it at the end of our lecture, and occupy ourselves exclusively at present with general hypertrophy of the hemispheres of the brain. When the augmentation of volume thus comprises the totality of the cerebral mass, two cases may present themselves, which it is important to distinguish, depending on the relative proportions of the hypertrophied nervous substance, and the osseous case in which it is enclosed and supported.

In the first of these two cases, at the same time that the brain, in becoming hypertrophied, tends to occupy a greater space, the osseous parietes surrounding it are equally developed, and we may form an exact estimation of the size of the brain from the magnitude of the cranium. In the second case the brain is hypertrophied, as in the former, but the osseous cavity does not show any tendency to develop itself; the dimensions of the skull are normal, while the relative size of the brain is greatly increased. It is necessary to distinguish carefully these two cases; for, in the first, we may have no accidents which betray the abnormal augmentation of volume in the brain; the skull being developed in the same proportion as the cerebral mass, we can have no compression, and the case may go on for a great length of time, or even to the end, without any of the functions being troubled in a notable manner.

In the second case, which observation has shown to be much more frequent than the first, the osseous parietes do not follow the exaggerated volume of the nervous tissue; hence the brain is necessarily subjected to an habitual compression, and various accidents may ensue; instead of the symptoms of compression, we may have those of irritation or congestion, and their numerous accompanying phenomena, all depending on the greater or less degree of disproportion between the containing and contained parts, between the cranium and brain. So much for the pathological anatomy of hypertrophy of the cerebral hemispheres. You see how it gives a key to many of the symptoms of this affection, and you will not fail to observe the utility of the arrangement we are accustomed to follow in this and our other courses, in which a description of the morbid appearances preceding the history of the disease, and its symptoms, leads you naturally to anticipate a great number of points connected with it, or at least prepares you to understand more perfectly the history of its march, phenomena, and terminations.

Can we ascend to a knowledge of

The Causes which favour Hypertrophy of the Cerebral Hemispheres?

We are compelled to acknowledge that

the causes of the lesion now under consideration are completely, absolutely, unknown. Congestion of the brain has been mentioned as one of the exciting causes of hypertrophy; this may be the case, but we are not in a condition to prove it; in theory, we might admit that the frequent repetition of hyperemia is calculated to produce an hypertrophy of the cerebral substance, but, on the one hand, remember how paleness is one of the anatomical characters of this alteration; while, on the other hand, we have not observed any trace of hypertrophy in a great number of individuals who for a long time had been subject to cerebral congestion. It has also been affirmed, that long-continued and energetic action of the brain, particularly exercise of the intellectual faculties, may give rise to the development of hypertrophy of the cerebral hemispheres. Some writers assert, that on examining the heads of intellectual persons, of individuals remarkable for some great intellectual faculty which they possess in a high degree, the organ of the brain corresponding to this faculty or power exhibits an excess of development, a true species of hypertrophy. This may be the case; it is even probable; but truth compels us to say that it has not yet been demonstrated. We have the more difficulty in admitting the rapid development of any cerebral organ in connection with its activity, as physiology teaches us that nutrition goes on much more slowly in the nervous pulp than in the osseous or muscular tissues, and that we cannot in any way establish an analogy between what takes place in this latter system, as a consequence of long-continued exercise, and the development of the brain, or any portion of the brain, in persons accustomed to laborious mental occupations.

Hypertrophy of the nervous centres is not a disease common to all

Periods of Life.

Thus we are not as yet acquainted with a single case of this lesion observed in an individual who has passed the age of 35. All the cases recorded in the annals of the science, refer to persons below the age just mentioned: it has been seen at from 30 to 20 years, and even at a much earlier period of life; in one case recorded, the patient was a child five years of age. Let us now study

The Symptoms

which accompany hypertrophy of the cerebral hemispheres. In the first place we have to remark that this lesion is sometimes unaccompanied by any symptom whatever; this happens when the osseous parietes are developed at the same time, and equally, with the brain. Here compression does not exist; we have no irritation, no cause of congestion, and the abnormal development of the brain does not produce any notable trouble in the economy.

A remarkable case of this kind has been communicated to us by M. SCOUTETTEN; you will find it in the *Archives Générales de Médecine*, t. 7, p. 31. It was that of a child five years old, whose head had acquired a degree of magnitude equal to that of an adult. This augmentation of the skull had taken place gradually: however, the intellectual faculties were not at all troubled; the child did not differ from others of the same age: there was no modification of sensibility or motility worth mentioning. This child died from acute inflammation of the bowels. After death the head was examined; the substance of the brain was found considerably exaggerated, especially in the nervous mass situated above the ventricles, and the parietes of the skull, a little thinner than usual, were developed to a size corresponding with the increased bulk of the brain. Here then is a case where the lesion of which we treat was not announced by any symptom.

Lesions of Intelligence from Hypertrophy.

Whenever hypertrophy of the nervous centres is not accompanied by a proportionate development of the cranium, we have a series of accidents produced that may reasonably be referred to irritation or compression of the nervous substance. These accidents may be distinguished into lesions of intelligence, of sensation, and of motion. When the hypertrophy is established in a gradual and slow manner, the intellectual faculties become dull and obtuse. In all the cases which are cited by authors, and in those I have had occasion to observe myself, this diminution of the intelligence existed. Several patients were reduced to a perfect state of idiocy: others had not lost their intelligence, but preserved it in a weakened form, and fell from time to time into a transitory state of imbecility. In other cases we find a perversion of the intelligence: the patient becomes delirious, or sinks into alienation of the mind, and mania. Thus you see how variously the intellectual faculties may be modified or perverted in cases of hypertrophy of the brain, when the skull does not keep pace with the development of the nervous substance. The troubles of intelligence just enumerated may be prolonged with different degrees of intensity, or they may terminate, more rapidly, in delirium, followed by coma and the death of the individual. This is what we have to remark in connection with the intelligence, and the phenomena which it may exhibit. Now for sensibility; what accidents do we observe in connection with the sensibility?

Is Sensibility Modified in Cases of Cerebral Hypertrophy?

Yes. Observation shows that in most cases the modification of sensibility manifests itself by an habitual headache: this, becom-

ing exasperated at certain intervals, and attacking the patient most violently under the form of intermittent cephalalgia, is sometimes a symptom of cerebral hypertrophy. In the first case mentioned by DANCER, it was the predominant symptom: we can easily understand how this modification of the sensibility shows itself in headache. The brain is more or less compressed in an osseous case too small to contain it, and must therefore necessarily suffer in proportion to the degree of violence it has to undergo. Several patients experience vertigo, giddiness, &c., as if affected with simple congestion of the brain, and the sensibility in general is modified. In some cases the loss of sensibility is gradual and slow; but in others, after having remained a certain time intact, it is suddenly abolished: this latter circumstance is remarkable, and we would briefly direct your attention to it. Here is a sudden loss of sensibility produced by a chronic alteration of the brain. How do we explain this? Why should the sensation remain perfect up to a certain moment, and then suddenly disappear? It is not easy to find a reason for this phenomenon, although we have frequently occasion to remark the same thing in other organs, where a chronic disease may exist for a considerable time without producing some one of the principal symptoms which it ought from its nature to develop. Yet at a period when we least expect it, without any change in the march of the disease, or in the condition of the patient, this symptom, so long in abeyance, suddenly makes its appearance.

Lesions of Motility.

The disorders observed in connection with the faculty of motion are various, and may be specially comprised under the following heads. In many cases we find convulsions, either appearing with little intensity, or coming on at certain intervals. This modification of motility is chiefly seen in children and infants, for it is a general principle, abundantly confirmed by experience, that whenever the nervous centres are troubled in persons of a tender age, this lesion manifests itself in the form of convulsions. In some cases we observe nothing but simple convulsive movements, repeated from time to time: in others the convulsions assume a more grave form, and present themselves with all the characters of epilepsy, terminating in the patient's death: it is a fact now incontestable, that epilepsy may depend on hypertrophy of the brain. We have had occasion to examine a few cases of this kind, and the only lesion which existed,—but it was one that was most evident, impossible to be overlooked,—was an hypertrophy of the hemispheres of the brain. Here then you have examples of excitation of the locomotive powers in connection with cerebral hypertrophy. In other cases we observe

phenomena of quite an opposite nature: certain patients are affected with a gradual diminution of motility. This weakness of the limbs becomes more and more decided, and at length terminates in complete and general paralysis. It has also been observed that the loss of movement suddenly comes on, in a few cases, after a violent access of convulsions. In all we have now said, you see confirmed a principle that we laid down in the lecture introductory to the present course. You here see that lesions identical in nature,—for we have treated all along of hypertrophy—identical in its seat,—for we have as yet spoken of the cerebral hemispheres only,—may produce not only various, but even opposite symptoms. You see how difficult it is to arrive at the real cause of disease when the phenomena upon which we have to found our judgment are so diversified and contradictory. Finally, you will observe, that these sources of difficulty, common in a certain respect to all the systems, present themselves more frequently and with more obstinacy, if we may use the term, in the study of diseases of the nervous system.

Respiration, Digestion, and Circulation.

The functions of organic life also present some modifications in cases of hypertrophy of the cerebral hemispheres. but in general we may lay it down as a principle that they are not affected. The respiratory functions are not compromised unless the disease has produced a profound impression on the motility; it then becomes embarrassed and difficult, merely because the mechanical agents which dilate and contract the chest, have lost their power of acting. The digestion is not affected during the course of the disease. As to the circulation, it very rarely presents any modifications worthy of notice; in most cases the pulse beats with its ordinary degree of frequency; in one case only do we remember to have observed a disturbance of this function. The pulse is here more accelerated than natural, but as the case is solitary, it must be regarded as exceptional, and we conclude for the circulation as we have done for the respiration, that it is not implicated amongst the disorders of hypertrophy of the brain. Whenever any excess of frequency is observed, it probably depends upon some complication of the disease, not on the cerebral lesion itself. In all the cases we have seen, except the one already mentioned, there was complete apyrexia; indeed the pulse has on the contrary a tendency sometimes to fall below the natural standard. In one case the number of pulsations was seen so low as forty-five in the minute; but this also must be considered as exceptional, or perhaps it was the natural standard of the pulse in the individual who formed the subject of observation.

The different symptoms which depend on hypertrophy of the nervous centres, group themselves together in such a manner as to give a certain march to the disease, and distinguish it into two distinct forms or periods. In the first, it presents itself with all the characteristics of a chronic affection. Then follows the second period. The disease is now acute, it marches rapidly, and the patient succumbs. In almost all the cases which we have observed ourselves, or found recorded in authors, this succession of periods exists. The malady commences in a chronic form, and after having pursued its course for a certain length of time, it terminates with symptoms of an acute nature. During

The Chronic Period

we see appear successively all the phenomena that have been already noticed, except delirium; such as various troubles of the intelligence, headache, convulsive motions, and, finally, epilepsy. These different symptoms may manifest themselves simultaneously in the same patient, or exist singly, in an isolated manner. When this chronic stage has passed through a variable period of time, the acute stage commences, and then we find various symptoms, different forms of disease. In some cases, the predominant symptom is a violent access of convulsions, in the midst of which the patient dies.

The Acute Period.

In other cases, acute hypertrophy of the cerebral hemispheres gives rise to a set of phenomena that are closely allied to cerebral congestion. These may simulate various diseases of the nervous system, and, in particular, cause disturbances very characteristic of acute hydrocephalus. I had occasion to observe at the *Maison Royale de Santé* a case which fully establishes the truth of this latter observation; the patient was brought into the establishment with delirium, and other signs of inflammation within the cavity of the cranium; he fell rapidly into coma, and was agitated by some convulsive motions; the breathing became embarrassed and stertorous, and the patient died. Before death, we had regarded the case as one of acute hydrocephalus, but on the autopsy what did we find? No trace of meningitis; no effusion whatever of serous fluid into the ventricles. On the contrary, the brain presented all the characters which we have described as constituting hypertrophy of the nervous substance. This case was a very remarkable one. The symptoms had the strongest resemblance to those which ordinarily attend acute hydrocephalus, and might have deceived any physician.

Varieties of Cerebral Hypertrophy.

In a disease where the cases that have

been observed are rare, it is useful to draw your attention to particular observations. Thus, we cannot conclude this part of our subject, without noticing the case published by DANCE, in which the patient died as suddenly as if he had been struck by a violent attack of apoplexy, although the disease had not passed beyond its chronic period. The individual, who had laboured for some time under a violent headache, went to one of the warm-baths in the hospital; he remained about three quarters of an hour in the bath, and on coming out was seized with a fainting fit; this continued for a quarter of an hour, but consciousness never returned. At the expiration of that short period the patient was no more.

Treatment of Cerebral Hypertrophy.

We have now concluded a brief sketch of the history of hypertrophy of the cerebral hemispheres; what shall we say of its treatment? It is obvious that we possess no special means of combating the material cause of the disease, the abnormal development of the nervous pulp; our efforts must, therefore, be confined simply to palliate the different symptoms as they present themselves; and the means to be employed for this end are so simple, they follow so naturally from the description we have given of the accidents attending hypertrophy, that we think it superfluous to insist on them at present. We shall, therefore, pass at once to the study of

Partial Hypertrophy of the Brain.

The lesion which now occupies our attention, when confined, as it sometimes is, to a particular region of the brain, may occupy either the deep-seated or the superficial parts. In the deep-seated parts its occurrence is much more rare; however, we have seen examples of this species of hypertrophy. We can affirm with certainty that we have seen cases in which the augmentation of the nervous tissue was confined to the corpora striata; to the corpora ammonis, or the optic thalami; hence we are compelled to admit, on the evidence of our own senses, the existence of partial hypertrophy in the deep-seated portions of the cerebral hemispheres. Now for hypertrophy of the circumference of the brain.

Were I to attempt to lay before you a complete history of partial development of the cerebral organs, we should find ourselves at once involved in the grand question of the doctrine of Gall; for his theory rests entirely on the relation which exists between the development of certain moral or intellectual faculties, and the corresponding hypertrophy of certain portions of the brain which he regards as the special organs of these faculties or propensities; it is impossible for us to enter upon this interesting debate; it belongs rather to physiology than

to pathology. All we can say at present is, that as it touches certain parts of pathology, we shall take an opportunity of recurring to it when speaking of mental alienation.

Hypertrophy of the Cerebellum, and its Influence on the Genitals.

We have said that hypertrophy of the nervous pulp may exist in certain portions of the cerebro-spinal axis besides the cerebellum; examples have been seen in the cerebellum. When this part of the nervous centre is hypertrophied, the disease presents itself with the anatomical characters which have been assigned to hypertrophy of the cerebral hemispheres. It is unnecessary to repeat their description here; it may occur without any appearance of development in the cranium, or the hypertrophy may, in other cases, be attended by a corresponding augmentation in the diameters of the osseous cavity which encloses the cerebellum. Here, again, a highly interesting question presents itself. What influence does this exaggerated nutrition of the cerebellum exercise on the generative organs? Do we find the natural impulse of reproduction elevated with that development of the organ to which some physiologists attribute it? We cannot now enter into an examination of this question, which would be foreign to our purpose; however, we cannot avoid mentioning one or two particulars that seem to throw light on the connection existing between the cerebellum as an organ, and the impulse to reproduction as a function. In the year 1828, M. FELIX VOISIN paid a visit to the galleys of Toulon, with the express object of determining whether certain predominant faculties are accompanied by certain external signs, the indications of development in certain portions of the brain; he chose, as a test of this doctrine, the reproductive impulse; he examined and measured the heads of 372 individuals confined in the galleys, proposing to select those who had been confined for the crime of rape; the number of these individuals amounted to twenty-two. M. VOISIN, without any other indication than that which he drew from an examination of the occipital region, pointed out twenty-two amongst the 372 as the persons condemned for the crime just mentioned. On comparing his list with the returns of the prison, he found that of the twenty-two so selected by him, thirteen had really been confined for rape, or attempt upon female chastity; a great many of the remaining individuals were marked as convicts of bad morals, men whose propensities in a certain way required the strictest watch over them.*

Here is a curious coincidence of facts,

* These curious particulars may be found in the Journal of the Phrenological Society of Paris, No. 1, 1835.—ED. L.

and, remark, that if M. VOISIN did not discover all the individuals confined for the crime of rape, this is no valid objection against the proposition which he wished to establish, because many men are led to the commission of this crime, not from the imperious dictates of nature, not to satisfy an actual animal want or desire, but under the influence of imagination, revenge, and various other motives of a similar kind.

In some cases of hypertrophy of the cerebellum, this organ seems to encroach on the nutritious materials of its osseous parietes, which it takes to itself to appropriate to its development. Here a portion of the skull is absent, and the nervous substance forms a hernia externally, projecting more or less beyond the walls of the cranium. M. LALLEMAND cites an example of hernia of the cerebellum, although he does not say specifically that the nervous substance was hypertrophied. Another case, published by Dr. BENNET, may be found in the *Gazette Medicale* for 1834, No. 42, p. 667. This is a very curious example, and deserves to be cited at some length:—The subject of this observation was born in the year 1815, and at the time of birth presented no abnormal appearance; however, about four weeks after birth, a small tumour was noticed near the right mastoid process, projecting about half an inch beyond the surface of the bone. The tumour remained nearly in the same condition for two years, when Mr. BENNET, then a student in medicine, attempted to remove it; but the first incision was scarcely practised, when a medullary substance escaped, and the child sank into a state of insensibility. The wound was closed at once, and the infant recovered after a lapse of six or eight weeks; a second tumour now appeared on the opposite side, and both commenced to grow by degrees, until at length they were limited by one large base; at the age of six years the united tumour was as large as a hen's egg; it was now evident that a portion of the cerebellum projected through an opening in the cranial parietes. Whenever a slight pressure was exercised on the projecting mass, the child immediately lost consciousness, and on recovering, complained as if she had been struck roughly on the head. Up to this period she enjoyed perfect health; the intellectual and other faculties were developed in a regular manner. There was no modification whatever of the sensibility or of motility; however, another phenomenon was observed; at the age of eleven, the first symptoms of venereal passion showed themselves. The girl was seized with a furious desire for the male sex, and all the efforts of her mother were unable to prevent her from giving herself up to the most unrestrained libertinage. When confined to the house, the imperious desire by which she was tormented, declared itself in abandoned

movements and excessive masturbation. This state of passion continued unabated up to the age of seventeen, when she died suddenly, in consequence of having carried a heavy weight on the head. The examination of the tumour after death showed that a portion of the cerebellum, enormously developed, had projected through a deficiency in the osseous case of the cranium. Here, then, we have a manifest proof of the influence which hypertrophy of the cerebellum may exercise on the genital organs.

These are the principal facts that we know in connection with the subject now before us; but a great deal yet remains to be done before we can clear up the mysterious question of the relation between our faculties and certain portions of the brain and their development. There is, then, a splendid field open for observation and experiment; you might collect materials for a curious history, if you were to take all the cerebella you meet with, weigh and measure them accurately, and thus endeavour to ascertain what relation may exist between different conditions of this organ, and the feelings, habits, or propensities of the individuals from whom they were taken.

Hypertrophy of the Spinal Marrow

is the next subject for our examination: it may be either general or partial; the latter form has not been frequently observed. In one case that we saw, the lesion was confined to the cervical portion of the chord, which had acquired so considerable a degree of bulk as to fill completely the cavity of the vertebral canal. M. OLIVIER affirms, that when the spinal marrow is compressed at any one point, it acquires an increased volume immediately above the seat of compression. This is a curious fact. Does the medullary substance in these cases really take on an increased nutrition, and present the phenomena of an artery above the point of ligature?

Hypertrophy of the spinal marrow may be general, and then we observe two sorts or species: in the first, the chord has been found more voluminous in children who are born with various malformations of the body, and deficiency in the brain; there is a want of balance in the development of the cerebro-spinal axis, and the chord seems to have assumed to itself the deficiency of nutrition in the brain. A case of the first description has been published by M. LAZENNET, in the *Archives Générales de Médecine*, t. 5. The disease is congenital in these cases, and, as we have remarked, the hypertrophy of the chord is a supplement to the atrophy of the brain. In the second species we do not find any malformation of the brain, but the spinal chord, enlarged throughout its whole extent, as LAZENNET has observed, and firm in substance, fills the vertebral canal, and is exactly applied against its osseous parietes;

*The Symptoms of Hypertrophy of the
Spinal Marrow*

are not, in general, marked with any degree of clearness; on the side of the intellectual faculties nothing has been observed; in one case, where the augmentation of volume was confined to the cervical region, the patient, an infant, was subject to epileptic fits; however, we cannot say if this lesion were the cause of the disease or not, although the former is probably the fact. The absence of any striking symptoms depends perhaps on the circumstance that the chord, in this respect unlike the brain, has sufficient room to increase in its osseous case, without suffering compression, and does not give rise to any trouble of the great functions, unless congestion adds its influence to the operation of the original disease.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURES

ON CASES OF

DISEASE OF THE URINARY ORGANS.

Delivered in the Session of 1836,

BY MR. LISTON.

LECTURE II.

Abscess with Stricture.—State of the Bladder.

GENTLEMEN,—The last time I had the pleasure of meeting you here, I endeavoured to explain to you, and to make you understand, the symptoms of stricture of the urethra, and some of the consequences arising from that disease, and I illustrated these remarks by reference to cases under treatment; I detailed to you the pathological changes which occur, the alterations that take place in the urethra itself, the manner in which the contraction is formed, the state of the passage, both anteriorly to the stricture and behind it. I explained how abscess formed behind the stricture, coming on sometimes very slowly, and ultimately bursting, with very great relief to the patient, a considerable part of the water, after a few days, being discharged through the opening, either in the perineum or in the scrotum,—some-
where thereabouts. Occasionally the abscess bursts into the rectum, giving rise to very unpleasant symptoms, and complicating the case considerably. This occurrence in general follows after severe injury of the perineum. I have seen it happen in two or three patients who had been bruised severely about the pelvic region from banks

of earth, for instance, falling upon them, though occasionally abscess forms far back in the canal in consequence of stricture, and bursts into the rectum, the greater part of the water being discharged through that channel. I stated to you also the changes that take place as regards the bladder. The balance in such case is lost, or, as the phrase is, there is a want of consent between the expelling and the retaining powers of that viscus, which becomes contracted, diminished very much in size, and its coats are remarkably thickened, in consequence of the resistance that is offered by the narrowing of the passage. I pointed out to you some specimens in which the muscular coat of the bladder was remarkably thickened, in which, in fact, the parietes resembled more those of the left side of the heart, than those of the bladder in its normal state. The mucous coat undergoes some alteration, and becomes more thickened and vascular, the mucous coat, occasionally, being found to protrude between the meshes of the muscular coat. Pouches are thus formed which often attain a very large size. I have in my collection some preparations, which, however, are rather bulky, and not convenient to remove, with several pouches so large as to be capable of containing a small orange. These pouches sometimes attain even a larger size, and seem to resemble almost another bladder. When the opening of the pouch is narrowed, the fluid is first evacuated (whether by the catheter or by the natural efforts) from the bladder itself, after which it comes away from the emptying of those sacs. Those appendages occasionally contain a considerable accumulation of viscid and acrid mucus, and there is no doubt that the abscesses connected with the bladder, which occasionally burst above the pubis, sometimes have their origin in this protrusion of the mucous coat through the muscular parietes.

But the mischief is not confined to the urethra and bladder only, for you find that in cases of stricture, sooner or later, the ureters and the kidneys suffer. You find, more especially when the patients have laboured under retention several times, that the ureters are immensely enlarged, and present a very wide caliber, almost resembling the small intestines; their parietes also are thickened; the pelvis of the kidney is enlarged, in consequence of the sort of valvular arrangement of the opening from the ureter into the bladder being obliterated. If a patient suffers frequently under retention, the ureters and the pelvis of the kidneys are dilated, the secreting substance of the kidney itself becomes disorganized, diminishes in bulk, is softened, and, in some cases, almost entirely disappears, presenting merely a sort of bag, formed by the enlargement of its pelvis,

with very little secreting substance at all.* In cases of retention of urine, you can easily satisfy yourselves, from the symptoms, that the kidneys are more or less affected. When retention has existed for a considerable time, the bladder becomes distended, to a certain extent, and then the secretions are suspended in a great measure; but after the bladder is relieved (the pressure probably being taken from the secreting substance of the kidney), the secretion is re-established with great vigour, and the bladder is filled, in the course of an hour or two, to as great an extent as in the first instance. When the kidneys and ureters, more especially the kidneys, are disorganized, from this or from any other cause, the patient may be relieved for a time, the symptoms may be palliated, but his ultimate recovery cannot be expected. He is then in a very precarious condition.

The Treatment of Stricture

demand your closest attention. It is a disease the management of which requires a great deal of skill and dexterity. I do not speak of the strictures which are usually met with—slight contractions of the passage, the mere spasmodic contraction, which is attendant upon thickening and irritability of the mucous lining of the canal, accom-

panied or not by a discharge, and, perhaps, with some uneasy symptoms about the parts. That is very easily got rid of by the occasional introduction of a proper instrument. There are before you a great variety of

Instruments used to Dilate and Examine the Urethral Passage.

All sorts of flexible and soft instruments are employed for the management of these diseases; but great objections may be offered to the majority of them. They are apt, unless very cautiously and properly used, to turn up, and bend, in the canal. They come out in a form like a hook, by being pressed against the stricture. They turn, as it were, upon themselves; or, again, if their points are entangled in the stricture, and efforts are made to press them on by turning and twisting them about, they come out like a cork-screw, well bathed in blood. You can never depend upon getting a bougie of this sort through a stricture of the urethra possessing any degree of tightness and elasticity. You are apt to do a great deal of harm with them. If you do insist on employing such tools for ascertaining the existence of a contraction, or for exploring its nature, seat, and extent, they must be used with very great caution indeed. It has been proposed to examine the passage with silver balls of different sizes mounted on wires, but these are scarcely ever employed now. The best instrument for the purpose, I believe, is a metallic bougie, such as I now show you, and you require to have them of different sizes, from below this size to considerably above it. Those, I think, are the best which are made of solid and firm metal, and plated over. You may have them of silver, if you will, but they answer the purpose perfectly well if their surface be smooth. You know exactly where the point of an instrument such as this is, resting. You can direct it in any way you think proper, by a slight movement of the hand. Pressure makes the point obey your will, and you can overcome every difficulty with the greatest facility. But in most cases, in trifling strictures, there is no obstacle. A great deal has been said about the lacunæ of the urethra entangling and obstructing the passage of the bougie. A very small flexible instrument may be so arrested. The contraction of the muscles may, occasionally, also, prevent, for a little time, the

* Mr. Liston exhibited at the commencement of the following lecture a very remarkable and beautiful specimen, illustrative of this pathological change in the bladder; it was obtained from the body of very young patient, under three years of age. This child, very delicate, was somehow seized with retention of urine, labouring under it unrelieved for several days. At last a catheter was used. It was found necessary to continue the introduction of the instrument twice a day for many weeks, the power of expelling the contents of the bladder having been lost. The patient was sent to the Hospital, under the supposition that he laboured under calculus vesicæ. No stone could be detected. All means were employed to palliate the symptoms; but the child, labouring under mesenteric disease, greatly emaciated, at length succumbed. The bladder is capacious; the surface rough and fasciculated. In the posterior fundus is an opening with rounded edges, of the size of a half-crown piece, leading to a cavity formed by a protrusion of the mucous coat, and capable of containing at least 5 or 6 ounces of fluid. The ureters are amazingly enlarged, and thickened in their coats, they resemble the small gut of a child; and the pelves of both kidneys, especially the right, are immensely expanded, the cortical and secreting part of the gland being spread out and attenuated.—*Rep. L.*

Introduction of the Instrument.

but by using an instrument of proper form and size, and by slightly diverting the attention of the patient, these difficulties are, in general, easily got over. I have frequently seen, where there has been slight obstruction from this latter cause, that by

turning the patient's attention in another direction, by diverting him by some trifling observation, or manoeuvre, the instrument has passed in immediately without any difficulty whatever. The muscles surrounding the bulb of the urethra, and the membranous portion, are those muscles which, by irregular and spasmodic action, may offer opposition, but by a little perseverance all these obstacles are to be got over. These muscles are sometimes thrown into powerful, and, in a measure, involuntary action, in consequence of the instrument coming in contact with the disordered and excitable portion of the lining membrane; the further progress of the bougie is thus opposed and prevented unless unjustifiable pressure is made and continued. Upon the pressure, which should be on all occasions gentle, being relaxed, the bougie is forthwith extruded; this is sometimes followed by the escape of a small quantity of blood, which shows the degree of tenderness of the mucous lining, and congestion of its vessels. The instrument is to be passed, if the patient be in the erect position, with the convex portion towards the abdomen. It is allowed to fall in by its own weight, by a *tour-de-main*, as it is called. You bring the convexity upwards, and then by depressing it very gently, you get over every obstacle. You may find, perhaps in the membranous portion a little resistance and grasping, a slight tightness of the passage from the action of the muscular apparatus supporting and surrounding it. That is very speedily overcome by gentle perseverance.

Object of the Introduction.

The introduction of an instrument thus gently, affords relief to the patient by diminishing the irritability of the passage, and, if there be any thickening, by promoting the absorption of that thickening. You are aware that the application of mechanical or chemical stimuli, from time to time, to any surface which is naturally irritable, or which has become so from disease, exhausts and diminishes the excitability or the irritability of the part. You introduce the instrument with that view, and allow all the effect of the introduction to pass over before you attempt to introduce it again. You perhaps introduce the instrument when the patient applies to you, allowing four or five or six days to elapse before you attempt it again, and upon the second occasion you will probably get the instrument through the contraction with greater ease; there is, perhaps, less irritability, you withdraw it again, and you are enabled to pass one of two or three sizes larger; and in this way you steal a march on the disease, and the patient in a few days is relieved from all his unpleasant symptoms, both as regards the urethra itself, the parts surrounding it, and those parts, also, which have sympathized with it.

Now, in cases of this kind,—slight and trifling strictures, as I have called them,—there is no use in any other mode of proceeding,—no necessity for having recourse to caustic, which was at one time very extensively used, and used in cases of all kinds—in real and in supposed strictures. People were made to believe, when they applied on account of any uneasiness in this quarter, that they had stricture, and a course of

Caustic Bougies

was then entered upon. A great many people were humbugged in that way, and, as I said before, were even “baugled out of their lives” in the end. DARAN was amongst the first, I believe, who thought of these bougies. The soft bougies are made of wax and resin, or ingredients of that kind, spread upon slips of cloth, and rolled up with a machine; and into this composition Armenian bole, red precipitate, and things of that sort, were wont to be incorporated, in order that the instrument might have a more powerful effect on the contraction of the passage, from whatever cause that contraction arose. DARAN thought there was a sort of wart or caruncle in the passage, and he introduced these escharotic substances, in order that they might act upon, and dry up, or corrode, the warty excrescences. Mr. JOHN HUNTER took up this subject, and he substituted for the escharotics in use, the nitrate of silver, which, however, he did not use very extensively. He, again, was succeeded by Sir EVERARD HOME, who made a very good job of it. He long enjoyed a great practice in this line, and he made a point of treating almost every stricture in this manner. Mr. HUNTER used his caustic to the anterior and the straighter part of the urethra, by means of such an instrument as I now show you, by means of what was called a “porte caustic,”—a canula, with a wire sliding in it, and a sort of contrivance for containing the caustic at its further end. Sir EVERARD HOME, again, fitted the caustic into plaster bougies, such as you here see. Here are a lot of bougies [*exhibiting an immense number*], for I began to study when the caustic bougies were in great vogue, and with these I provided myself, although I cannot say that I ever used them very frequently. The caustic is inserted into the end of the bougie. Copious directions were given as to how it is to be put in safely, and so on. It seems that the position of the stricture was first ascertained by a soft wax bougie, whether white or black is of little consequence, and then a mark was made on the caustic bougie, corresponding with that on the other; the caustic or “armed” one, as it is denominated, was then slipped down, and held in contact with what opposed it, for a minute or less, according to the determination of the patient or the operator.

This practice has been again revived by DUCAMP, LALLEMAND, and others. What I here, again, show you, are some of the instruments which have been invented lately for the purpose. They consist of a straight or a bent canula, with *porte caustics*, which are to be passed through the stricture, so that the caustic may be applied to one side or the other. There are little cavities in which the caustic is put. One part of the apparatus is carried down to the obstacle, and that part is pushed through it. The caustic is thus applied to whatever side of the canal is *supposed* to be most diseased. Here are others, for taking an impression of the part previously. This is just a return to the old-fashioned absurdity of measuring to ascertain the site of the stricture,—getting a mould of it, and then pretending to burn it out,—a capital way of picking people's pockets you may depend upon it. This caustic did, undoubtedly, sometimes do good, because when nitrate of silver is applied it will diminish the irritability of the part, and sometimes the patients passed their water easier, and the bougie slipped more readily through the stricture afterwards. The remedy was all very well when employed in this way, lightly and seldom, so as to diminish the irritability of the canal; but when it was applied with a view to drive a mine through the part, to destroy the living stricture, why then it did a great deal of harm. I don't mean to read all the books to you which I have here, but I have brought them in order to let you see the sort of practice that was pursued when I began to study. Here is

*One of Sir Everard Home's Caustic
Bougie Cases,*

for an example, and if no great good was done to the patient by this practice, depend upon it it was very advantageous to the practitioner. The case is one of many of which the book is made up. The patient, a gentleman, had had a clap when sixteen years of age; the inflammation was very severe, and lasted nine or ten months; then a gleet came on; he used astringent injections; the discharge stopped, and the urine was voided with difficulty. The gentleman then applied to Sir EVERARD HOME, who examined the urethra with a bougie, and applied the caustic. Up to a certain time the caustic was applied fifty-one times; then, again, from October 1796 to October 1797, it was applied one hundred and ten times; then the patient went into the country, and had it applied thirty-eight times. This is related in a book which Sir BENJAMIN BRODIE recommends as a very valuable and excellent work! I do not know whether he recommends the practice now or not. He used at one time to talk in commendation of it, if I mistake not, but in his own book he passes over the subject rather

lightly; in fact he seems to give it the go-by. The caustic was then applied, from the 5th of January to the 26th of August, one hundred and two times. In another year it was applied one hundred and forty-eight times,—a pretty source of revenue at a guinea a time, I should think. From November to the end of June forty times. In all four hundred and eighty-nine times in this one case! But there are some other cases equally good, if not better. This patient continued free for some time from any relapse, but he was still under the necessity of passing a bougie *daily* into the urethra, and leaving it in the canal for half an hour at a time, to keep the canal in a state of freedom. Now who will be bold enough to call this a cure? Why, after all the four hundred and eighty-nine applications of caustic, he was under the necessity of using a bougie from day to day! A pretty account this, from the surgeon's own mouth, of the success of the practice which he recommends. Yet for years such proceedings were lauded, and nothing would go down but treatment by caustic bougies.

But this has given way to another piece of nonsense, I can call it nothing else,—the cutting of the strictures from within, the using of

Cutting Catheters,

which are not a whit better, or more safe, than the caustic, depend upon it. This practice has been recommended by various surgeons, and I now put before you the various apparatus of those different people. Here, in the first place, is that of AMUSSAT: it is composed of a straight silver bougie, in two parts, joined by a screw. This is passed through the stricture first. (You know very well, that when we can get an instrument like this through the stricture, we consider the cure to be all but complete.) Then the canula, with cutting edges at its extremity, is pushed over, the penis being grasped and pulled forwards, so as to put the urethral canal upon the stretch. The instrument is constructed to cut the internal parts, in the same way as a stricture in the rectum has sometimes been cut when it is unyielding. It is no bad notion, but still it may prove injurious, and it is a practice which is not required. This instrument I had from AMUSSAT himself, and is one which I saw him use. Here, again, is another contrivance of the kind, which is called a "jacketed stilet." It is a catheter, with a *socket*, which can be made to protrude at its point. It is a very dangerous sort of tool. Indeed I do not know who would choose to have this introduced into his urethra. It must be a highly dangerous proceeding in the hands of any one, however dexterous he may be. Here is another of these machines. This small catheter is to be passed, with the wire in it; the catheter is then withdrawn, the

wire being left; the wire is then carried through the centre of this cutting instrument, and is intended to serve as a guide to it. It would be all very well if you had any means of fixing the farther end of this wire. If you could but put your fingers in any way into the bladder, and lay hold of the wire, then the conductor would be perfect, and you could push the double lancet down, and divide the parts safely enough. There are other machines of the same fashion; here is one of LALLEMAND's, and I think it is safer than most of the others. A little lancet is protruded, and the stricture is cut, either by pushing the instrument forward, or in withdrawing it,—all very pretty things to look at, and very useful to the instrument-makers, who of course approve of them; but not so to the patient, as he finds, in the end, by sad experience.

Now in slight cases of stricture, none of these plans by caustic or by cutting can by any possibility be required; and in bad cases no good can result from them. If you could succeed in boring a hole with caustic through a contraction,—and you might do so, were you to use the kali purum, the infernal stone, as it has been called, and which has even been recommended by some innovators and schemers, you would not benefit the patient,—you would certainly leave the patient after great suffering, in a worse state than you found him. Great and imminent dangers arise from the use of any caustic. There is risk of hemorrhage, of rigors, of false passages, and I cannot tell you what else.

But even if you could succeed in passing through the obstacle, you would leave a large internal sore behind, and what are you to expect from the cicatrization of that? Why a worse contraction than existed before. The same observation might be applied to the employment of the cutting instruments. No good can result in a very tight stricture, by dabbling at the near end or commencement of the contraction, with any of them. You would no doubt make a breach of surface in the membrane lining the passage, but you would not succeed in getting through such strictures, as you see in these specimens or drawings,—such as those which patients in the hospital labour under—strictures involving an inch or more of the urethra. You produce, perhaps, a solution of continuity in the inner surface of the canal, and you must have a cicatrization and contraction, in consequence, in that part. Moreover, your patient will very soon labour under a worse stricture, one more tight, confirmed, and unyielding, than you first found him with. I am astonished that some of the clever people who have turned their attention to this subject should not have thought of employing a “punch,” as it is called, on the end of the catheter, and taking a bit out of the canal, as clean as a

whistle, scooping it out as you would the eye of a potato. It might be called the “terebated catheter.” We shall have something of the kind invented, no doubt, and made a fuss about. Some of you may take the hint and publish a book on the subject. The name is at your service, and you might get a good deal by it.

Now these bougies for burning and cutting you are certainly not warranted in employing in ordinary cases of stricture, and in cases of tight stricture, and all cases of stricture involving a considerable portion of the canal, they cannot possibly be applied with any advantage whatever. What are you to do then? I would have you proceed in the way you have seen cases managed in this hospital. Some of them have, I am sure, been turned out cured after a very short process. I would have you attempt to get an instrument through the contraction, and if you succeed in your object, however small the instrument may be, you will ultimately have but little difficulty in overcoming the disease. I am talking of bad strictures now, such as I showed you preparations of the other day; such contractions as you see in some of the preparations in museums in which punctures above the pubes, and punctures in different parts of the bladder, have been resorted to. I have none such in my collection. You are, however, to try to pass an instrument, and if you succeed, as I have said, in getting one through, however small the instrument may be, the cure is completely within your grasp. A great deal of care and caution is necessary in the introduction of instruments in such cases. Sometimes you may be foiled in passing an instrument in the first instance, but if any water come through at all, if the bladder be capable of relieving itself in any way, you are not to be disappointed; at least, if you have gone about it gently, in general no bad effect can result. You will attempt the introduction at another time, and perhaps succeed at last in getting one through, and there you would retain it.

Proper Catheters.—Mode of Use.

The instruments which I should recommend to you in tight and bad stricture, are catheters, such as I now hold in my hand, pretty firm and well tempered, which will not bend and yield readily. You may use them of any curve you please, the less bent the better. These are good old-fashioned catheters with large metal rings, by which you have quite a sufficient hold. They are far to be preferred to the new-fangled tools with wooden handles, well furrowed, in using which you lose the advantage of that delicacy of touch by which alone you can guide the point of the instrument certainly and safely to its destination. I must say I do not fancy any instrument whatever with a rough handle, and far less sounds, staffs, and ca-

eters, which are intended to be passed into deep hidden parts, and the safe conduct of which depends upon the motions of the fingers, regulated by the feelings communicated through their nerves. In looking over the stores of instrument makers, one would be led to suppose that the different cutting and boring machines had been contrived by some very nervous and shaky gentleman who was obliged to hold on like grim death, lest his finger and instrument in his excessive agitation should part company. You must begin with a small one. You will pass it down, and probably get it through the first contraction, by which you will find it firmly embraced. You may overcome the resistance thus occasioned, and find perhaps that there is a second contraction farther on. You cannot with any very great safety pass forward the catheter, because you are uncertain whether the resistance is offered by the grasping of the first stricture, or whether it is owing to the opposition of the second one. You retain the catheter for a little while. If you are anxious, and it is an object to get the catheter into the bladder at that time, you may withdraw the first instrument, and then try one of half the size. That will not be held by the first stricture, and you will then probably get it readily through the second, and lodge it in the bladder. But you will recollect that there is a dilatation always behind the stricture, and you must be exceedingly cautious in passing it through the prostatic portion of the urethra. The ducts are always increased in size, and if you do not take care, the catheter may get entangled in one of these, and if you persevere in pressing it forward, you may do a mighty deal of harm. You should pass your finger into the rectum as a guide, not with a view of changing the position of the point of the instrument; that you cannot do; but with the intention of enabling you to ascertain exactly what direction it is taking. You withdraw the catheter a little, and pass it on again, if there be a resistance, until you succeed in lodging it in the cavity. The passing of the water of course affords evidence that all is right.

Now, as I said before, you may find it impossible to pass the instrument in the first instance, but you are to try it again and again, and at last you ought to succeed. If any water comes away at all through the urethra, although it may be in a very shabby way,—by mere drops,—you ought to succeed in getting the instrument into the bladder. I have, in two or three cases, where water was passing away, been very much afraid, lest I should be called upon to cut into the urethra behind the stricture. You may be called upon to do so in cases where you have been foiled in passing the instrument through the urethra. But I think that

When there is Complete Retention, there is less difficulty in passing a Catheter

than when the bladder is capable of relieving itself, because then there is a straining of the bladder. The urethra behind is considerably distended and enlarged, and there is less difficulty in finding the canal behind the stricture, than there is when there is no retention of urine. I should say, that sometimes, even where no water has passed at all, for a long period, through the natural canal, you may succeed in getting the catheter through. I have had to treat some very bad cases at one time and another. I mentioned to you a case the other day, that of Martin, who stated that he had passed no water for some time before he came here. Mr. Hay, one of the very many diligent pupils at this school, had seen the patient a considerable time before he came in, and Mr. HAY's account agrees exactly with my impression, that the patient had not for a considerable time passed any water at all through the urethra, but yet you saw that by perseverance the catheter was at last got into the bladder. I have before me the notes of a somewhat similar case, written by the patient himself, in which he says, that in the latter end of 1826 he had a stricture. He went to a warm climate, and a short time after his arrival he got stricture so badly, that he could not make water at all, and it was drawn off regularly. In the year 1829 he placed himself under the care of a practitioner in this city (London), and to all appearance got well. He returned to India again, but became so bad in 1835, that none of the medical men could pass the smallest bougie, and his water came away merely by drops, with the most excruciating agony, the desire to urinate coming on every ten minutes. From the external opening of the urethra to the entrance into the bladder, the parts, he says, were swollen enormously. He was told that he laboured under disease of the prostate. Indeed, it is astonishing how many practitioners fall into the blunder of supposing that young men are labouring under that affection, for it is only in old age that the sort of hypertrophy, or enlargement of the prostate, takes place. There is no disease of the prostate gland in young men; the obstacle is generally situated further forward. He was sent home, and was so ill on his voyage, that for the last nineteen days in August, he states that he could not make a single drop of water, and superadded to the retention of urine was suppression of urine. The functions of the kidneys must have been suspended, otherwise serious local mischief would have taken place, and that other bad consequences did not occur is astonishing. A swelling formed behind the scrotum, and burst; an abscess had formed in the perineum, and he was relieved. Upon his arrival in this country he applied to medical men in his neighbour-

hood, but they could not pass any bougie, and for two months before he came to me, not a single drop of water had passed through the urethra. He could not retain water; it was running from him at all times, and occasionally violent spasms came on, of the most excruciating kind; there was violent straining of the bladder, and of the muscles that are concerned in emptying it. In that case a catheter was got through the first stricture with no very great difficulty. I could not succeed in passing it to the bladder at first, but I assured him that every thing would go on well, and begged of him to retain it in half an hour; I returned and withdrew it, and at the same time took the liberty of passing one, a little less in size, through the second contraction, into the bladder. This catheter was retained for forty-eight hours. That was taken out, and one of about double the size was introduced. The day after, a full-sized catheter was passed into the bladder without difficulty. It was withdrawn, and he was allowed to rest. In two days the catheter was reintroduced readily. Since then it has been passed four or five times, with an interval of five or six days, and having regained his health and strength, he now walks about and amuses himself, having completely recovered all the functions of the parts; the openings have nearly healed up, and he will soon be perfectly well. As regards the fistulous tracts and openings in the perineum and scrotum, the removal of their cause (the obstruction of the passage in the great majority of cases), suffices for their cure—they gradually cease to give exit to urine; it passes slowly, then in drops, as the stream through the natural passage improves, and, finally, both that and the purulent secretion cease entirely; the hardness gradually disappears. It may be now and then necessary to dilate the openings a little, to foment, and enjoin rest, if, after the introduction of a bougie, pain or swelling should supervene. In some few cases, when perhaps the whole of the urine has found an exit for months through a false passage, and when that does not close after the urethra is put into good order, you may be called upon to employ means to promote and hasten the closure of the sinus. In those cases, in which a communication has been formed with the bowel, also, further proceedings are called for than a "course of bougies." You may have to retain a catheter for some time, though, occasionally, ulceration is produced or kept up by a foreign body in the urethra. The means most effectual, and by much more to be depended upon than real or supposed caustics, is the application of a heated wire, and that is almost the only use in surgery,—those false passages about the male or female organs,—in which, so far as I apprehend, the actual cautery can be justifiably employed. We can, when some

would have recourse to its use, attain our object more speedily and effectually by less painful and much less appalling methods. Here, however, the extent of the cauterization can be more certainly regulated, and the contraction which follows is more complete than that which follows any potential cautery. If a repetition of the application is called for, a sufficient interval must be allowed to elapse betwixt the operations. The contraction must be allowed to go as far as it will do after one touch of the wire, before it is repeated. As yet we have had no trouble with those cases of fistula in perineo which you have seen treated in this hospital, and these have not been few since it has been opened for the reception of patients.

(To be concluded.)

LECTURE ON THE HISTORY OF HYGIENE.

Delivered in his Course on Hygiene, at the Lecture Room, 8, Grafton Street, Fitzroy Square,

By WILLIAM FARR, Esq.

Travels of Hippocrates.—Philosophy of Life and Death.—Defects in the Ancient Medical Classics.—Climate of Greece.—Epidemics.—Cases reported by Hippocrates.—Errors of Diseases; real Signification of this Doctrine.—Diseases have a determined Duration.—Diseases terminate naturally in Recovery.—Philosophy of Diet.—Relation between Diet and Exercise.—First Signs of Excess in Food.—Adaptation of Diet to the Seasons.—Influence of Climate on Man, physiological and pathological.—Changes of Climate advantageous.—Influence of Social Institutions.—Proofs that the Hygienic Department of Medicine, cultivated with so much care by Hippocrates, may exercise more Influence on the Health of Mankind than Drugs.

GENTLEMEN,—The architecture of the Greeks, their poetry, history, and philosophy, have been understood in this country, and are regarded with reverence by their equal and natural judges; but how do we regard the medicine of the Greeks? Are we as well acquainted with the works of Hippocrates as the artist is with the creations of Grecian sculpture? We know his name; the cyclopedists trace many fantastic doctrines to his works; a quotation now and then crosses our path; but what is our present conception of the essential principles he taught? His words are on some of our

lips, but is the philosophical physician's spirit therefore in our hearts? Among many he appears to be in very low esteem. A member of the Council of the College of Surgeons, in his evidence before Parliament, said,—“I believe that neither Hippocrates, Galen, nor Celsus, would obtain our diploma: they would all be turned back in five minutes by either the College of Surgeons or the Apothecaries' Company.” Dunces, you know, are sometimes kept up half an hour in Lincoln's-Inn-fields; but the insufficiency of Hippocrates would be apparent in five minutes. He would inevitably be “turned back.” This was spoken by a gentleman of “infinite jest;” yet it is probably sober truth, and shows how great men may be treated with contempt where their greatness is forgotten. A good English translation of the works of Hippocrates a better knowledge of Greece, and a higher tone of thinking, will, no doubt, in the end place the medicine of the Greeks in the same advantageous position as their other arts.

In inviting you to examine with me the doctrines of Hippocrates, in whose mind the hygiene of civilization first assumed a consistent form, it is not from any desire to enforce them by a superstitious regard to antiquity or authority; but in the hope of being able, after familiarizing our minds with great and accurate thoughts, to apply with greater success to the investigation of Nature.

HIPPOCRATES, born in Cos, a small island on the luxuriant coast of Asia Minor, was the second of that name, and inherited all the accumulated wisdom of an ancient family of the Asclepiade. His career commenced 460 years before the birth of JESUS CHRIST. He travelled through several states of Greece, spending his time chiefly in Athens, Thessaly, Thrace, and the island of Thasos; he visited many of the neighbouring people, and after attaining great glory in that country and among his disciples, retired to Cos, to devote himself to his writings. In this island, or at Larissa, he died, aged eighty-three years. It was the time of the Peloponnesian war,—the age of PERICLES and SOCRATES.

HIPPOCRATES was not the author of all the works now printed under his name; he wrote but few himself; others were committed to writing and extended by his followers, or they were the productions of his family. I proceed to develop his views of hygiene from the more authentic documents, as they form a more enlarged system of health than has ever been conceived by any other man. In general I have followed the admirable Coray in the translations, but if I have in any cases mistaken the sense, I shall thank any one who may be a good Hellenist to put me right.

HIPPOCRATES, as the basis of his philosophy, lays down that life and organization,

and health and death, are but states of matter; that the birth of one body is the death of another; that the composition of one is the decomposition of something pre-existing, and that matter is eternal in its properties. No body is destroyed, or can become what it was not before, or can be formed from nothing. To be produced, and to be destroyed, to be born and to die, are the same thing,—combination and decomposition, changes of form. Men think that what springs from invisibility into light is created, that what passes from light to darkness, perishes; but we must believe the evidence of our own eyes rather than unevincenced opinions. All things human undergo metamorphoses, increase and decline to their maximum and minimum, as the sun and moon, as light and darkness. In its changes, everything, great or small, fulfils its fate, willingly or unwillingly, by divine necessity.

In examining the doctrines of HIPPOCRATES, we must never forget—although the anticipations of his genius sometimes tempt us to forget—that he was the first who devoted himself exclusively to the study of physiology, and to the cultivation of medicine. The nature of man, his organization, his relation to the external world, and the causes and remedies of his multitudinous diseases, when first opened to investigation, revealed questions enough to overwhelm the mind with confusion. Should we, then, he astonished to find errors in the Hippocratic writings,—particularly on anatomy, and on subjects which the prejudices of the Greeks and the want of instruments prevented him from examining? His discriminating genius is discoverable in the direction of his mind to objects within reach, and of most pressing interest to humanity; the imperfection and uncertainty of his principles resulted from the want of instruments for measuring phenomena. He had no barometer, no thermometer, no hygrometer, so that all his observations on temperature and moisture are indeterminate; he did not employ enumeration to measure the duration of life and disease, the proportion of sickness, the various forms of disease, and the deaths in all ages and under all circumstances; yet in a great many instances he has predicted what calculation will prove to be correct; he has measured the evil in his mind, and foretold the remedy.

Every form of malady and death may happen to men of all races, of all ages, and at all seasons,—but the relative proportion occurring in these various circumstances is very different. Greece is situated between the 36° and 40° of N. latitude; it is traversed by the Isothermal line, 18½°, centigrade; more than nine months in the year the temperature is higher than that of spring in England. Placed on the tropical border of the temperate zone, surrounded by the

Mediterranean, bathed by the hot winds of Africa saturated over the sea, chilled by the north-east winds of the continent, or refreshed by the life-giving west, Greece, from its multitudinous shores to its lofty mountains, some of which rise 7000 feet, presents all the fruits of the tropics, intermingled with the corn and flocks of England. Many districts have no direct outlet to the sea, and the shores are marshy, which, with the heat of autumn, produces the fevers of the tropics. In January, the pulmonary affections of England prevail. Out of 15,191 diseases occurring among the English troops in the Ionian islands (1816-1821), 5721 were common, remittent, or intermittent fevers; and it was observed that while the fevers of the troops were remittent, those of the natives were intermittent. The same class of diseases, and the same difference, were observed by the French in the Morca, during their last expedition.

In the books of Epidemics (ἐπὶ upon *δημοῖς* the people) HIPPOCRATES attempted, and in part realized, the great undertaking of presenting all the diseases of a people in connection with the natural phenomena of the seasons. The constitutions of the years are determined; the winds, the heat and cold, the moisture and dryness, and the order of their succession; then the reigning morbid constitution, the mortality and the duration of diseases, the ages, sexes, and occupations most afflicted; while illustrative individual cases follow.

The term *epidemic* now designates one widely prevailing form of malady. Epidemic, in its present sense, is the *reigning disease* of Hippocrates, to which he did not confine his attention, but took into consideration, and described, all the contemporaneous types of sickness. In the late descriptions of epidemic cholera, you will find that statistical writers in England, Germany, and France, have restricted themselves almost exclusively to reporting the deaths from cholera,—and sometimes the cases. Now the total deaths or cases out of the living at each age, and the deaths from the epidemic, compared with the deaths from other causes, were the most essential and interesting elements of the problem which they sought to solve,—elements which they overlooked, and which HIPPOCRATES especially regarded.

In reporting cases, his choice was influenced by the character of the disease they were intended to represent. He neither reported merely fatal cases, as is too often done by the French pathologists, nor did he confine his relations to cures—the rock on which we often split in England. BOYLE somewhere censures HIPPOCRATES for narrating so many unfavourable cases, but this scientific candour was an element of the great observer's immortality.

From the manner in which his observa-

tions were recorded, it was easy to ascertain the periodical changes and the course of a disease. He did not reckon by days of the month, as is done in the present day, but by days of the disease, dating from the onset; he does not say on the 3rd, the 8th, &c., of the month, but on the 3rd, the 8th, &c., of the disease, such a change took place; or the malady terminated. One of the shortest cases will make this clear:—

Eighth Patient.—A young man, who slept in the market-place of Liars (Athens), was seized with fever from fatigue, labour, and unusual walking. 1st day. Stools bilious, thin, abundant; urine thin, dark-coloured; no sleep; thirst. 2nd day. General exacerbation; purging frequent, excessive; no sleep. The mind agitated; perspired a little. 3rd day. *Malaise*; thirst; loathing; great restlessness; despair; disturbance of mind. The extremities livid and cold. Præcordia swollen, softish. 4th day. Had not slept; growing worse. 7th day. Died. Aged 20.

By forming a table of such cases—perhaps without doing this—it would be easy to perceive whether the crises occurred on any particular day, or in any definite time. The crises of some fevers, it is said, happened on the fifth or sixth day; in others, no crisis took place before the 20th, 40th, or 80th day; some never came to a crisis. Fevers, in which life is destroyed or saved, terminated in the same number of days. Relative to the crisis, some days are called “remarkable” (ἐπεσσοὺς), which was translated into Latin by *impar* (odd, unequal); but means, according to good Hellenists, *unequalled, superior*. The chief critical days were the 4th, 7th, 11th, 14th, 17th, 20th.

Diseases were divided into three stages. In the first the crude morbid elements existed, in the second the *morbid product* was formed, in the third it was expelled, and this coincided with the termination of the morbid revolution. The crisis was synonymous with termination, whether by recovery or death; but it was sometimes applied to a single symptom.

HIPPOCRATES appears to have been misunderstood with regard to the doctrine of critical days; for instance, CELSUS mistakes and combats that doctrine on erroneous grounds. Some appear to think that HIPPOCRATES imagined that diseases came to their crisis, or, in other words, terminated, *only* on the critical days; how incorrectly, the following forty-one cases, recorded in the first and third books of “Epidemics,” will make manifest.

Here the crises are distributed very unequally, because they are few, and they are not confined to the critical days. It could, consequently, only be meant to affirm that, on the average, fevers ended *more frequently* on these than on other days; and this may be more obvious in the intermittent diseases of the Mediterranean than in this country.

TABLE 1.—*Crises of 41 Cases of Disease, recorded by HIPPOCRATES in the first and third Books of "Epidemics," showing the days on or before which they terminated by either Death or Recovery.*

Day.	Crises.	Day.	Crises.
2	1	17	3
3	1	20	3
4	3	21	1
5	4	24	2
6	3	27	1
7	3	34	2
10	1	40	3
11	3	80	3
14	2	120	2

But there is another sense in which the Hippocratic doctrine may be understood. He may have divided acute diseases into periods, in order to predicate when the majority of crises occurred, although the observations were not numerous. And this sense is supported in the book of "Crises," where it is said that the mildest fevers terminate on or before (*πρὸθεν*) the 4th day; the most deadly destroy on or before the 4th day. So the first access (*φόβος*) ends. The second extends to the 7th, the 3rd to the 11th, &c. I therefore think we may admit that acute diseases were divided into weekly periods, and that these were subdivided into intervals of four and three days, as half a week could not be expressed in entire days (*δλαις ἡμέραις*). The foregoing forty-one cases, thus arranged, would justify us in saying concisely, that the crises took place on or before the 7th day, and that the diseases in question were judged by the 20th, as ten cases ended in the second period (*πρὸθεν*), and only thirteen out of forty-one remained at the end of the third week.

TABLE 2.—*Weekly and Half-weekly Crises of the preceding 41 Cases; 24 of which were by Death, 17 by Recovery.*

Week.	Between Days.	Half weekly Crises.	Weekly Crises.
1	{ 0—4 4—7 7—11 11—14 14—17 17—21 21—24 24—27 34 }	{ 5 10 4 2 3 4 2 1 1 }	15
2			6
3			7
4			3
5			2

The eight remaining cases terminated on or before the 40th, 80th, or 120th day.

Whatever the Hippocratic doctrine may be, it is certain that in this country, in France, and in Germany, few diseases terminate on particular days, or at one period; but I shall be able to show you, that the termination or crisis of several, and probably of every disease, takes place according to a determined law, which may be at any time deduced, when the observations are sufficiently exact and numerous. Dr. LATHAM has reported 297 cases of typhus fever, to refute the Hippocratic notion of critical periods,—to show that the crisis of that disease is irregular, and subject to no law. When properly arranged, they prove exactly the reverse:—

TABLE 3.—*Crises of 297 Cases of Fever reported by Dr. LATHAM; who does not state how many died or recovered.*

Day.	Crises.	Day.	Crises.	Day.	Crises.
5	2	24	10	42	4
6	3	25	6	43	2
8	3	26	4	44	3
9	6	27	7	45	1
10	3	28	8	46	4
11	12	29	4	47	1
12	13	30	11	48	1
13	12	31	11	49	8
14	8	32	6	50	1
15	9	33	8	51	1
16	14	34	6	53	2
17	12	35	5	55	2
18	16	36	1	56	1
19	8	37	—	57	2
20	9	38	3	59	1
21	8	39	5	60	1
22	7	40	8	62	1
23	9	41	3	65	1

In looking over this table, it may be supposed that the 11th, 12th, 13th, 18th, 24th, 30th, 31st, and 49th, were critical days, as the great number of cases terminated on those days; but this irregularity is owing to the small number of facts being divided into a great many sections. If the cases were more numerous they would terminate regularly, as in Table 4; where longer spaces of time are employed:—

TABLE 4.—*Showing the Weekly Crises of 296 Cases of Fever.*

Week.	Crises.
1	5
2	37
3	76
4	51
5	51
6	24
7	20
8	7
9	5
Mean duration 3½ weeks.	

HIPPOCRATES WAS well aware that the majority of patients recover from disease; that the majority of fevers, inflammations, and other severe maladies, seldom destroy more than a fraction of those attacked, when left to pursue their unobstructed course. In Corfu, where the annual deaths were 274 per 1000, only 23 died out of 1000 attacks from disease of all kinds, sufficiently severe to send the soldier to the hospital. I never saw this calculation made for England; but I think it furnishes an approximation to the general truth. The patients were treated, and the deaths were no doubt considerably diminished by medicine; but without any treatment, if 42 out of 43 had not survived, the great majority would have recovered. The natures of diseases are the best physicians (*Nature quæritur in ipso*): wherefore HIPPOCRATES scrupulously observed their natural evolution, all the changes, and the increased excretions which accompanied their progress to health; and where *unfavourable accidents occurred*, and threatened the extinction of life, he opposed them, by endeavouring to induce the natural crises,—to bring cases, precipitated by something into a fatal route, back to the *natural* course of those ending in recovery.

The Hippocratic doctrines of diet present a philosophical outline of that department of hygiene. A writer on the diet of man, it is observed, should be acquainted with the nature of the whole body, its organs, and the subordination of its powers; should be acquainted with the qualities of all food and drink in the natural and in the prepared states; should know the way to dilute strong things, and to make the weak stronger, by art, as occasion may arise. Nor is this enough; for a man cannot be healthy unless he works as well as eats. Food and labour are opposite forces, which, when in accord one with the other, constitute health; for health is perfect when the elements of the body exist in due quantity, power, and composition (*crasis*). Labour consumes the principles supplied by food; therefore it behoves us to determine the force of labour, both natural and violent,—such as gives, and such as takes away flesh; also the relation of labour to the quantity of food, to the constitution of men, to the size and age of the body; to the seasons, the winds, the site of the country in which they live; to the prevalent type and to all the causes of disease. He who could discover an exact measure of the relation between labour and food, would detect the secret of human health. But this is impossible: they cannot be made symmetrical; yet, as when one is a little defective, the other force runs into excess, there are means of detecting the excess of either, before the slowly-accumulating disease bursts into a flame.

In the application of hygiene it is of the utmost importance to be able to distinguish

the first aberrations from health: these are *leminously treated*, probably from observation in the gymnasia. The first signs of disease from *repletion* are, 1. A stuffing in the nose after dinner, with a secretion of mucus and saliva on the following morning; heaviness of the eyes, paleness, and loss of appetite. 2. Long and agreeable sleep, sleep in the day, followed subsequently by troubled dreams. 3. Lassitude; pains of the whole body, or of parts of the body. Heaviness and headache; the eyelids dropping after dinner, and convulsed in sleep, heat, and sometimes costiveness. 5. Flatulence, voiding the aliment soon after eating, which seems to yield relief, but is soon followed by heat, and diarrhoea, or dysentery. 6. Crude, but not acid eructations; scanty stools compared with the food, yet really copious, with no internal pain. 7. Pallor and acid eructations shortly after eating. 8. Acid eructations on the following day. 9. Profuse perspiration in the first sleep, suffocation, heat, vomiting. 10. Liquid stools, without pain; wasting. 11. The food passing away undigested, but not putrid; wasting. 12. Watery putrid stools, without other inconvenience. 13. A dry, and in process of time, a bitter mouth, confined bowels, hard dry stools, ending in stercoraceous vomiting. — *Exercise is excessive* where headaches and shivering come on after the morning walks. Some shiver in the gymnasium, from the time they strip till they begin their exercise, and on cooling, their teeth chatter; they are sleepy, and when awoke they feel giddy; their eyes are heavy; malignant fever supervenes. Labour has exceeded food.

The regulations respecting seasons hold still in Greece, and require little modification in England. In WINTER eat once a day; lunch very moderately. The food should be dry, rich, heating. Do not go through a gymnastic training in winter; the trees which have not wintered bear no fruit, nor are they healthy. Warm the body with labour, to promote perspiration. Day is short, night long, and this teaches us that labour should be neither long nor excessive.

— SPRING. When Arcturus arises, when the south winds blow, and the swallow comes, food, drink, and labour, should be more varied, milder, and lighter. As about the equinox (March) the days are lengthened, the nights shortened, the season is warm and dry, diet should be nutritious and rich. The trees, devoid of reason, provide themselves in this season with increase and shadow, against summer; so should rational man prepare a healthy accession of flesh. In SUMMER the food should be softer and more sparing; drinks mild and diluted; luncheon moderate, and the siesta brief; excess in meat or drinks as slight as possible. Sexual intercourse should not be indulged. Tepid bathing may be used. Avoid the sun, and

the cold morning and evening vapours, exhaling from rivers, lakes, and snows. At the summer solstice take no dry, hot, rich things. **Autumn**.—From the equinox (September) guard against extremes of heat and cold by thick clothing; walk out on warm days; use tepid ablutions; warm and dry food.

Many of the aphorisms are useful general guides in diet, such as, "Beware of sudden changes in living;" "The hungry should not work;" "Those who feed fast and suddenly, may be suddenly reduced;" "Those who waste slowly, are restored slowly;" "The more that unsound bodies are fed, the more they are injured;" "There is more danger in living on a weak and strict, than on a rather full, diet;" "A high state of gymnastic training is dangerous."

The atmospheric origin of some diseases was recognised by HIPPOCRATES: the nature of man cannot always resist the power of the universe; and certain conditions, constitutions, and climates, impress a peculiar form, not only on disease, but on the entire organization and character of the human family. These are treated of in the book of "Winds, Waters, and Places," presenting a physiological view of the principal races of men observed by him in Asia and Europe, developing their innate energies, such as they were fashioned by the earth, and subject to the diseases induced by the external elements. This book is a perfect model of physiological delineation. PHIDIAS, or ZEUXIS, never sculptured the human figure more divinely, or painted with more expression, than HIPPOCRATES has here traced the Asiatic and European character.

The influence of the earth on its human inhabitants, is expressed somehow in this manner:—You will almost always find the forms of men and the nature of a place, corresponding; for where the soil is rich, and soft, and wet, and of uniform temperature, the people are gross, lymphatic, of relaxed joints, intolerant of toil, and cowardly; indolent and sleepy; they are neither keen nor subtle, but dull in the arts. On the contrary, where a region is bare, rough, unsheltered by nature, oppressed by the cold of winter, and burnt by the summer's sun, the men will be found spare, robust, of well-expressed form, vigorous, and swarthy; they will be capable of toil, and wakeful; their manners will be pertinacious and continuations; they will be easily roused to anger; fiercer than mild; exceedingly acute and dexterous in the arts; expert in war. For whatever springs from the earth, savours and participates of its nature.

To great changes in the weather, and sudden irregular successions of heat and cold, moisture and dryness, HIPPOCRATES attributed great power; he considered them the most common causes of disease, and often states that slow alterations of habit,

diet, and temperature, are alone perfectly safe. In the mild, equable climate of Asia, every thing grew in greater size and beauty than in Greece; human manners were more benign and refined; at the same time the inhabitants were rendered timid, effeminate, indolent, and unwarlike. The atmosphere around them lay tranquil, and was insensibly changed; hence the soul was never shaken, the body never tossed about, and tried by changeful vicissitude, which probably exasperates passion, and excites heat, and intellect more than repose. For changes always rouse the mind of man, and permit it not to rest.

When the organization is thrown into motion by the external forces of nature, and then suddenly abandoned to its own resources, an effort of *self-action* is made, which gives and concentrates independent power; and thus Nature bears her children, as on eagles' wings, into the higher regions of exertion, and educates them till they can triumph over their element, and ride upon its storms. Excitement of the mind, and of animal heat, which have many analogies with each other, is equally favoured by changes of temperature. We may conceive that in a cold atmosphere a great supply of internal heat is demanded, and when the atmosphere becomes warm, the supply will be superabundant; and this principle of reaction not only applies to calorification, but to the muscular, the nervous, and all other organic functions. In the political changes, the stormy years, of the Peloponnesian war, Greece produced many of its immortal works. Man is ever seeking an equilibrium, but that is repose and death. When the equilibrium is most disturbed, he is most active. Variations in the intensity of external agents serve not only to augment the sum of power, but they temper the body, and fit it to live through a greater range of circumstances; they improve its means of *self-adjustment*—a point which requires deep consideration in education. Medical men, when consulted relative to the regimen of children, and even of adults, are too apt to recommend exclusively warmth, regular diet, and exercise, proscribing all extremes. This may prevent tender children now and then from taking cold, but, on the whole, more is lost than gained by it. Let us never forget that all men are often hurried from one extreme to another by necessity, and that this sort of oscillation preserves or accumulates vital force.

There is a limit to the utility of change. It may be excessive. HIPPOCRATES was speaking of the climate of Asia Minor and Western Asia compared with Greece, crowned indeed with snow-covered mountains, but situate in a latitude where the general range of changes only extended from the temperature at which corn would grow to that at which the grape, or orange, or olive, would

ripen. In countries not known to the Greeks, in Pekin and Petersburg, excessive change is little more favourable to life than the uniformity of the habitable parts of the frigid zone or the tropics.

One general principle limits another; the climate may be good, but the government may be bad; or the race may be feeble. So HIPPOCRATES further attributes the unenergetic character of the Asiatics to their laws. The greater part of Asia is, he says, governed by (despotic) kings; and where men are despotized, are not in their own power, and do not live under their own laws, they are not very curious in preparing for war; nay, they rather take care to appear unwarlike; for, to them the chances are unequal. They are driven to fight, to toil, to seek death, for their lord, while their children, wives, and friends, are left behind; nay, if they bear themselves valiantly, and are successful in battle, the advantages accrue to their lord, and augment his resources, while to them nothing is meted but dangers and death. Their lands, too, are liable to devastation, or to be made desert by the enemy and by the cessation of labour, so that brave men are prevented by the laws from exercising their courage. The influence of government is further proved by this: wherever the Greeks, or barbarians in Asia, live under their own laws, fight for themselves, and reap the fruit of their own labours, they are neither cowardly nor indolent. It may be added that experience has since shown that they for a time could become both, in the stirring atmosphere of Greece, under a despot. Thus has our great author laid bare the very nerve and withering arm of despotism. Independence enlarges, and gives energy to, all the faculties; it is the vital breath of the mind; it gives health to a nation; and we shall have occasion to show that life is not only less valuable, but, on the whole, shorter in Austria and other countries, where paternal governments enforce hygienic laws, but deprive their subjects of liberty, not allowing them to bring up children *for themselves*, than in England, where the government has attempted so little towards raising the population to its present pitch of vitality by direct enactments.

In fine, all modifying agents act less on the individuals existing than on those forming, and Europeans differ from each other more in size, form, and faculties, than the Asiatics, because—"Phures corruptiones contingunt in seminis coactione quum tempera sequenter variant, quum si eadem sunt et similia."

HIPPOCRATES has described all the forms of sickness, and the signification of every sign, with an unapproachable exactness. He would have estimated the pathological discoveries of BAILLIE, MECKEL, LAENNEC, LOUIS, and CARSWELL, at their real value,

but the day for them was not then come. Bleeding, and strong purgatives, and other active remedies, he did not spare to employ, as occasion required, but HIPPOCRATES never forgot that drugs were subordinate agents in the preservation and restoration of health. He looked to climate, diet, and exercise, as causes for the prevention and cure of disease; and only considered drugs as useful auxiliaries. His practice in fevers has been called inert. What would calomel, and leeches, and bleeding, have done? The experiment has been tried in the Mediterranean. HENNEN says that the *proportion of deaths among the Russian, French, and English troops in the Ionian islands was nearly the same, although the English met the fevers of the country with mercury and the lancet "in all the activity and all the orthodoxy of the schools."* When the French army, 14,000 strong, was in the Morea, 1000 men were lost chiefly by fever in the course of nine months; *gastro-enterite* was recognised,—leeches were there—but the patients died exhausted after their use, as the troops were exposed to miasmata. Where the hygiene of an army is judiciously regulated, the soldier may be kept in health and vigour; but allow an ignorant general to encamp on a marsh, let filth stagnate, fatigue excessively the men, crowd them in low damp rooms, and, despite drugs, they will fall as unripe and blasted fruit, not by the sword but by the fever. The French and English troops at home,—not trained to the field from childhood as the Spartans were,—are very skilfully and efficiently supplied with drugs, yet their mortality in peace is much greater than that of people generally of the same age, because they violate the laws of hygiene.

Now, an army is only a part of the community; and the same facts hold of the inhabitants of a city or a small village. A medical man always saves many lives and much time in sickness; but in a neighbourhood, or in families where he can command all the resources of hygiene, his practice must be much more successful among adults, and rescue twice as many children from inevitable death, as a mere druggist who prescribes most adroitly. Officers of dispensaries and hospitals will bear this out. "But," some may say or think, "we live by drugs; the present public will pay nothing for our sanitary precepts; they know more of large green, purple, and red glass globes, than of the physiology of health; they think more of Morison's murdering pills, or St. John Long's caustic liniments, than of minute precepts about the air and food by which they live and breathe. Besides, why study hygiene, when, by promoting the general health, it would diminish the number of patients?" Gentlemen, I know that you—I know that our generous profession—will not, for a moment, harbour sentiments

base. We exist, as a body, to promote the public health, and if the persistence of our craft is at variance with the public good, in the name of God let it be abolished,—let us betake ourselves to something else. Happily our interests are the interests of the community: in proportion to the health and strength and knowledge of England, it has flourished, and will flourish, and in its prosperity or reverses we shall participate. In patriotism, also, HIPPOCRATES was our pattern. He pointed out the sources of health and improvement to mankind. He remained to the last, true to the fortunes of the small island on which he was born; he refused to go to the court of Persia, because he preferred serving Greece, and his disinterested exertions during pestilence obtained for him a place in the Prytaneum of Athens.

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

TUBERCULAR MENINGITIS *

Child ten years old; symptoms of tubercular peritonitis; headache, returning with irregular access, and sometimes accompanied by bilious vomiting; dullness; morosity; after three months, constant headache, bilious vomiting; numbness of the limbs, delirium, coma, general convulsions; death at the end of seven days; tubercles found in the meninges, lungs, bronchial glands, and peritoneum.

CASE 3.—Clemence Fournier, an orphan, ten years of age, was attacked at the age of seven with confluent small-pox, of which she still carries the marks; for the last three months she has complained of pains in the head and abdomen. Admitted into the hospital on the 14th June, 1835. She did not present anything more than the symptoms of tubercular peritonitis, and some uncertain signs of pulmonary consumption; up to the end of June we did not observe any notable change in her condition, beyond a sadness and depression of spirits that seemed quite disproportionate to the patient's sufferings, and two or three attacks of headache, without any other trouble of the cerebral functions. During the last few days of the month the moral and physical depression became more and more severe, with intense headache, and slowness of the pulse. *Leeches behind the ears.*

July 5. The headache has disappeared,

but the patient is dull; she keeps the eyelids constantly closed; when roused from the sleepy state in which she lies, she answers correctly; no convulsion or paralysis of the limbs, but the muscular force is excessively depressed; pulse irregular, 96; the diarrhoea which existed for several days has given place to obstinate constipation. In the evening, return of the headache, which the patient describes as having its seat in both temples.

6. During the night and the morning, violent delirium and agitation, rendering it necessary to employ the strait-waistcoat; at the visit, however, she answers all questions addressed to her, and puts out the tongue when required; she complains much of headache and feebleness of sight in the left eye, whose cornea is perfectly transparent, and the pupil neither contracted nor dilated. On the other hand, the surface of the right eye is bathed in a puriform liquid. The sensibility of the skin is obtuse at both sides of the body, and the muscular force greatly diminished; the patient is unable to grasp an object firmly in either hand; the head is thrown backwards, and she utters an acute cry whenever we attempt to bring it to the natural position; there is no evidence of pain occupying the dorsal or lumbar regions; the patient can sit upright without difficulty: the pulse is moderately strong, 96, as yesterday; the diarrhoea has now returned, and evacuations are sometimes involuntary. During the day, low delirium; the child is unable to recognise her relations.

7. Coma; she does not answer when spoken to; the eyelids are closed; the pupils largely dilated; the limbs are in a state of resolution, and when lifted up are seized with a trembling motion; the muscles of the neck, on the contrary, present a tetanic degree of rigidity, and render the head quite immovable; pulse 100; no stool; urine excreted involuntarily. Six leeches, three to the right temple, and three behind the right ear; a blister to each leg.

At three o'clock p.m. the patient was seized with general convulsions, which persisted for about an hour, and then terminated in death.

Body examined thirty-eight hours after Death.—Temperature of the Atmosphere, 20° R. (77° Fahrenheit).

External Habit.—Body lean; cadaveric rigidity very well marked; abdominal parietes of a greenish colour.

Cranium and Vertebral Canal.—The brain and spinal marrow had been removed from their cavities with their membranes, and left on the table of the dead-room for at least six hours before their examination by M. Jadelot in presence of the pupils. The dura mater does not present anything remarkable. The arachnoid at its free sur-

* Continued from LANCET, No. 645, page 575.

face is moist, and conserves its normal transparency; the pia mater is infiltrated with a great quantity of serosity. In its tissue we remark a great number of tubercular granulations, offering the same physical characters as in the cases already reported. On the anterior part of both hemispheres, to the extent of about a square inch on the right side, and half an inch on the left side, the pia mater is infiltrated with a yellowish substance having the consistence of chalk. This substance penetrates with the membrane into some of the anfractuosités, and here it is impossible to separate the pia mater, especially on the right side, without removing with it a portion of the cerebral pulp. Between two convolutions of the convexity, we find a tubercle, not larger than a good-sized pea; the cerebral mass is almost reduced to the consistence of jelly; but as this softening is not accompanied by any change of colour, and is general, it probably depends on putrefaction. The spinal marrow is equally softened. It does not contain any trace of tubercles.

Thorax.—Both lungs contain a great number of milary tubercles; the bronchial glands are tumented, and transformed into tubercular masses.

Abdomen.—The epiploon, thickened and studded with tubercles, adheres to the anterior wall of the abdomen, and to the convolutions of the intestinal tube, which are also united by false membranes that contain small white tubercular deposits. The sub-peritoneal cellular tissue of the intestines, the mesentery, the liver and the spleen,—all these parts contain numerous tubercles. The interior of the intestinal canal was not examined.

TUBERCULAR MENINGITIS TERMINATING IN ACUTE HYDROCEPHALUS.

Child eight years old; antecedent measles; depression of spirits, and dulness; headache and fever, returning by irregular accessions during three months; the symptoms of acute hydrocephalus; death; granulations in the pia mater; effusion of turbid serum into the lateral ventricles; softening of the white central parts; pulmonary tubercles.

CASE 4.—A young girl, eight years of age, habitually of good health, of lymphatic temperament, contracted the measles near the end of April. During the three months following the disappearance of this exanthema, which was very irregular in its march, the patient frequently complained of pain in the head; she became sad, dull, and was attacked from time to time by accessions of irregular fever. Towards the middle of July, the headache and fever became constant, with pain in the abdomen and constipation; a few leeches were applied to the arms, and mustard poultices to the extremities. The symptoms were dissipated by these remedies, and the child seemed to have recovered her original gayety and health. On

the 4th of August, however, without any known cause, she was seized with vomiting, followed by intense headache, fever, and delirium; in the night of the 5th, she sank into a state of deep stupor; on the following morning, being transported to the hospital, she presented the following symptoms:—

Dorsal decubitus: alternation of paleness and redness of the face; complete loss of consciousness; the coma is from time to time interrupted by low cries; the globes of the eye are constantly agitated by convulsive movements; the pupils dilated and immoveable; the faculty of vision completely destroyed; there is trismus, grinding of the teeth at intervals; foamy saliva, tinged with blood, issues from the mouth. The superior and inferior members are slightly rigid; the sensibility obtuse at the right and left sides of the body, equally; no nausea or vomiting since yesterday; the child passed two or three involuntary stools during the night, after the administration of a purgative; the abdomen is retracted and indolent; the skin is dry, flaccid, and rough on the limbs; the heat moderate; pulse small and irregular, 132; the respiration accelerated, 52 in the minute, and often accompanied by dilatation of the nostrils. The chest gives a normal sound under both clavicles: on auscultating the patient we hear nothing but some mucous rale. *Twelve grains of Calomel, in four doses; a large blister to the head, and sinapisms to the lower extremities.*

At two o'clock p.m. the cries had entirely ceased; the face is now pale, and covered with a cold sweat; the trismus is very violent; the eyeballs immoveable, and directed outwards; the sensibility and motility present the same disorders as before mentioned. The stools are involuntary; pulse 130. In the evening the coma gradually became more deep, and the child died at one o'clock after midnight.

Body examined fifteen hours after death.

External habit.—Body thin; a few phlyctenae on the scalp, produced by the blister; no rigidity of the body.

Skull.—The cranium is well formed: its parietes are rather thinned than developed; the dura mater is in its normal state; the longitudinal sinus encloses a dark coagulum of blood; the great cavity of the arachnoid membrane contains about an ounce of serum; under the layer of this membrane that covers the cerebral hemispheres, we observe a multitude of points of a yellow-whitish colour, some isolated, others confluent, and forming by their union small irregular plates, following the vascular trunks. On passing the pulp of the index finger along the surface of the arachnoid, we feel a slight resistance at the points corresponding with these little masses. On detaching the arachnoid and pia mater from

the brain, we can distinguish clearly these granulations, situate in this last membrane, and presenting a cartilaginous degree of consistency. They are more numerous at the right side than at the left, both on the convexity of the hemispheres and at the base; and are particularly confluent at the fissure of Sylvius on the right side. They are manifestly distinct, both in colour, form, and seat, from the glands of Pacchioni. A gelatino-albuminous substance exists at the base of the brain, near the decussation of the optic nerves: the lateral ventricles are distended by three or four ounces of turbid serum; the posterior cornu on the left side, and the pes hippocampi on the right side, present a ramollissement of a creamy appearance; the cortical substance of the hemispheres is slightly coloured, and the white substance pretty well injected; the cerebellum and pons varolii are healthy. The spinal marrow was not examined.

Neck and Chest.—The cervical ganglia, epiglottis, larynx, and trachea, do not present any alteration; the bronchial glands are transformed into tubercular masses; the serous membrane of the thorax is not adherent at any point between the lungs and thoracic wall; the right lung is studded with tubercles; some, like gray demitransparent granulations, others presenting a dull point in their centre; others, finally, of a yellowish white colour. We do not observe any cavity; the pulmonary parenchyma appears healthy in the intervals of the tubercles; the left lung also contains a great number of miliary tubercles, most of which lie immediately below the pleura. The pericardium, heart, and thoracic duct, are healthy.

Abdomen.—Small tubercles are disseminated throughout the peritoneal lining of the intestines, the liver, and the spleen; the parenchyma of this latter viscus is studded with them like the lungs. The pancreas and kidneys are free from all alteration. The mesenteric ganglia are not developed; only two or three are changed into tubercular matter. The gastro-intestinal mucous membrane is healthy.

In the first of the two cases just reported, the chronic stage, which so frequently characterizes tubercular meningitis, and its passage from the chronic to the acute form, are well marked. If we look to the cause under which scrofulous inflammation of the cerebral membranes was developed in the present case, we find nothing to which we can attribute it but the antecedent small-pox, though it is very doubtful how far this disease may influence the deposit of tubercular matter in any organ. The symptoms of the chronic stage, which lasted three months at least (and perhaps longer), were merely headache, and

that depression of the spirits and moral character which so often attends and points out the commencement of cerebral disease in children. In the present case, however, the diagnosis must have been difficult, for the child suffered at the same time under chronic inflammation of a similar nature in the abdominal cavity; hence the frequent pain in the abdomen, diarrhoea, &c., to which the headache and torpidity might reasonably have been referred, and to which they would certainly have been attributed by M. BROUSSAIS and his followers. The symptoms of chronic meningitis continued for a fortnight after the child's entrance into the hospital, when those of the acute stage suddenly declared themselves. What were they? Bilious vomiting, exasperation of the headache, falling of the pulse, and constipation, we insist strongly on these symptoms. Although, taken separately (abstraction made of the headache), they seem to have no connection with cerebral disease, yet, when united in the same subject, they are a certain index of inflammation of the meninges or the brain in cases where some prodrome has existed, as in the present case; and even when no premonitory phenomena has been observed, they afford the strongest presumption of the existence of meningitis. We have not yet had time to make an analysis of the cases we possess of meningo-cepbalitis, in order to determine the value of bilious vomiting as a symptom of the development of this disease; but we can affirm that it exists in a vast majority of cases, and is a most valuable sign. In the case we now speak of, it may be said, "The vomiting took place in a child affected with peritonitis, and was, therefore, of no value as a symptom of cerebral disease; inflammations of the abdominal cavity frequently produce vomiting in children, and may have been the cause in the case of Clemence Fournier." This reasoning is specious; we have often heard it employed, but its refutation does not require any great effort. The vomiting, if it existed alone, would certainly rather indicate abdominal disease than inflammation of the brain, but it must be considered in connection with other symptoms. Why did the pulse, at the same time, fall in frequency, and the diarrhoea give way to obstinate constipation, if the vomiting depended on an increase of the abdominal inflammation? It is impossible to connect these latter symp-

toms with peritonitis; they are, on the contrary, well-known phenomena of meningitis, and show that the vomiting must here, as in a vast number of other cases, be attributed to sympathy with the brain. It is unnecessary to follow this case through the other symptoms; the only one we would remark is the violent delirium with which the child was attacked on the night of the 6th. It is strange enough, but certainly true, that inflammation of the cerebral membranes seldom gives rise to severe delirium in children, and in a great many cases the intellectual faculties remain undisturbed during the whole course of the disease; in the present case the delirium was not attended with any febrile access; the skin was cool, and the pulse only 96.

The second case presents several traits of resemblance with the former one; here also we find a prodrome extending from the month of April to August (three months), and consisting in headache, with irregular accessions of fever. The passage from the chronic to the acute stage was also marked in the same manner, by bilious vomiting and exasperation of the headache. As to the other two symptoms, constipation and slowness of the pulse, it was impossible to determine whether they existed or not, as the child was not brought to the hospital until forty-eight hours after the acute attack, when she was in a state of coma. The other symptoms followed each other in rapid succession, without presenting anything worthy of notice; on the 6th the pulse mounted to 132. We merely mention this, because some systematic writers describe the last state of acute hydrocephalus as characterized by slow pulse; this is certainly an error. In a great majority of cases the pulse rises, towards the end of this disease, to 120, 130, 140, or even 150; it is always above 100; we would also direct attention to the absence of contraction of the limbs, although the fornix, and a portion of the lateral ventricles, were remarkably softened. Meningo-cephalitis rarely is fatal in so short a time as in the case now under consideration. The disease commenced on the 4th, and the child died in a state of coma at midnight on the 6th. In most cases the disease lasts from seven, eight, or ten, to twenty-one days. M. GUERSENT tells us that he has only observed a single case where it exceeded thirty days.

P. H. GREEN.

ON

FRACTURES OF THE PATELLA.

WITH PROPOSALS FOR A

NEW PLAN OF TREATMENT.

To the Editor of THE LANCET.

SIR,—I send the subjoined observations for insertion in your journal, if the proposal by which they are accompanied be worthy of attention.

Fractures of the patella must be considered as rather serious accidents, when we reflect on the rarity of their osseous union. From the retraction of the upper fragment of the bone, in transverse fractures, by the powerful muscles connected with it, and from the difficulty of keeping the broken surfaces in steady apposition by the ordinary means employed, the union is generally by ligament. The length of the uniting medium varies from half an inch to three or four inches, but, if it be more than half an inch, the patient can never walk securely.

Although such fractures are generally united by ligaments, yet the possibility of osseous union is now placed beyond doubt, by the number of instances recorded, and, it is owing to the inadequate means of treatment that osseous union is not more frequently effected. It is highly probable that, if we could scrupulously fulfil the indications of cure by proper modes of treatment, there is no fracture which, in ordinary circumstances, would not unite by bone, not excepting even fractures of the neck of the femur within the capsule. Deficient vascularity, I suspect, is not the true *rationale* of non-union in such cases. There are still some who seem to think that the organization of the patella is different from that of all the other parts of the osseous system, and that therefore, when broken, it must unite as regularly by ligament, as do the other bones by bony matter. It would be somewhat strange were the result of their practice in any one case to belie their theory.

Sir C. Bell is of opinion that the cause of the fracture exercises a material influence on its union. "In the common case," he says, "of fracture of the patella by the sudden action of the quadriceps extensor, the pieces are separated without that degree of violence which is necessary to produce reunion by bone. But, when the patella is broken by a blow or a kick, there is not only less retraction, but the injury, the bloody effusion, the tumefaction, and the rigidity of the parts, resemble that which attends the fracture of any other bone, and the fragments unite by bone." If he had merely said that, in fractures from direct violence, there is less retraction than in those

from muscular contraction, and that the former more frequently unite by bone than the latter, he would have been more correct. It is not from the greater violence which the bone sustains in fractures from blows, but from the capsule to which it is attached being less torn than when the fractures result from muscular contraction, that it more frequently unites by bone.

The chief points to be attended to in the treatment of fractures of the patella, as in all other fractures, are, 1st, To keep the fractured surfaces in apposition, and, 2ndly, To prevent motion between them. The means generally employed, I am inclined to think, are not adequate to fulfil these indications. The great objection that may be urged against them is, the undue degree of pressure which they exercise, either on the whole circumference of the limb, in the vicinity of the fracture, and thereby impeding the circulation below, or, by being confined to a point endangering the superintention of sloughing. The latter circumstance is a strong objection to Mr. Moggidge's ingeniously contrived apparatus. Mr. Moggidge, however, by this apparatus, obviated an objection which applies to all the other plans of treatment, viz., the circular compression, and consequent obstruction to the circulation in the limb.

In Sir Astley Cooper's plan (which is the one now generally employed), a belt is buckled round the thigh, immediately above the patella, and from each side of it a narrow strap passes down over the sole of the foot; but when this apparatus is put on lightly, which it must be when there is much retraction, it causes great swelling of the limb, and much uneasiness to the patient. Mr. Anesbury has improved on this plan, but his apparatus is so complex and expensive, as to preclude its use in the ordinary cases occurring in private practice.

The plan which I now propose is both simple and easily applied. It consists of a wooden splint, reaching about seven inches above and below the knee joint, and from four to five inches in breadth. To the lower part of it is attached, transversely, a narrow piece of wood, extending about two inches beyond either side of it, giving it the appearance of a cross. This transverse piece should be so placed, that its upper edge, when the splint is applied, will be opposite the spine or tubercle of the tibia. The limb being bandaged from the toes up to the middle of the thigh, the splint, padded with tow or cotton, is applied posteriorly, and fixed by several turns of a roller. The fractured surfaces are then approximated, and another bandage, two inches broad, is passed two or three times round the thigh, above knee, and then carried obliquely above the upper fragment of the patella, and downwards, underneath one of the transverse processes of the splint. It is then brought round it, and carried

upwards in the same direction, and made to turn round the thigh, at the point from which it started. The above manipulation is performed round the other transverse process, and repeated on each side successively, until the bandage, which ought to be several yards long, is expended. The position of the limb and trunk is then attended to, as in the other modes of treatment.

In applying the splint, we must take care (as already stated) to have the upper edge of the transverse piece of it placed opposite the spine of the tibia; otherwise the bandage which is last applied, is apt to slip over the patella. If we attend to this point, however, we can produce considerable traction downwards, and keep the fractured surfaces approximated, without danger of the bandage slipping, and with very little uneasiness to the patient.

I have had but one opportunity, as yet, of trying this method; but, from its success in that case, I feel warranted in recommending it to the notice of the profession. I am, Sir, your obedient servant,

K.

London, February 1, 1836.

APPLICATIONS AND EXAMINATIONS FOR A MEDICAL DEGREE,

AT EDINBURGH, ST. ANDREW'S, AND
GLASGOW.

To the Editor of THE LANCET.

SIR,—I am induced, more particularly by the statements in your last two numbers relative to the conduct of the Examiners of Apothecaries' Hall on a late occasion, to enter into the following personal details, for which, however, an apology to the public may be necessary.

Some years ago I offered myself as a candidate for the "Summi in Medicinâ Honores," as their dispensers call them, of the University of Edinburgh. Before any examination was begun, it was objected that my Paris certificate was insufficient for its object, viz. to count as *one* year out of the four required for the course of study. Now as the certificates, if I remember rightly, are sent in some months (*certainly some weeks*) previous to the day of examination, it is the business of the professors to see that they are sufficient, or to return them, and acquaint the student or candidate with that fact. This, however, was not done in my case; but, I presume, considering the omission to be their own (for I was not aware that I had not studied long enough), the Examiners probably were desirous at least of *appearing* to "make up for it," and accordingly I was admitted to examination.

The examiners were, Professors Alison, Graham, Monro, Duncan jun., Home, and Hope; and if I may be allowed to express an opinion of their *merits*, I may state that I have placed them pretty nearly in the order in which they should stand. After about two hours' examination, and ten minutes' deliberation among themselves, Dr. Alison presented to me my certificates, stating that the Examiners were not satisfied with them, and, consequently, that he should either recommend me to study for another month or two, or (what would be better) come up for examination in the following year. As I had reason to believe that the shortness of time occupied in my studies, and the circumstance that I had shown some disrespect, though perfectly unintentional,* towards one or two of the examiners, operated in some degree in producing this decision, I resolved to appeal to another tribunal; and, accordingly, I was soon on my way to St. Andrew's,—St. Andrew's! not, as formerly, the mercenary St. Andrew's, but St. Andrew's the *reformed*,—the St. Andrew's which then professed to examine into the *moral* character of the candidates, and to require from him some knowledge of the Greek. Alas! "*Dum loquimur, fugerit invida ætas*,"—everything changes in this world; and so sudden a change from the basest kind of prostitution to consummate virtue, would lead us to believe that miracles have not ceased.

But respecting the reasons which influenced the Edinburgh professors in recommending to me a second examination, more remains to be said. Dr. Hope, as is customary, I believe, wrote to ask me if the thesis which I had sent in, was intended for publication. I replied, no, not in Latin, but in an extended English form. Dr. Hope, as well as Dr. Duncan, and, probably, all the professors, were aware that I had long been engaged in making some inquiries into the blood; and I have little doubt that the intention which I expressed not to publish the Latin, but to extend the thesis, and publish it in English, might be considered as presumptuous in a student who had not yet passed an examination.

While coinciding with Gibbon in the opinion that an author is generally the best judge of the merits and defects of his own work, I also consider that a man is generally the best judge of his own qualifications and conduct in the case in question. Why, then, is his opinion of himself or his book

so seldom esteemed by the public? Not because he may judge incorrectly, but because he has not candour enough to acknowledge the defects. This may be the case with myself.

But did I answer all the questions put to me at the examination? Certainly not. Replies to some of them seemed as impossible as an answer to the question put to a student by the Society of Apothecaries,* viz., "How many *protoxides* of mercury are there?" I answered, I think, nearly two-thirds of them, but to give my adversaries fair play, let me allow that I answered only one-half. But when it was found that I did not intend to publish my thesis in Latin, it was not even examined, as I have good reason to know. I had *written* this Latin document myself. It was merely *corrected* by a master previous to being placed in the hands of the professors. I naturally enough, therefore, depended greatly on this "for passing;" for the corrections being made not in sentences, but in individual words, I could pretty fairly consider myself in the light of its author, in language as well as in matter. It extended to fifty pages; but this labour went for nothing, though, as I subsequently found that the thesis *always* weighs as nought, I must not here censure the examiners. However, as it had not been twice written, and the corrections were occasionally visible, this circumstance also may have been considered disrespectful, though quite unintentional on my part.†

Knowing that I had studied the profession most attentively, both by reading and by practice, for many years, I did not go for *six months* (as the custom was) into a grinder's shop, to have my mind "filed," as Shakspeare calls it, to the usual shape. I contented myself with six lessons on the general plan of proceeding, and found those too many.

I went to *St. Andrew's* next, because rather more classical knowledge seemed to be required there, under their new regulations, than either at Edinburgh or Glasgow. Besides, no further attendance on lectures was necessary before admission to examination. *Lectures* on the theory of physic, and on speculative physiology, are not near so well calculated as reading and comparing different authors, to increase our knowledge of medicine. Where lectures are illustrated by experiments, the case is different.

Professor Briggs, after examining my

* LANCET, Jan. 16th.

† Some of the questions of Drs. Home and Monro were so extraordinary, that they caused a little levity on my part; and some of those of Duncan and Hope were so supposititious, that they produced somewhat sharp retorts. Moreover, I had before thoughtlessly told Professor Turner that I should try Glasgow if I failed at Edinburgh. This was not very complimentary to his *intimate friend*, Dr. Alison, who probably, as well as all the Edinburgh Examiners, was informed of it.

† I may add here that I only took out *one* ticket from each Examiner; but I believe most students take out two, though this may not have influenced them. Again, though in the Latin questions I was not perhaps so quick or perfect as I should have been, yet I gave the English of Latin put to me which I had never seen before, without hesitation. Many candidates have passed at Edinburgh with much less knowledge of Latin, and, as I think, with less knowledge of physic generally.

certificates, was, I think, at first inclined to admit me to examination. But when in reply to his inquiry, Why, since I had studied at Edinburgh, I did not graduate there? I answered, "that having been once rejected, I intended to graduate elsewhere," the case was altered. Observing (as I conceived) this alteration in his sentiments, I did not press the matter; but at once departed elsewhere.

At first sight this hesitation of the Professor may seem to be confirmatory of an alteration in the University, as regards pecuniary considerations, the expense of the diploma being £35. But he had to support the new character of the institution, and I beg therefore to express my regard for his conduct. If I had passed at St. Andrew's after being unsuccessful at Edinburgh, he might have been afraid that the public would have said that he had sold me the degree; particularly as *morality** had only just begun to exert an influence at St. Andrew's. It was of course necessary to its reputation, that at least the first few years of its new life should be passed in a state of watchfulness. But not even then do regenerated characters always recover station in the public mind. Poor St. Andrew's! I fear the £35 were wholly lost to thee in any shape, for centuries may elapse ere the blot upon thy name can be effaced.

I called upon Professor Jeffray at Glasgow, wishing to pass my examination there before the summer had expired, but he told me that I was then *too late*, as it was necessary to take out *two Professors' tickets* before I could be examined. He, too, asked me why I did not graduate at Edinburgh, so that this well-known anatomist, who was one of my examiners at Glasgow, indifferent to the opinion of the Edinburgh professors, dared to admit a student to examination, and to pass him, whom the latter had thought fit to reject, for I was successful at Glasgow, and without any "grinding." As my rejection at Edinburgh was known to Professor Jeffray, it was probably also known to Professor Thomson, the other examiner. I therefore consider the degree I hold the more creditable to me, since the previous rejection could not have operated with the Glasgow professors at all in my favour.

I then went to Edinburgh and finished my book, which was already partly printed, and advertised it in the *Scotsman*, as written by "H. Prater, M.D., of the University of Glasgow." Obligated as I am to the Glasgow professors for their degree, still on that book,*—which, notwithstanding its bad arrangement and inequalities, has been regarded as one of the most profound and original works on the subject since the time of Hunter,—do I rest my chief claim for consideration as a physician or a physi-

ologist. The *Revue Médicale* of Paris has done me the honour to express, in their number for June last, a high opinion of its merits, and with all its defects, and these I hope another edition will allow me to correct, I cannot but cherish a belief that, sooner or later, it will come to be considered a standard work on the subject.

And now that medical reform is under discussion, I would beg to recommend to those who are in power, a court of appeal, in London, for students who may be dealt unjustly by at medical examinations. Think of the College of Physicians rejecting Armstrong and Mason Good! perhaps for some petty questions which those distinguished men would have lost time in honouring with a moment's attention. But public examinations, as THE LANCET has suggested, would be best and safest of all. Medicine is so vague a term, and some examiners are so fond of showing their powers of *crab*-examining, or their "extensive knowledge," (as was the late Dr. Duncan, particularly,) that when unchecked by public observation they may occasionally encroach even on the province of such an examination as would be given to apprentices by tea-dealers, or oilmen, or nursery gardeners, or God knows what other tradesmen, and call the examination one on "materia medica and the practice of physic!" In the classics and the exact sciences, there is no room for these excursions. It cannot be too often repeated that a check of some kind is required on medical examiners. What reason have we to consider such men as above the influence of personal prejudices, or social considerations?

I conclude by expressing my admiration of the noble stand which "the rejected candidate" has made against the "Pot-carriers." Perhaps his course was better than mine. I have the honour to be, Sir, your very obedient humble servant,

H. PRATER.

12, Dalby Terrace, Jan. 25, 1836.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Feb. 6, 1836.

MR. RICHARD QUAIN in the Chair.

DR. JOHNSON said he had this week seen a most interesting case, which at the same time had puzzled him more than any he had ever before seen. The subject of the case, who had led an active public life, was the only surviving sister of the late Mrs. Siddons, and was now in her 76th year. Two years ago, this lady consulted him (Dr. J.) for a very severe and obstinate pain at the back part of the head, which had existed for upwards of twenty years. She was then

* Prater on the Blood. Highley, Fleet Street.

a fine-looking active woman, full of spirits, and had invited the doctor to join a large dinner party, which his professional avocations prevented, and from that time until last Monday he had lost sight of her. Time and suffering had now wrought a great change in her person, which was reduced almost to the bulk of a skeleton. Her features were shrivelled, and indicative of great distress. Three months back a great difficulty of speaking came on, followed, in the course of a few weeks, by difficulty of swallowing, both functions gradually decreasing in power up to the last three months, when she became totally incapable of articulating and swallowing, and was, when he (Dr. J.) saw her for the first time during the present consultation, dying of inanition. The tongue presented a shrivelled condition, and was incapable of motion; in its centre were several small knotty prominences. Hunger and thirst, phenomena of considerable interest, were absent. Most of the other functions of the body were apparently healthy, the secretion from the kidneys and alimentary canal being necessarily scanty. The intellect was perfect, written answers being returned to inquiries, except to her attendant, who understood what she attempted to utter by the movements of the lips. He (Dr. J.) conceived that there was paralysis of the nerves which impart to the tongue the power of motion, and those which produce articulation, the eighth and ninth pair, these having their origin from that region of the head which had so long been the seat of suffering. The remedial means adopted at present had been first to support the system by nutritious liniments, adding to the first, fifteen drops of laudanum, which succeeded in producing some sleep. On the second day, two lavements were administered, and on the third (Wednesday) a small quantity of broth, with considerable difficulty, was passed down into the stomach, which produced, as that organ was greatly contracted, some uneasiness, from the distention that followed. This plan of treatment, since Monday, has been productive of some benefit, and today (Saturday) slight motion was perceptible in the tongue. The lady, although advanced in years, was anxious for life. Since the administration of the broth, a tenderness of the abdomen had supervened, which had been combated by sinapisms. An exceeding copious motion also had come away. Not a little curious to remark, after the first six or seven ounces of broth were passed down, a vomiting of pure bile succeeded, without its containing a single drop of the broth, showing the remarkable power of the system, when only functionally and not organically deranged, to retain completely that which was appropriate for the support of the body, while it rejected that which was offensive.

Dr. ADDISON related a case, not very much in point, and remarkable only, though not uncommon, for the following particulars:—A young woman, twenty-two years of age, was received into *Guy's Hospital*, a perfect skeleton, apparently labouring under irremediable organic disease of the abdomen, with an imperfect state of the uterine organs. A judicious administration and perseverance in the use of aperients, brought away, one after the other, stools much larger, collectively than it was imagined the contracted state of the whole alimentary canal would have allowed it to contain. Eventually her health was perfectly restored, and she grew fat, and became one of the sisters in the institution. She had lately had a relapse, attributable to her indulgence in the good things of this world, which are plentiful at *Guy's*.

HAHNEMANISM.

Dr. STEWART was now called on to furnish his paper on the operation of minute doses of medicine. After some judicious introductory remarks, the Doctor begged to be understood as condemning, without respect of persons, *in toto*, the blue pill plan, the Morison-pill plan, the bread-pill plan, and all other indiscriminate plans, which pretended to reduce to uniformity what was in its nature infinitely varied and complicated. A due variety of remedial measures, administered under the personal direction of medical men, was the distinguishing mark of rational practice. But even after allowing a choice of means, there have been very opposite ends proposed in their employment. The contra-stimulant and homœopathic systems stood remarkably contrasted, not only as to the doses of medicines, but also from there being in the former very little regard paid to the symptoms produced by the remedies, and in the latter the affection of a great deal more attention than usual. Homœopathy comprehended not only the imitation of disease in the administration of remedies, but the diminution of the dose. With regard to this ingenious supplanting of disease, as recommended by Hahneman, he (Dr. S.) thought that there existed a delusion, the copy existing only in the mind's eye, while the reality was going on, uninfluenced by the phantom of physic which was to frighten it away. Looking at the liberal allowance of time which was made, often from a week to a month, between the doses, and calculating the comparative and relative agency of all the elements of a homœopathic case, he (Dr. S.) concluded that it was not the small dose of medicine, but rather the large dose of time, which worked the alleged cures. As to the principle of homœopathy, the plan of treating *similia similibus*, there was nothing in it that was new. Diarrhoea had

frequently been cured with purgatives, gonorrhoea with irritants, and sailors were even said to cure old gleet by contracting a fresh clap. With regard to the question, whether the doctrine taught by Hahnemann was quackery or not, the answer was to be found in the reply to the inquiry, Is any part of the system concealed, or is it laid before the profession in a manly way, and open to inquiry and experiments? Medical societies afforded good tests of such questions. They served the purpose which Frederick of Prussia employed with the philosophers whom he invited to his court, saying that he knew how to squeeze the orange and throw away the pulp when he got them there. Medical societies were capital squeezers, though they did not always obtain much juice. (*Applause.*)

The drift of the paper was for the most part lost sight of in the speeches which followed, and as the subject is postponed for future discussion, we leave to another occasion further remarks. The evening passed off merrily, if not instructively. At least the cloud of silence which has hung over the Society for the last two nights was dissipated to-night.

ST. GEORGE'S HOSPITAL.

THE NEW CODE OF LAWS.

LAST year we devoted an occasional page to reports of meetings of the governors of this hospital, to form a new code of laws for its government, and did some good by exposing to public view the proceedings of the medical junta who had obtained sufficient interest among the subscribers to commit all kinds of corrupt and illiberal acts, in wielding the patronage and managing the affairs of the institution. The final committal of the new laws was, at a certain stage of their consideration, adjourned until January 1836, and that time having arrived, their discussion has been renewed, and we are now prepared to give an abstract of the fresh debates on their revision, and the results.

The adjourned Special Court met on Monday, January 11th. Mr. HOLLAND in the Chair. The first matter discussed worth mention was the motion Dr. WILSON intrusted to the care of Dr. CHAMBERS, for expunging those words from law 11, which declared that medical governors should not inspect the hospital "*for the purpose of obtaining medical and surgical instruction, under colour of such inspection.*" This law was originally intended by Sir B. Brodie's worthy party, to keep every medical visitor out of the hospital, unless he had paid to the medical officers an enormous fee—a subscrip-

tion for the benefit of the patients, giving no privilege in the wards.* This greedy and disgusting law was carried on the 2nd of June, 1835,* by a majority of 30 to 29, in a full meeting of governors. But the exposure which attended its adoption enabled shame to get the better of avarice, and at this adjourned meeting it was unanimously expunged, Dr. CHAMBERS on this occasion merely intimating to the independent majority of 36, that it was not now either his or Sir BENJAMIN'S wish to place such a law on the books. The result was of course very gratifying to the few governors who stood forward to advocate the enlightened side of medical polity. Practitioners may now visit the wards of the hospital, both for the purpose of scrutinizing the practice of the officers, and with the object of seeing such practice as its walls afford. Dr. WILSON, in his remarks on the subject, took the opportunity of exposing the majority who voted on the former occasion, and of pointing out the good effects of perseverance on the part of a minority, and Dr. WOOD took care to obtain an explicit *proviso* that licentiates in medicine and surgery should have "access to the wards of the hospital, at proper times, on the introduction of a Governor."

Attention was then called to a substitute for law 13, which related to the "expulsion" of governors at the caprice of the Brodie party,—or, as the excuse ran, *for any conduct, in connection with the hospital, or any notorious public scandal, calculated to bring discredit upon the hospital.*—on the bricks and mortar, we suppose, for how anybody but themselves could bring discredit either on the patients or the medical officers, we cannot pretend to guess. Much angry discussion ensued, and the "expulsion" law—wise and provident measure—was carried. Mr. Fuller, the lawyer, in a business-like way, contended that the governors ought to submit to the adoption of this law, because it was copied verbatim from the law-book of the Law Association. Dr. WILSON could not see the justness of the precedent, and opposed it. For our parts, we think it would be as correct to order wigs and gowns all round for the medical officers, because the barristers wear them in the law wards at Westminster. Mr. HOWSHIP voted for the clause because Dr. Wilson opposed it. Mr. TRIMMER, in an able speech against it, asked Mr. Bagshaw, the lawyer, whether an action at law would not justly lie against the nine individuals who might "expel" a governor, and publish their libellous reasons for the proceeding. As Mr. Trimmer offered no fee for the opinion, the lawyer declined answering, and it was generally agreed that the laws of no other hospital contained a similar

* Lancet, page 333.

clause. Mr. JAMES LANE, Dr. WOOD, and Mr. ANCELL, also spoke against the law; RODERICK MACLEOD and Mr. BAGSHAW in its favour. The minority, however, Mr. TRIMMER at their head, succeeded in getting appended to the clause the following declaration:—*that no question relating to the expulsion of any governor shall be considered, or discussed, or acted upon, at any weekly board at which there shall not be present twelve governors, nor any question relating to the expulsion of a governor at any weekly board be carried by a majority of less than two thirds of the governors present.*"

Friday, January 15th.—Mr. HOLLAND in the chair. Several amendments of no public import having been agreed to,

Mr. JAMES LANE moved as a law that, "No governor or governors shall circulate any notice or statement bearing date from the hospital, relative to any election, or tending in any way to influence the votes of governors at any election, unless such notice or statement shall have been previously sanctioned by the weekly board." He said that at a late election of an assistant surgeon, six of the medical officers dated a circular letter to the Governors from the hospital, to the unjust prejudice of one of the candidates, and he wished to guard against the recurrence of such a proceeding, which tended to deprive gentlemen who looked forward to the offices of the hospital as a reward of their industry and professional attainments, of a fair chance of competition.

RODERICK MACLEOD acknowledged that the dating of the circular from "St. George's Hospital" was decidedly wrong, and attributed the circumstance to an "oversight."

Captain BAGSHAW observed that in respectable societies the office bearers scrupulously avoided any interference in the election of coadjutors; he wished as much delicacy was exhibited at St. George's. At present the successors of medical officers were only looked for in the pupils of particular persons, without regard to their capability. The circular in question was evidently an attempt to influence the governing body at the eleventh hour, when reply on the part of a candidate was impossible.

Dr. SKYMOUR on the other hand asserted that the governors of all medical institutions invariably referred to the medical officers the candidates for vacancies, and it was in fact the duty of the medical officers to interfere, in order to guide the votes of the governors.

Mr. ANCELL referred to the elections at the Western Dispensary in proof of the incorrectness of the statements of the last speaker. In that institution the medical officers made it their business to abstain from all interference in the elections, and he appealed to Sir B. Brodie, who is connected with that institution, to say whether

the governors had failed in electing a qualified individual. Altogether, the jealousies and private interests of the medical officers wholly disqualified them from electing their coadjutors, who stood a chance of rejection, exactly in proportion to the independence of their character, at least at St. George's hospital.

Dr. WILSON showed that the existence of two editions of the circular palpably exposed the character of the "oversight" suggested by Dr. Macleod. He also reflected on the circumstance of a copy of the circular being immediately sent for insertion to what he described as "a disreputable and contemptible periodical, with which Dr. Macleod was intimately connected, if not the avowed editor."

Ultimately the law was passed.

Monday, January 18th.

The meeting of to-day was, as is usual, opened with a prayer for charity, Mr. HOLLAND in the chair. The story of the grocer and his apprentice, who sanded the sugar and watered the molasses before devotion, was thus forcibly brought to mind. The room was said to be two-thirds packed with Sir BENJAMIN'S disciplined men.

Mr. ELKINS' motion stood first—"That lists be taken of the majority and minority of such governors as vote on any matter decided at any weekly board, provided three governors present shall require it, and that such lists shall be entered by the Secretary as a part of the minutes." In an able speech Mr. E. pointed out the necessity for keeping a faithful record of the proceedings of the board, and on the general advantage of registering the votes on matters of importance, a proceeding to which conscientious voters could not object.

Mr. MORLEY seconded the motion. He thought the law would prove a salutary check on the votes of those who decided on questions before understanding them, as did many governors at present, thus often sacrificing the interests of the institution to party feeling.

Mr. JAMES LANE felt convinced that such a law would have prevented the extraordinary proceeding of the last meeting, when a motion which had undergone a thorough discussion, and was supported by the speeches of four of the medical officers, and was carried by 36 to 29, was rescinded, at the dicta of Dr. Chambers and Sir B. Brodie, who were not present. "Surely," Mr. L. said, "those 36 gentlemen could not, if their names had been recorded, have submitted to this degradation as voters." He also advocated it upon personal grounds. It had been stated in the board-room and in the wards of the hospital, by one of the medical officers, that in consequence of his (Mr. J. Lane's) factious opposition to these

laws, his brother the surgeon should never be an officer of the hospital. He (Mr. Lane) was anxious to have his vote recorded upon every occasion, for he never did vote factiously.

Mr. FULLER (the lawyer) opposed the motion, because no institution in the world afforded a precedent for it.

Dr. WILSON thought that publicity should be given to all the proceedings of the board.

A GOVERNOR (not usually an attendant) said he had heard so many arguments for the motion, and only one speech against it, (the world being too large to be searched for precedents, and arguments being wanting on the contra side,) that he should vote for the motion.

Mr. ELKINS replied, and adduced several precedents, among others, the meeting of the Middlesex magistrates, on Mr. Rotch's business, when the votes were recorded.

The motion, however, was negatived by a large majority.

Dr. WILSON next proposed that the physicians and surgeons "should meet in committee" at stated intervals, "to consider all matters relating to their office, and report proceedings to the Weekly Board." He considered the enactment essential to the proper conducting of the hospital affairs. A year and a half ago the medical officers were deputed to report on a proper site &c. for the erection of baths in the hospital, yet no meetings to consider the matter had ever taken place. The museum, also, was, by the new laws, placed under the care of the medical officers. The questions pending as to the medical schools of the metropolis, rendered it also imperatively necessary for the medical officers to meet, from time to time, in committee, to protect their common interests. Desirous, too, as he was, of avoiding personal matters, he could not omit alluding to the indecacy of issuing a prospectus, headed "St. George's Hospital," with his (Dr. W.'s) name attached to it, without consulting him, and in defiance of his written protest to the contrary.

Dr. SEYMOUR said he should oppose all such propositions. It would be attended with the greatest inconvenience to himself, and it was highly derogatory to the character of a high-minded physician to be compelled to adopt this specific course.

Mr. NUSSEY, one of the visiting apothecaries, considered the governors would have reason to be offended at such meetings.

Dr. CHAMBERS also opposed the law. At such meetings nothing but angry discussions could ensue. As matters now stood, disputes could be got rid of by a word, and if the governors enacted the clause, he must decline attending the Committee.

Mr. STONE was in favour of the law. Had it before been adopted, the whole of the dissensions, and their consequent evils, which

he had now to deplore, would have been averted.

RODERICK MACLEOD opposed the law because it would afford opportunities for gentlemen to "have a fling at one another."

Mr. ANCELL considered the arguments against the law to be entirely personal, and such as the Court could not properly entertain. The Court had recognised the medical officers as a body, and delegated to them certain powers which it was incumbent on the Court to take care should be properly exercised. He regretted to hear some of the medical officers refusing to act with others because differences of opinion existed amongst them, and he thought the Court was in error in recognising dissensions in the medical staff, which it certainly would do in opposing the present law.

Dr. WILSON stated that, after what had fallen from his senior colleague (Dr. Chambers), he had not a doubt which way the matter would end. In answer to Mr. Nussey he replied, that meetings of the medical officers do take place,—meetings to call up the servants and to censure them,—without any reference to the weekly board of management. For instance; upon the recent election of a chaplain, the porter was called before the major section of medical officers, and censured because he was suspected of being favourable to the candidate whom that section did not support. It was for the purpose of regulating the meetings of the medical officers that he proposed this law, and, moreover, to ensure the first step towards conciliation in the management of the hospital affairs.

The law was rejected by a large majority, and the meeting adjourned to the 22nd.

Friday, Jan. 22nd.—Mr. HOLLAND in the chair.

Sir CULLING SMITH moved that "In the absence of the two senior surgeons, their patients shall continue to be attended by the present senior assistant surgeon." In a mild, gentlemanly, and conciliatory address, the hon. Baronet besought the medical officers to return to the arrangement which subsisted prior to the election of a second assistant surgeon, and to remove the impression that it was intended to humiliate an officer who had served the hospital with zeal and ability for upwards of six years. The present arrangement, also, was detrimental to the best interests of the institution.

Mr. JAMES LANE entertained the same views, not doubting that the law would be in accordance with those of Sir B. BROSIE, who pledged his word to Mr. Walker that the election of a second assistant surgeon should not in any way prejudice him, or disturb the existing arrangements.

Sir B. BROSIE made a statement respecting his own conduct, in which he alluded to

some paragraphs in the newspapers as a justification of the proceedings of himself and his colleagues towards Mr. Walker. It was true that he had pledged his word of honour to the effect stated by Mr. Lane, and he should now be glad to have Mr. Walker's efficient services as his assistant, but his colleagues, without consulting him, had entered into a different arrangement. Sir Benjamin was twice called to order in his personal statement, but the chairman ruled that it formed a proper subject for discussion.

Mr. KEATE, Mr. BABINGTON, and Dr. SEYMOUR, followed, the latter saying that the present arrangement was so perfectly symmetrical that he should certainly oppose its disturbance.

Mr. CUTLER considered that the governors would be guilty of great injustice to him, if they deprived him of a privilege which he had enjoyed for twelve months.

Sir CULLING SMITH, in reply, observed that he had heard nothing which altered his view of the case. If it could really be shown that the symmetry of the arrangements would be destroyed, he should relinquish his proposal, but he had the authority of Sir B. Brodie himself that it would not. Bearing in mind that Sir Benjamin wished to have Mr. Walker's services, and that Mr. Walker was anxious to be Sir Benjamin's assistant, he could not conceive why the other surgeons should oppose an arrangement to which the parties most interested consented.

Sir Culling's motion was then put to the vote, and, of course, negatived.

Mr. JONES moved, "That the income of the present apothecary should not be reduced beyond his average salary for the last ten years." Towards the conclusion Mr. Jones remarked that on inquiring of a governor why Mr. Hutchins, the present apothecary, was alone made to suffer in his income, he received for a reply, not that he was an unworthy servant, for the contrary was acknowledged on all hands to be the case, but that he was "on the wrong side." Having no personal knowledge of Mr. H., but being acquainted with gentlemen on the strong side in that room, he had been afraid that this was the true cause; but Dr. Seymour had entirely disclaimed its correctness. He now, therefore, had no doubt that those who had the power to avert oppression would cordially support his motion.

Mr. JONES, however, was grievously in error. The usual minority alone supported his motion, which was of course negatived.

Our reporter then goes on to state that on the question of adjournment being put,

Dr. CHAMBERS rushed to the table, foaming and furious, and thus addressed the presiding officer:—Sir, I have a complaint to make of neglect of duty. I have been into the wards, Sir, and am told by a person on

whose authority I can rely, that the patients have not been seen for a week past. Sir, my mind is perturbed, my spirits are oppressed, my feelings are assailed, and the business of the hospital is obstructed. The time of the medical officers is taken up in this Board-room by factious governors coming here to bring forward futile motions.

Dr. WILSON rose to order, but was overruled by the chairman.

Dr. CHAMBERS proceeded:—by Governors coming down here with factious motives, and bringing forward motions which they know cannot be carried,—when they know they will be beaten, two, three, four to one—four to one, and having no other desire than to take up the time of the medical officers in this Board-room, and causing the patients to be neglected. Having proceeded in the same strain for some time longer, actually livid in countenance, and foaming at the mouth, he turned from the table.

Mr. J. LANE.—Sir, as you have thought proper to rule that Dr. Chambers was perfectly in order in imputing factious motives to governors, I, as one of those who have given notices of motion, trust you will call on Dr. Chambers to state whether he alluded to me.

Dr. CHAMBERS.—Sir, I have no explanation to give.

Mr. LANE.—Then, Sir, you had no right to make such accusations. (*Great uproar.*)

The CHAIRMAN said, as Dr. Chambers had made so grave a charge and had thus left it, of course he would retract the objectionable expressions.

Dr. CHAMBERS did so, saying that he meant nothing personal.

Mr. LANE then said, that the inconvenience arose solely from the medical officers having been allowed to occupy nearly the whole time of this meeting in criminations and recriminations. The charge of factious motives he wholly denied.

The CHAIRMAN here interfered and said he should not allow this matter to proceed any further, on which the meeting broke up in great confusion, and with many censures on the conduct of Dr. Chambers, and some on that of the chairman.

Monday, Jan. 25.

Prayers.—Mr. POWELL in the chair.

Mr. MORLEY wished to have some opinion as to the conduct of Dr. Chambers at the last meeting, but the chairman objected. Mr. M. then handed in a written paper on the subject, which was refused.

Mr. J. LANE moved the incorporation of two clauses of the Apothecary Laws. Feeling from what took place at the close of the last meeting that those governors who brought forward independent motions had not the protection of the chair, he had de-

terminated on not attending this meeting, but on reflecting that the conduct of one individual ought not to control his proceedings as a governor, he resolved to be present, though, with regard to his motion, he had no expectation it would be decided on its merits alone, and therefore he withdrew it for the present.

The CHAIRMAN begged Mr. Lane to proceed.

Mr. LANE did so, though with every doubt of a fair discussion. He then explained his views on the subject, but we are compelled to say that some deficiency in the notes before us prevents the arguments on the question from being sufficiently clear for publication. The tendency of the arrangement opposed by Mr. Lane seemed, according to the report, to sanction the entrance of pupils to the assistant apothecary, whose interest it would then be to attend to his pupils rather than to the regular business of the hospital.

Mr. BAGSHAW contended that the meeting had not power to concede what Mr. Lane desired.

Mr. BENSON (a barrister) differed from his learned friend, who he thought carried his special pleading and legal quibbling rather too far.

Captain Bagnold thought that the quibbling was not too paltry for the Old Bailey, but that they would be ashamed of it even at the pie poudre court at Bartholomew-fair.

After an hour and a half's speechifying it was decided that the meeting could amend the clauses opposed by Mr. Lane.

Mr. KEATE supported the views of Mr. LANE, and made a motion to that effect.

Mr. FULLER moved that the clauses do stand as they are, which was carried.

Dr. WILSON then withdrew his notice of motion. In consequence of the proceedings at the last meeting he could not consent to bring forward any motion, and he took that opportunity of informing the governors that he had seen all his patients three times during the last week.

Mr. BABINGTON took up Dr. Wilson's motion, and it was carried.

Captain BAGNOLD moved that when a patient was attended by the assistant surgeon, his name should be placed on the bed card, as well as that of the surgeon.

The surgeons objected; motion withdrawn.

Mr. J. LANE now felt convinced that he could not carry a motion that stood in his name, and he therefore withdrew it. All the others but one (which was passed) were also withdrawn, and the meetings terminated.

Our reporter adds,—"Upon the whole these reports exhibit an instructive lesson. They show how even a public institution may be rendered thoroughly subservient to the interests of a party. Such a result is not difficult of accomplishment in an esta-

lishment in which the government depends on the voices of individuals whose title to vote may be supplied from the purses of the party who profit by holding office in the institution." The principles on which laws for public hospitals should be founded, and which should alone be followed in the decision of questions of management, are wholly abandoned in the operation of such a system. Those principles are few and most simple. The first concerns the patients,—how *their* wants may be supplied. The second concerns the public,—how the science of medicine may be best served as a means of promoting the public health. That these objects are the very last which have been considered by the party of Sir BENJAMIN BRODIE in legislating for *St. George's Hospital*, is so plain, that words would be wasted in a farther exposition of the fact.

FOREIGN MEDICINE.

Gazette Médicale de Paris, January, 1836.

THE four numbers of this journal for the month of January, 1836, contain so few original articles, that the whole are comprised in the following communication:—

1. Memoir on the False Membranes of the Cerebral Arachnoid, founded on Observations collected at *Bicêtre*, by M. F. LELUT.

2. Memoir on Gangrene of the Lungs in Deranged Patients, by M. J. GUÉLAIN.

3. Clinical Reminiscences of *St. Louis*. Wounds of the Head, by J. F. MALGAIN, M.D.

FALSE MEMBRANES OF THE ARACHNOID.

The memoir of M. LELUT contains twelve observations of arachnitis in insane patients, accompanied by an exudation of false membrane. In all these cases the intellectual faculties were deranged in the most serious manner, and there was, in addition, some lesion of motility, consisting either in convulsions, agitation, or paralysis. The false membrane in all cases existed in the cavity of the arachnoid, like the false membrane in pleuritis or peritonitis; it was never found between the arachnoid and pia mater, although Dr. ABERCROMBIE and several other writers speak of false membranes interposed between these two membranes. Indeed, many authors fall into this error. How many times do we see a case described as inflammation of the arachnoid, while the patho-

logical change is described as altogether existing outside that membrane!

The false membrane, in almost all the cases examined by M. LELUT, was situate on the convexity of the hemispheres, occupying the anterior part particularly: the author explains their mode of formation in the following manner. When simple serum is effused into the cavity of the arachnoid, it gives rise to the formation of false serous membranes, similar to those observed in true acute arachnitis. When, on the contrary, blood is exhaled in such a manner as not to produce a fatal apoplexy, the serous and aqueous parts are absorbed, and nothing is left but the fibrine, which is ultimately converted into a new tissue.

The authors who have observed false membranes on the arachnoid in a chronic form, are agreed in thinking that it is generally impossible to diagnosticate this lesion. Its symptoms are commonly confounded with those of cerebral compression or irritation, so frequent in maniacal patients.

GANGRENE OF THE LUNGS IN THE INSANE.

The memoir of M. GUISLAIN also refers to a condition sometimes observed in insane persons. LAENNEC describes gangrene of the lung as a very rare disease; he saw it only six or eight times in the course of eighteen years' practice; M. GUISLAIN has had occasion to see this disease much more frequently, in the insane patients at the hospital of Gand. He considers it as depending on the following conditions, viz., 1st. An aberration of the moral power consisting in a disgust and horror of all food. 2nd. A deterioration of the blood, in consequence. 3rd. An alteration of the pulmonary tissue, as a final result.

The attention of the author was first drawn to this disease by the circumstance of excessively foul breath in a patient, who for a long time had refused every kind of aliment. On examining the body he found the lungs extensively sphacelated. This obstinate refusal of food exists in many patients affected with melancholy; in one-ninth of all the insane, according to the author, it is excessively difficult to overcome; they sometimes remain twenty, thirty, or sixty days without accepting any food, drinking nothing but some cold water, or fasting the

first days of the week and then eating on the rest.

M. GUISLAIN has made thirteen autopsies of deranged persons who thus died in a state of inanition: in nine of the thirteen he found the lungs gangrenous: in three cases the tissue of the lungs was of a darker colour than usual, and in one there was a simple congestion at the posterior part of the lungs. In the gangrene, one lung was always more affected than the other, and the lesion, which never implicated more than one-fifth of the lung, was more sensible at the summit than at the base. The patient never seemed to suffer any pain in the chest; he did not cough; the respiration was not difficult, nor was there any appearance of fever: the skin was cooler than natural, and the pulse rather retarded than accelerated.

In all the insane patients who have abstained for any time from eating, the author observed a special symptom, viz., a change in the colour of the skin, always more striking the longer the patient remained without eating. This consisted in a brick-red colour of the cheeks, passing by degrees to brown or purple. It probably depends on a change in the composition of the blood, produced by abstinence. Inflammation of the stomach or abdominal viscera was not observed in a single case; the stomach always presented itself with the most healthy appearance. This is the more curious, as the experiments and observations of HALLER, DUMAS, BROUSSAIS, MAGENDIE, and ADELON, show that in most cases of forced abstinence the stomach affords traces of inflammation or even of erosion. In the insane person who refuses food, we find nothing of this; we see no trace of pain. When restored to his faculties, he affirms that he never felt hunger; we remark no fever, no heat of skin, no acceleration in the pulse. In abstinence of a healthy individual the force sinks rapidly; in the insane, on the contrary, the force is sustained nearly to the last day. He comes into the hospital after having fasted for 20, 30, or 40 days. He walks about, takes ordinary exercise, and continues to live in a state of extreme emaciation, though not much debilitated, for months, or even years, swallowing from time to time a mouthful of broth, while another person subjected to the same privations would die in eight or ten days. Insane patients affected with this disgust for food not only seem to be indiffe-

rent to hunger, but the other senses appear equally modified. Thus they support the sensation of cold and heat with an astonishing indifference; a heated iron applied to the skin produces scarcely any sign of suffering; they are indifferent to the loudest noises; they regard the sun without blinking, and all the other senses are in a similar degree of stupor. The following case, which we quote from the memoir of M. GUISLAIN, shows that when the mental state has not made too great progress, we may hope to overcome the resistance of the patient, and even when the pulmonary lesion is very grave, an unexpected cure may take place:—

Case.—Marie de Leest, descended from a family in which several members were mad, was seized with a deep melancholy while in the establishment of the author. The patient was 28 years of age, of very delicate complexion, blue eyes, and light hair. Two months after her entrance she commenced to refuse all kinds of food; three days passed in perfect abstinence. Threats and entreaties were employed in vain. At length force was had recourse to, which succeeded twice; but the patient soon offered such violent resistance that the liquid was retained in the pharynx, and after some time rejected by the mouth. The introduction of a tube into the œsophagus was impossible. The same fruitless efforts to introduce a little food were repeated day after day; sometimes, perhaps, a few spoonfuls of broth were passed. The colour of the face now commenced to assume the pathognomonic character. The force declined gradually, and after two months spent in complete abstinence she commenced, without any previous cough or difficulty of respiration, to spit up fetid matter, at first rusty-coloured, and finally brown. At this time she did not eat a single morsel of food, as we were afraid to employ force lest suffocation should be produced. However, after remaining some time in this condition, she suddenly determined to eat, and in a few days the face recovered its former pale colour; the sanguineous fetid expectoration ceased by degrees, and the patient at length recovered a perfect state of health. She left the house in 1829, but came in again in 1831. This time also her disease was characterized by a refusal to eat, and by pulmonary disease, under which she sank. On opening the body, the left lung was found reduced to a dark and fetid mass.

Archives G n rales de M decine, September, October, November, December, 1835.

The press of other matter prevented us on a former occasion from noticing more than one or two articles contained in the last four numbers of the *Archives G n rales*. We now return

to the original papers contained in this excellent journal for the last *trimestre*. They are,

- 1st. Researches on some of the causes that hasten or retard the period of puberty; by M. MARC D'ESPI NE.
2. Conclusion of Researches on Dysentery. By M. THOMAS.
3. Researches on the Pulse, the Respiration, and the Temperature of the Body in Diseases, and on the Relations existing between these Phenomena. By M. A. DONNE, Chef de Clinique.
4. On the Physiological and Essential Effects of the Rarefaction and Compression of the Air on the Body or Limbs. By M. T. JUNOD.
5. M moir on Pericarditis. By M. HACHE, Interne.
6. Clinical Researches into the Diseases of Old Persons. By MESSRS. HOURMANN and DE CHAMBRE.
7. Researches on the Movements of the Heart. By M. BLAU, Interne.

THE PULSE, RESPIRATION, AND HEAT.

We present our readers with the paper by M. DONNE, on the relations which exist between the pulse, respiration, and animal heat, in different diseases.

The experiments which form the basis of this memoir, were conducted at the hospitals of *La Piti * and *La Charit *, with the object of determining how far the pulse, the respiration, and the heat of the body, are affected simultaneously or independently in several diseases. For a statement of the numbers ascertained during the great series of experiments made by M. DONNE, we must refer to his memoir. Our space will only permit us to notice some of the general results which have been obtained. The experiments were made on persons affected with pneumonia, pleuritis, phthisis, hypertrophy of the heart, hemoptysis, chlorosis, diabetes, puerperal fever, hemiplegia, hysteria, jaundice, &c.

The first question examined was, in what diseases do we find the pulse most frequent, and the animal heat most elevated? The following numbers, selected from amongst a great many experiments, answer this first question:—

	Pulse.	Temperature.	Respiration.
Hypertrophy of the heart	150	39½	34.
Puerperal fever	168	40	48.
Phthisis	140	39	62.
Typhus fever	136	40	50.

The above cases were those in which the pulse and heat had attained the highest degree of elevation; the latter was measured by the centigrade thermometer, thirty-six to thirty-seven degrees of which give the normal temperature of the human body. It may be seen, from the above table, that the acceleration of pulse was always accompanied by an elevation of temperature; the skin is most warm in those individuals in whom the pulse is quickest; this rule, however, cannot be generalized too extensively; it is not true in all diseases. Thus M. DONNE gives forty-two experiments made on patients affected with pulmonary tubercles; in twenty-six we do not find any relation between the temperature and pulse; in sixteen cases only, the animal heat fell or rose in proportion to the slowness or acceleration of the pulse. Again, in ten observations made on pleuritic patients, we cannot discover any relation between the state of the pulse and the degree of heat; on the contrary, in seven experiments made in pneumonia, the heat constantly rose with the pulse. The same relation was observed in twelve experiments on patients affected with hypertrophy; in eleven experiments on puerperal fever; in four experiments on jaundice; in six experiments on acute rheumatism; in five experiments on inflammatory fever; and, finally, in six experiments on typhus fever. In fourteen experiments made on females affected with chlorosis, the relation of the pulse and heat was by no means constant.

The above numbers confirm, in an exact manner, an opinion generally received amongst physiologists, although it never before was proved by direct experiments on a large scale—viz. that the animal heat often ascends or descends with the pulse. They also prove another point, which is contrary to the ideas generally received. They show that in some cases there is no *proportion* whatever between the number of pulsations and the degree of heat, although the relation of ascending and descending may still exist. Thus, in one case of typhus fever, the pulse being at ninety, the thermometer marked thirty-nine degrees; and in another where the pulse was up to 108 it marked 40°, the maximum of heat in the human body. M. DONNE, however, remarks, that typhus fever is the only disease in which he observed this great disproportion between the pulse

and heat. In the normal state of the body, we do not find this close connection between the pulse and animal heat; this is easily proved by experiments, which every one can perform on himself; we can make the pulse mount fifteen or twenty beats in the minute, without producing the least change in the temperature of the body. In cases of disease this is not the case; the heat is elevated with the quickness of the pulse; but here an interesting question, which has never been examined by physicians, presents itself. Does this relation between the pulse and heat exist more in one disease than in another? Is it influenced by the nature of the disease? Thus, for example, does it depend on the integrity of the organs of sanguification, of the nervous system, or of any other apparatus?

These questions are resolved by the tables given by M. DONNE. Thus, in tubercular affection of the lungs, and in pleurisy, the relation between the pulse and heat is more frequently absent than present. In chlorosis, again, we do not observe this relation; the latter disease, indeed, does not belong to the pulmonary organs, but sanguification may be regarded as imperfectly performed. In organic affections of the heart, such as hypertrophy, contraction of its valvular openings, &c, the relation is not constant, but it is more frequently present than absent. On the other hand, in puerperal fever, in hemiplegia, jaundice, inflammatory fever, ague, and peritonitis, the relation between the pulse and heat was almost constantly observed. In the theory of animal heat, such as it is generally admitted at the present day, after the researches of MM. DELONG and DESPRET, the augmentation of the animal heat may be attributed to the acceleration of the circulation. In this theory, nine-tenths of the heat in animal bodies is attributed to the combination of the carbon of the blood with the oxygen of the air, and hence the more quickly the blood passes through the lungs, the more carbonic acid will be formed, and the more the heat of the body is elevated. However, some strong objections may be made to this theory. In the first place, it is remarkable that one of the diseases in which the animal heat is most elevated, is precisely that in which sanguification is most imperfectly performed: thus, in pulmonary consumption, the heat of the body often rises to 38°, 39°, or 40°, even,

where one half or two-thirds of the lungs are indurated, and impermeable to air. Again, the experiments made in typhus fever, show that the animal heat depends on other sources than sanguification and assimilation; in that affection, certainly the pulse is not always much accelerated, nor the respiration very quick, yet we find the heat of the body mounting in one case to 39° , with a pulse of 93; in a second case, equally to 39° , while the pulse was at 108, and the respiration at 28.

M. DONNE proposes to follow up these interesting inquiries. We shall take care to communicate his observations as they appear.

PERICARDITIS. *

The memoir on pericarditis, by M. HACHE, is an excellent *resumé* of the present state of our knowledge on pericarditis, by an old interne of M. LOUIS. The conclusions to which he comes are based upon eight cases of pericarditis, observed with all the care peculiar to the pupils of M. LOUIS's school; of eight more cases, collected by M. LOUIS between 1830 and 1833; and, finally, on an examination of these original observations with those published very lately by Professor BOUILLAUD of *La Charité*. It is not our intention to go over details already sufficiently known to the profession, we shall therefore merely notice a few principal points in the memoir of M. HACHE.

The cases observed by our author may be distinguished into two kinds; one where the disease was simple; the other in which the pericarditis was accompanied by various complications. In the first of these forms the disease appeared in such a manner, that if we were to be guided by the description given in any of our standard medical treatises, it would be impossible to detect, or even to suspect, the existence of inflammation of the pericardium. Thus the premonitory symptoms were mild, consisting in some pain in the precordial region, a little cough, and very slight fever, which did not prevent the patients from pursuing their ordinary occupations, or even laborious employment. After one or two weeks they came to the hospital on foot. Nothing in the patient's countenance of a general bearing, indicated the existence of a severe malady; the face was calm; the skin quite cool; the pulse moderate, and, we again repeat, without the assistance of percussion and auscultation, it would have been quite impossible to detect the change which had

taken place in the cavity of the chest. Pain in the precordial region seems to be a symptom much more frequently existing than authors generally describe it to be. Thus in all the cases observed by M. HACHE, the development of pericarditis was marked by some pain, at times slight, near the left mamma. The same result is obtained by examining the twenty-two cases detailed by M. LOUIS and M. BOUILLAUD, while in a moiety only of those published previously to the memoir of M. LOUIS in 1826, the presence of pain about the precordial region is mentioned. Palpitation is another symptom which frequently attends pericarditis. It is, indeed, mentioned by all writers, but it may not be useless to give, what we may call, some statistical notes of this symptom. It was present in all the eight cases of M. HACHE. In the twelve cases of pericarditis published by M. LOUIS, it is mentioned six times. Thus we have palpitations existing in fourteen out of twenty cases. However, if we analyze the twenty-eight cases published by M. BOUILLAUD, we find palpitations mentioned only three times. How is this great difference to be explained? In many cases of pericarditis, the palpitations do not cause much distress, or attract the patient's attention, and we think with M. LOUIS, that if palpitations are not mentioned by M. BOUILLAUD in more than three cases out of twenty-eight, it is because his attention was not directed to that point. This circumstance shows the necessity of noticing, as well those symptoms which are absent as those which are present, if we desire a case to possess the full value of which it is capable. It is a point upon which M. LOUIS insists with some earnestness, and is one of which English writers are by far too negligent.

The rational signs of pericarditis are, as we have before said, insufficient to demonstrate the existence of this disease: fortunately the physical signs are much more certain; they are given at length, and with clearness, by M. HACHE. Before entering on an examination of these signs, we should mention that the author seems to refer constantly to cases of pericarditis with abundant effusion, and not to the dry variety of Dr. STOKES. One of the first physical symptoms worthy of notice is a prominence over the precordial region, depending evidently on protrusion of the soft thoracic parietes by the distended pericardium; this symptom was very well marked in five of M. HACHE's cases. In one it was slight; in two young girls it could not be determined; but there the disease was very slight, and if a small difference existed between the two sides of the chest, it was masked by the volume of the breasts.

Sonority of the Chest.—In all cases percussion gave a dull sound over the whole of the precordial region, and above this, along

the sternum, as far as the third, second, or even first rib. As resolution took place, this region became sonorous from above downwards, but in many subjects the sound remained obscure beyond its usual limits, at the time they left the hospital, all other symptoms having completely disappeared.

Auscultation.—In all cases the respiratory sound was absent, or more or less weakened, in the whole of the space occupied by the distended pericardium. This symptom evidently depends on the portion of the left lung which commonly covers the heart, being pushed on one side. As the effusion was taken up, the respiratory bruit reappeared, from above downwards, in the space where it was before absent.

Sounds of the Heart.—In cases of effusion, the normal sounds of the heart are obscured and displaced; being more evident at the level of the third rib than elsewhere. The rhythm was altered in three cases only, and then in a cursory degree. M. Louis observed the same irregularity in two cases out of eight; and in fourteen cases of cure, reported by M. BOUILLAUD, we notice it only once. Hence irregularity in the pulsations of the heart exists only in one-fifth of cases of cure, and that in a momentary manner. It cannot be regarded as an important character in the diagnosis of simple pericarditis; it seems to belong rather to that acute and complicated affection of which pericarditis forms only an element.

Abnormal Sounds.—The bruit de frottement existed in only three out of the eight cases observed by the author: in eight cases reported by M. Louis the same bruit was absent; however, it must be remarked, that at the time the patients were examined, the pericardium was the seat of more or less abundant effusion. The three cases in which the bruit de frottement was heard, occurred in subjects who laboured under the disease for a great length of time, and it appeared at a period (23rd to 25th day) when the symptoms evidently showed that absorption of the effused fluid had taken place in part. In two cases this bruit continued only three days, was not very distinct, but superficial, and was not accompanied by vibration of the thoracic parietes. In the third case the bruit de frottement was very strong, and at its commencement presented the timbre of a sonorous bruit de cuir. During the last four days it was attended by a vibratory thrilling of the thoracic parietes, circumscribed, at first, like the bruit de frottement, to the portion of the third intercostal space that joins the sternum at the left side, it then extended to the whole precordial region, and disappeared gradually with the rubbing sound. The latter bruit ceased suddenly on the 12th day after its operation, when the increased prominence over the precordial region, and matity, announced a

fresh effusion. Four days after this relapse the bruit de frottement reappeared, but with less force, and was attended by no vibrating thrill. M. Hache says,

"These details confirm fully the result of the observations published by Dr. STOKES in the *Dublin Journal*, on the mode of apposition and formation of the fremitus vibratoire. It is developed under the same circumstances as the bruit de frottement, but much more rarely. In the cases reported by M. BOUILLAUD it is noticed only once, and then described as a *new* species of fremitus cataire.

"Thus, in thirteen cases of pericarditis, where the bruit de frottement was distinct, the fremitus was only observed twice, or in one-sixth of the cases; but as the bruit de frottement itself exists in only half the number of cases, it follows that the phenomenon discovered by Dr. STOKES exists only once in twelve cases, and must, therefore, be of secondary importance."* In one case the author observed the metallic tinkling at a time when the effused fluid was nearly absorbed; M. BOUILLAUD has noticed the same sound in several of his cases. We do not propose to follow the author through the analysis which he gives of other symptoms furnished by lesions of innervation, of circulation, or nutrition; let us,

* We have given the very words of M. HACHE, or nearly so. It is evident that he has not read the paper of Dr. STOKES, or has been led into error by an imperfect translation. In the first place, the object of Dr. STOKES's paper was not to prove the existence of fremitus as a diagnostic sign of pericarditis, but to direct our attention to the value of stethoscopic phenomena, and chiefly to the bruit de frottement, in the diagnosis of pericarditis. Again, Dr. STOKES does not describe the vibratory thrill as existing in all his six cases; and, finally M. HACHE's statistics are evidently erroneous when he says, "in thirteen cases where the bruit de frottement, or de cuir neuf, was observed, the fremitus was perceived only twice," because a few lines before this he quotes Dr. STOKES's authority for six cases, in which these two symptoms coincided together.

Since writing the above observations, we have referred to the number of the *Archives G n rales* (for January 1834), in which Dr. STOKES's paper is translated, and we must say, in justice to that excellent journal, that the translation is perfectly correct, and that the errors of M. HACHE must be placed to his own account.

however, say a few words on one symptom, which, if our memory does not deceive us, is given as a frequent attendant upon pericarditis; this is fainting: it was observed in two cases only, where the disease was complicated by other grave affections: one patient suffered under this symptom at the commencement of the disease; another felt faint whenever he attempted to sit upright. The same phenomenon was observed only once by M. LORIS, and once by M. BOUILLAUD; never in simple cases of pericarditis. Fainting, then, does not belong to pericarditis, and may, in all probability, be attributed rather to the dangerous complications which exist in all cases where this phenomenon manifests itself.

Diagnosis.—In the cases observed by M. HACHE, the pain about the precordium, palpitations with or without dyspnoea, troubled dreams, or sudden awaking with fright, were nearly constant symptoms; but these are not sufficient to determine in a certain manner the existence of this disease, which can only be discovered by exploration of the chest. Then the development of the left side of the chest, the dulness of sound over the whole precordial region, with absence of the respiratory sound in that space, the displacement of the sounds of the heart, frequently attended with absence of impulse,—all these signs indicate the presence of effusion into the pericardium, and are the more important, because in most cases inflammation of that membrane determines effusion, and we are rarely called upon to examine a patient in the first days of his disease. These observations apply only to pericarditis with effusion; the author has not had an opportunity of seeing what Dr. STOKES calls the dry variety.

The march and termination of simple pericarditis are usually favourable. The disease terminates by cure from about the 15th to the 22nd day, under the influence of antiphlogistic treatment; however, this malady is more frequently complicated than simple: thus in five of the eight cases reported by M. HACHE, he observed the following complications; in one inflammation of the lungs; in two rheumatism; in two tubercles. The coincidence of rheumatism is regarded as very frequent by M. BOUILLAUD, who says "rheumatismal pericarditis is incomparably more frequent than any other species; it exists in about the half of all subjects affected with severe articular rheumatism." This assertion is rather too general; in comparing the cases reported by M. BOUILLAUD, ANDRAL, Dr. STOKES, LORIS, and M. HACHE, have a total of 72, and find that acute articular rheumatism existed only sixteen times, or less than one-fourth.

The age and sex have a certain influence in the frequency of pericarditis. Thus the oldest of M. HACHE's patients was 38 years of age; of fifty-five cases contained in the

works of ANDRAL, LOUIS, and BOUILLAUD, we find only six whose age passed 40, and the majority was below 20. Pericarditis, then, is a malady of young persons, but it is much more frequent in the adult than in the child. Females are less subject to the disease than males. In 107 cases collected by M. LOUIS, we find 27 women, 80 men; and in the 36 observations of M. BOUILLAUD, we have only 7 females, 29 males. It is unnecessary to enter into any details upon the treatment of this disease by M. LOUIS. In all cases, a moderate antiphlogistic method was employed with success. Digitalis was administered to five subjects during a period of from six to thirty days, one grain the first day, carried gradually to six grains in twenty-four hours: in two cases it produced a manifest lowering of the pulse, but the other symptoms were not relieved in proportion, and the pulse soon rose again, although the medicine was continued for a length of time and in elevated doses.

THE LANCET.

London, Saturday, February 13, 1836.

NEVER was there a more favourable period than the present for promoting a little gentle agitation on the subject of medical reform. But although there is an overflowing catalogue of abuses which require to be demolished, yet there are questions standing apart for consideration, which are altogether unconnected with the misgovernment and malpractices of our medical colleges, corporations, and hospitals. On some points a great difference of opinion prevails, many contending that a liberal system of government would be injurious to the interests of the community, while others believe that if the self-perpetuating principles in the election of the rulers in our colleges were abolished, good government in medical matters would be the certain and speedy result.

There is one grievance, however, which, although it is itself the source of much heart-burning and injustice, does not owe its origin to any enactments of the Legislature, or to any charters granted by the Crown.

We refer to the unjust treatment to which medical practitioners are subjected, who attend as witnesses at Coroners' Inquisitions. We, therefore, earnestly and emphatically entreat our professional brethren to use their utmost endeavours to obtain support for a bill which, in all probability, will be placed on the table of the House of Commons on the 2nd of March next. The mode of proceeding in that as in every other case in which the interference of Parliament is required, is by petition; but we would remark here, that it is a great mistake to suppose that one petition, however numerously signed, is, or can be, equal in influence to a great number of petitions coming from various cities, towns, and other places in the country; because in the latter case a numerous body of members of both houses of Parliament will be enlisted on the side of the profession. If there be but *one* petition, it can be presented by but one member. If there be numerous petitions, they are necessarily placed in the hands of *many* members, who are then made to feel an interest in the subject, which could not from any other circumstance occupy their minds. Besides, each petition may ensure an application by letter, or a personal interview, or, at any rate, some communication between a medical practitioner and some member of Parliament with whom he or his brethren may be acquainted. Had we anything to fear from an investigation of the subject, we might be chary and cautious in hazarding such applications, but the demand of medical witnesses to be paid for the time and services required in attending at Coroners' Inquests, is founded on such a just and immovable basis, that no danger can arise from its discussion,—none from the severest scrutiny into the correctness of the claim. What, we ask, is the value of the inquest, in five cases out of ten, unless there be a medical witness present on the occasion? And what right have the public to insist that the professional services of a

medical man shall be devoted in aid of the proceedings at a Coroner's Inquisition, without making him an adequate return in the way of compensation? In fact, the entire proceeding, in many instances, constitutes a worthless, nay, even a mischievous farce, in consequence, almost entirely, of the want of a law which authorizes the coroner to direct the payment of a sufficient sum for medical attendance. Be it observed, too, that a medical witness, on being summoned to attend at the inquest, is liable to be committed to a jail, in contempt of the mandate of the Court, if he omit to be present at the inquiry. Ought such a state of the law to last? Is it possible that it can last much longer if the medical profession discharge their duty to themselves and the public? This is a public and not merely a professional question. The welfare of the community is the point at issue. Often as we have thought and stated that the Court which is held by the Coroner, is one of the most important institutions in the kingdom, never has it struck us as being so vitally momentous as when we have reflected on the great value of the efficient and honourable medical testimony of witnesses who have been educated in the science of medicine. Even if the Coroner were himself a medical practitioner, it should be recollected that he is not a witness in the inquiry; but where the Coroner is not a medical practitioner, as we have a thousand times alleged he ought to be, in one half of the inquests that are held the money which is paid out of the county rates for the expenses of the Court, might as well be tossed into a river. Preposterous indeed, in this latter case, is the whole proceeding. It is then nothing but a solemn farce, which is calculated to lull unreflecting and ungifted spectators into a state of pernicious delusion.

It may be alleged that witnesses are not ordinarily reimbursed in our Courts of justice, except for the bare expenses which are consequent on their attendance. The

parallel, however, does not hold when it is attempted to be drawn between such persons and medical practitioners who give evidence at Coroners' Inquests. In the one case the witness generally attends because he was accidentally cognisant of the facts on which he is to be examined. In the other case the witness attends officially, and the value of his testimony depends on the time and money he may have devoted in order to acquire a scientific knowledge of his profession.

Again. Without such testimony, the inquest is useless to the public. And, yet further, the entire duty of this attendance is necessarily restricted throughout a whole district, to the few practitioners who may be resident within its circle. Upon a very few persons the toil and responsibility of attendance on these occasions imperatively devolve. Upon what principle of justice, therefore, can a very few gentlemen, who have expended many years of their time, and many hundreds of pounds of their capital, in the mere attempt to render themselves competent to execute the general duties of their profession, be required to make,—systematically and regularly make,—the heavy sacrifices which the summonses of the Coroner usually demand? On our side of the question the entire justice of the arguments rest. On the other side of the question,—if there be an opponent,—he can be armed only with the weapons of prejudice. In the face of such instrument, the advocates of a correct principle stand in no danger.

But we must not remain passive and quiet in this emergency. It were folly, indeed, to continue gazing, stupidly gazing, at the progress of events, without taking some pains to turn the current of improvement to our own and the general advantage. *All that is*, every friend to the cause of medical justice, should resolve to take part in the struggle. No doubt can be entertained of the successful progress of the MEDICAL WITNESSES BILL through Parliament, if

medical practitioners will but use their influence in sending petitions, short petitions, to members of both Houses of the Legislature, praying that such a measure may be enacted into a law. We say to members of both Houses of the Legislature, because it is of the utmost consequence that an impression which is produced in one House of Assembly should not experience a counter-vailing check in the other.

It should be understood, also, that it is not necessary that the petitions should be written on parchment, as a sheet of common writing-paper is amply sufficient for the purpose.

Beyond praying for such remuneration as the Houses of Parliament may consider it wise and just to grant, it will only be necessary to point out the hardships to which medical practitioners are subjected by their being so often required to attend at inquests which are held many miles distant from their places of residence, occupying many hours of their time in the journey and in waiting during the progress of the proceedings. The folly, also, of drawing money from the county fund for the payment of the expenses of an inquest when efficient medical testimony is not received, should be shown, and allusion may with propriety be made to the necessity of instituting post-mortem examinations for the information of the coroner and jury, and of the danger to life which often attends such investigations.

And now let us hope that this grievance will no longer exist from want of applications for redress, or indisposition on the part of the Legislature to grant what is so truly and unquestionably just. Let us hope that a wiser state of things will arise out of the simultaneous exertions of the medical practitioners of this empire. Let it especially be remembered that no good result can follow any efforts which may be made, unless both houses of Parliament become the points towards which every effort is directed. Finally, we conjure every surgeon who may

this the greatest metropolis of the world. You have shone with equal brilliance in the Court and in the College. The polish and suavity of your manners have rendered you as acceptable at the banquets of great peers, as at the tables of commoners; and, as I have heard you yourself so justly observe, your presence at the hospitable board of our beloved Sovereign has absolutely conferred a distinction on the College, and is an honour to the profession generally. Now let me contrast with this, your true and just character, that of the ephemeral reptile, the mushroom, the mock surgical reformer. In place of the classical and moral education which you received at Oxford, and the elegance of manners and ideas which you there acquired, he spent all his time within the precincts of an Institution, where, instead of being occupied in those pursuits which expand the mind and ripen the understanding, he was employed as the dirty drudge of the Hunterian robber, whose example,——Alas! we are all creatures of habit, and most of us are more prone to follow the path of evil than of good,—to become the leader of a set of corruptionists than the peaceful advisers of liberal and independent men.

"I have thought it proper to draw your attention to this subject. It is for you to consider what reliance should be placed on those who now ostensibly co-operate with you in your arduous endeavours to obstruct the progress of the Metropolitan University.

"Whenever you contrive to see Mr. SPRING RICE, pray fail not to tell me the results. It is better that I should communicate with the Fellows on the matter. You may be committed in the proceeding.

"Have you heard that the Council of the College of Surgeons have applied to the Bishop of LONDON to write a Latin inscription for their new building? I suspect that BRODIE is at the bottom of this, and that there is some peculiar object in the request. I also hear that the little man has been intriguing to get some relation of his own appointed as trustee to the Hunterian Museum. I have no doubt that he has a *good* intention in this; but he seems never to be at rest.

"Your faithful and devoted,

R.

"Monday."

"MY DEAR SIR,—Our matters regarding the University have been managed much as I anticipated. Sir BENJAMIN having procured an interview with Mr. SPRING RICE, with whom he assumed the character of a liberal, he got the Chancellor, step by step, to consent to see me. I soon found out, however, at my interview, that we had little to expect from Mr. RICE.

"I began with explaining to him how earnest our College was to reform itself, and I assured him that in the course of one or two years the thing would be done satisfactorily to all parties. I explained to him that our great difficulty which we had to surmount was now got over by the deaths of TOTHILL and MARON, whose bigoted and contracted minds would not allow them to listen to any plan of reform, and that the few superannuated old dowagers who remained in the College would, in the course of nature, soon leave this world of sorrow, and thus would enable us younger Fellows, to sweep away those abuses which are so loudly complained of. I must confess that all I said seemed to make little impression on the mind of the Chancellor. I could distinctly perceive that our foes had been there before us, and that it is determined to overthrow the present medical corporate bodies. He evidently saw the motives which had influenced BRODIE, and CHAMBERS was much too thick-headed a fellow to alter his views. In fact, it now appears to me next to certain, that a metropolitan university will be established, on the broadest possible basis, granting degrees in medicine and surgery on such terms as will best ensure to the public competent medical men, and permitting those who may obtain such degrees to practise their profession freely, without molestation, in all parts of the British dominion. When such a plan is carried into execution, what will become of us? Who will rule in Pall Mall East? What will be the condition of the Deng Company in Blackfriars? Who will come forward with fifty-pound Bank-notes to purchase our license? Who will then be at the trouble of trotting his tertius at Oxford or Cambridge for a medical qualification? I certainly do not care so much about the change in Lincoln's Inn-fields, and, indeed, I agreed with Mr. SPRING RICE, that not one of the men of that Council ought to have anything to do, directly or indirectly, with the Metropolitan University.

"I have finally arranged to commence our evening entertainments at the College on the 2nd, when I shall have an interesting oration to deliver. In the interim I am giving a series of snug little dinner parties, at one of which I invited Dr. WILSON, in the hope of soothing his feelings of opposition. There is, however, a lamentable inflexibility about him which will give me some trouble. I have heard that he made a direct attack on poor McCLOUD in the board-room of St. George's the other day, as the editor of the Gazette. Ever yours,

"H. H.

"Thursday."

MEDICAL ATTENDANCE ON THE SICK POOR.

To the Editor of THE LANCET.

SIR,—I beg leave to offer my mite towards the general fund of plans concerning this important and humane question.

1. The parish officers should submit to view, in a public place or at an open vestry, a list including every pauper in the parish who cannot afford to pay for medical aid in case of sickness. The list to include every individual member of a pauper's family who is unable to gain a livelihood.

2. Every pauper or indigent labourer who claims a place on the medical list, to have his claims openly heard and discussed once a-year by the parish officers and the parishioners who pay the taxes.

3. After having made the list, the parish should agree with a medical officer to attend every person named in the said list, in case of sickness, for one year, at some fixed price, say fourteence per head in the country, and tenpence per head in the town. If we consider that poor families are generally very numerous, about fourteence will come near the mark; and if midwifery be included in the agreement, an additional sixpence should be added to each name on the list.

4. The medical candidate should be proposed by the guardians or the parish officers, and be elected by ballot, by those only who are on the list of paupers; by which means the paupers would be less liable to the abuses of a bad election. The paupers, also, would thus have some claim on their doctor's complacency and attention, as the voters have on members of Parliament.

5. Should sickness occur to persons not named in the list, yet who are unable to pay for medical attendance, such cases to be considered as common cases, not belonging to the agreement, and to be paid for *extra*, accordingly, by the parish. This extra payment will meet the miserly design of not placing on the list several who may have a just claim to be there. One such case would prove the wisdom of placing a dozen more names on the list.

Supposing a parish to contain fifty paupers who receive a weekly allowance, probably there will be two hundred entitled to have a place on the medical list. If these be taken at 1s. 2d. per head, the sum would amount to 11l. 13s. 4d.; and if 6d. towards midwifery be added, it would amount to 16l. 13s. 4d., which in a country practice is little enough.

This rate of payment is but very moderate, but then the practitioner does not expect to *fatzen* by means of poor patients. Although the poor form an important part

in the chain of society, yet the practitioner's principal reliance must be placed on the increase of his connections and usefulness through their means. The foregoing plan seems to me to be as simple and just as the nature of the circumstances concerned will allow; requiring, indeed, several modifications as to a fixed salary, &c. I am, Sir, yours respectfully,

CORVINUS.

Corwen, Feb. 8, 1836.

MEDICAL ATTENDANCE ON THE SICK POOR.

To the Editor of THE LANCET.

SIR,—So much has been said in THE LANCET on the mode of procuring medical attendance for the sick poor, and the remuneration of the practitioner, and it has been said so well, that little remains to be usefully offered. However, a few observations on the subject may not be superfluous. At the same time I take the opportunity of congratulating the profession on the prospect of the whole mass of absurdities which constitute the laws for regulating (!) medical practice, being brought before Parliament through the medium of the Editor of THE LANCET.

The medical clauses in the Poor-Law Amendment Act in no respect contemplate an increase in the effectiveness of the medical profession, and the preservation of the health and lives of the poor.

Even if I approved of the mode on which medical men are elected as attendants on the sick poor, I could find numerous errors in the details, but this would be useless, as I object *in toto* to the principle of contract—to the letting out of medical services to hire for a specified period of time, at all hazards, "come weal come woe." Moreover, it is not honest to either party, as it implies in each a feeling of distrust. On these grounds I and my predecessors have at all times refused to be parties to all medical contracts, and consequently for years have not attended any "parishes." Of course also we have declined any participation in the plan under the new Act, which therefore does not in any way affect my interests. I have thus, too, avoided the numerous disagreeable circumstances which are so frequently complained of in parish medical competition, from the eagerness with which medical men have caught at the depreciating offers of contracting overseers, jostling and jockeying each other in the scramble. Indeed, the present degradation of the profession seems to be self-sought and self-invited.

I do, therefore, on every ground agree with you in the opinion that medical men

must rely only on themselves and the legislature for redress under the numerous evils arising from the present anomalous and unjust laws. As for the poor! may God help them. If the Malthusian doctrine be good, commend them to the tender mercies of enlightened commissioners, who confide them to the care of "American" practitioners, *sans* "catheter," *sans* "horse," *sans* everything.

With regard to remuneration, I think the following mode would be advantageous. In cases beyond a certain distance (a mile?) a *mileage* should be charged. For the case itself, whether in town or country, a charge should be made in the ratio of its duration,—a certain sum per day, gradually diminishing after the first three days. Thus for a continued chronic case there would be a smaller *rate* of pay, and in an acute case of shorter duration, when more time and trouble are bestowed, the rate of remuneration would be somewhat greater.

Under such arrangements the poor might apply to whom they pleased, each practitioner at certain periods giving in (as directed under the new Act) the names of those patients who have been under his care, with an account of the nature and duration of their disorders. I am, Sir, yours obediently,

A COUNTRY PRACTITIONER.

Cirencester, Feb. 9, 1836.

POOR-LAW AMENDMENT ACT.

To the Editor of THE LANCET.

SIR,—The following statement will prove the hardship of my case under the Poor-law Amendment Act. Three years ago I engaged in a practice of sixty years' standing, which comprised the medical attendance on five parishes in my immediate neighbourhood, but which five parishes will not give me sufficient interest to obtain the attendance on the poor in the district, in consequence of the sudden introduction of strange medical men by the Poor-law Commissioners. I shall not be able to retain even the one parish in which I reside. The consequence will be, the entire destruction of my practice, the committal of a dead robbery on my property, with the prospect of starvation to the sufferer. The Guardians, after allowing a certain sum for a certain number of attendants, should, at least, divide that sum amongst the established medical men, allowing them to remain undisturbed. I transmit you my name and address privately, and am, Sir, your obedient servant,

A SUFFOLK PRACTITIONER.

MEDICAL CORONERS.

To the Editor.—SIR, As you desire to be informed of the medical coroners residing in the vicinity of the numerous readers of THE LANCET, I beg leave to state that the coroner for the county of Merioneth, is EDWARD WILLIAMS, Esq., of Bala, surgeon. In the next county to this, the county of Denbigh, there is also a medical coroner, R. NICHOLS, Esq., surgeon, of Ruthin. Thus it would seem that we are wiser in Wales than they are in England,—two at least of its counties having chosen their coroner from among the members of the medical profession. I am, Sir, your obedient humble servant,

JOHN WILLIAMS.

Corwen, Feb. 8, 1836.

MR. SMITH'S INDENTURES.—To the Editor.—SIR,—In answer to an inquiry made in the last number of your journal, by the author of the letter signed "INVESTIGATOR," I hasten to furnish him with a statement of the simple facts. About half an hour before my examination terminated, the Clerk of the Court gave me my indenture of apprenticeship, which I placed by my side, when the examiner who was sitting opposite to me, whose name I have not the pleasure of knowing, took it up and looked at it. The rest of the proceeding has already been made known. Now if this mode of proceeding be irregular, which the author of the letter in question considers it to be, I am only performing a proper duty in stating the facts, in order that a similar proceeding may be prevented in future. You will oblige me by inserting this note in the pages of your very excellent journal. I remain, Sir, your obedient servant,

THOMAS SMITH.

1, Jewin-crescent.

To the Editor.—SIR, I beg to state, through the medium of your journal, that I have no knowledge or concern with certain individuals who have taken the liberty to affix my name to a preparation of *Sarsaparilla*, by printing it on the stamp,—as declared, at least, in certain advertisements. Nor have I, as I find it is asserted, anything to do with *sarsaparilla*, or any medicinal preparation whatsoever. Permit me also to state that legal measures will immediately be commenced in order to obtain redress for this most unjustifiable freedom, or forgery, as perhaps it might be designated. I am, Sir, most respectfully, your most obedient servant,

JOHN HANCOCK.

Commercial-road, Feb. 1836.

HERVIST STREET HOSPITAL, DUBLIN.

CLINICAL REMARKS*

BY

DR. WALLACE.

SECONDARY SYPHILIS.

January, 1836.—*Ward No. 8.* The case of this individual (Mary Ross) deserves your particular attention. She is, I presume, from her appearance, only seventeen or eighteen years of age. You observe she looks full, and in rude health. She, however, labours under secondary syphilis, and the manner in which she contracted the disease, as well as the form of her symptoms, should be known to you, and impressed upon your memory. *First*, as to the manner in which she contracted the disease: she affirms, and I am perfectly convinced of her veracity, from the inquiries and examinations which I have made, that she contracted it from a child which she *dry-nursed*. Remember I have said *dry-nursed*. It is generally known that *wet* nurses often contract a disease from suckling infants labouring under symptoms of syphilis; but I do not know that it is generally admitted, that the *dry* nurse may also, by the contact of such a child, become diseased. This is however the fact; here is a proof of it. Numberless are the analogous cases which I have seen. I have known the disease to be propagated through whole families, yea, through a whole village, by simple contact. In all these cases, it is the matter of secondary sores which propagates the disease. You know that Mr. Hunter and his followers deny that secondary syphilitic sores are infectious or contagious. In this position they are quite mistaken. This is one of the numerous facts which my investigations have unfolded. The second point of attention in this girl's case, is the form of the symptoms. She has condylomata on the pudenda and round the anus, and you may here see that she has a fungoid excrescence on the surface of her tongue. You also remark that the front arches of her soft palate are ulcerated, and that the ulceration is of that superficial form which I have often told you almost uniformly accompanies condylomata. You also see that

* Dr. Wallace gives clinical instruction in two forms, by conversation at the bedside of the patient, during his walk through the hospital, and by lecture in the theatre of the hospital. The former are here called his "CLINICAL REMARKS," and to the latter we have prefixed the title of his "CLINICAL LECTURES."—*Ed. L.*

she has, scattered over her shoulders and arms, a number of some what rounded spots, of a red-brown colour, very slightly raised, and scaly, scarcely larger than a split-pea. With these symptoms she has no pains, nor any affection of the fibrous, articular, or osseous systems. She has, in fact, the majority of those symptoms which you will find to occur in all the cases of syphilis which are produced by secondary matter. You have seen the child from whom she contracted the disease, and went to Fenglis for the purpose, and it labours under the same class of symptoms. I am anticipating by these remarks, gentlemen, some of a most important series of facts which I have discovered respecting the cause of the varieties in the symptoms of syphilis; and which I will very soon take an opportunity of communicating to you in a systematic form. The symptoms of syphilis under which this girl labours, yield with great rapidity to mercury, and are comparatively insensible to the action of the hydriodate of potash, which is, in some other forms of syphilis, a remedy far superior to mercury.

ULCERATED SURFACES.

February, 1836.—*Ward No. 4.* See how admirably this man's case is advancing to a cure! Can anything illustrate in a clearer light the value of my mode of treating old ulcerated surfaces? He had lost, from sloughing and ulceration, consequent on an injury, a large portion of the integuments on the inner surface of his thigh; and an extensive ulcer remained, which he could not get healed. He says he had applied to many persons, and had tried in vain all the ordinary applications and methods. When he was admitted, the ulcer was not less than eight inches long and three wide; and the skin surrounding it was very indolent, or callous. You see it is not now more than five inches long, and in some parts scarcely half an inch wide, and the surrounding integuments are much softer and more natural. How has this great improvement been so rapidly produced? You have seen the treatment; he has been kept in bed, the surface of the granulations has been dressed with water-dressing; that is, lint dipped in tepid water has been daily applied to the sore, and then covered by oiled silk; and the skin surrounding the sore has been, to the extent of an inch, several times rubbed with the solid nitrate of silver, previously dipped in water. This application, you see, causes the separation of the cuticle, and a temporary exhalation, or sweating, from the surface of the cutis.

Let me explain to you the principles of this treatment. You will find, if you attend to the subject, that old chronic ulcerations are prevented from healing, much more by a morbid state of the tissues immediately surrounding, and under, the diseased sur-

face, than by the state of the diseased surface itself. Or, perhaps, it would be more correct to say, that they are prevented from healing, not only by the state of the diseased surface itself, but by the state of the surrounding parts, upon the healthy action of which, the reparation of the ulcerated surfaces, mainly depends. In the treatment of such cases, however, practitioners seldom think of the surrounding parts. They apply dressings of various kinds to the surface itself, and seem to think nothing of the parts upon which the surface is placed, unless so far as they act on them by bandaging and by position.

My *first* object in the treatment of such cases is to leave the surface as much as possible undisturbed,—to let the regenerating lymph, when effused, remain without interruption; I do not allow the surface to be cleaned in such a way as to cause the slightest friction. I avoid all stimulating applications, which, although they may be of the mildest kind, too often cause the destruction of the very weak granulating germs, and thus undo daily what nature in her attempts at reparation is endeavouring to accomplish. To carry my first object into effect there is no mode of dressing to be compared with the water dressing, laid on with great gentleness, and removed only when there is an accumulation of discharge. My *second* object is to excite and alter the morbid state of the parts, upon which the ulcerated surface is placed, and to this end I stimulate, or act on, them with the nitrate of silver, applied as you have seen it applied by Mr. Molloy in this case. By this method, conjoined with an occasional purge, you will succeed in healing old sores, which can be healed in no other way, and in a surprisingly short time. And let me add, that a sore so healed is much less likely to re-ulcerate than one healed in any other manner. This I would explain by the fact that it is a mode of treatment which, by causing a healthy action in the surrounding parts, produces a sounder cicatrix, and consequently one more able to preserve its future integrity under exertion. You know that this practice differs widely from that of Mr. Higginbotham. He applies the nitrate of silver to the surface of this sore, as well as to the surrounding parts; but I have found this quite unnecessary, and greatly to retard the healing of the sore, as well as to cause unnecessary pain. Let me, however, recommend in the strongest manner to your perusal, Mr. Higginbotham's work. It is a most valuable contribution to surgery.

NORTH-LONDON HOSPITAL.

ERYSIPELAS OF THE HEAD—USE OF THE EXTRACTS OF ACONITE AND BELLADONNA.

CATHERINE COX, aged 25, was admitted February 4, with erysipelas of the face, under the care of Mr. LISTON. She is married, and has had four children. She states that she has been subject to attacks of erysipelas for twelve years past, which have come on at all seasons, and without observing any regular intervals, sometimes a very few weeks intervening between them, and lasting for a fortnight or three weeks at a time, the cures not being completed under three weeks. She has, however, been quite free from the affection for the last four years. The evening before her admission she had become very much heated with washing having at the time her catamenia upon her. She was attacked with rigors, succeeded by pyrexia, and sharp burning pain about the eyes. The catamenial discharge was also suppressed. On her admission into the hospital, the following symptoms presented themselves:—Great redness and swelling of the whole face; the left eyelid so puffed as completely to obstruct her sight; pulse 116, small, and hard; tongue moist and clean, bowels costive; great heat of the skin; severe pain in the head. Fomentations were used to the part every two hours, and an opening draught, containing the sulphat and carbonate of magnesia, with antimon wine, was given directly.

Feb. 5. Has passed a restless night; the erysipelas has extended over the left ear to the occiput; pulse same as yesterday; bowels opened by the medicine; great heat of skin and thirst; the catamenia have reappeared. Two tablespoonfuls of a mixture, containing one grain and a half of aconite and four ounces of water, were given every three hours.

Ten p.m. Has taken three doses of the aconite mixture. Pulse 108, softer; skin moister and softer; not so restless; she has a slight rigor about an hour ago. A mixture, containing one grain of the extract of belladonna in sixteen ounces of water, was now ordered, of which she took two tablespoonfuls every three hours.

6. Redness and swelling are much diminished; she has had a very quiet night, skin covered with a gentle perspiration, pulse 96; tongue moist and clean. She complains of no pain, and expresses herself as being a great deal better. As the bowels are confined, give a dose of castor oil. The belladonna mixture to be given every five hours.

7. Nearly convalescent; the redness has entirely disappeared; some oedema still remains about the orbital regions; the rest of the surface is wrinkled, and is desquamating; pulse 96; tongue clean; bowels

open. Discontinue the medicine. A pint of beef-tea daily.

9. Quinine recovered, having been under treatment on this occasion only four days. It is ascertained that aconite has superseded bleeding in many cases at this hospital.

DELIRIUM CUM DEBILITATE—IMMENSE
DOSES OF THE MURIATE OF MORPHIA.

Timothy Quill, aged 38, was admitted Dec. 18, under the care of Dr. ELLIOTSON. He is an excavator, a strong and muscular man. He has been much addicted to drinking spirits, particularly rum, and has been considerably exposed to vicissitudes of the weather, and to noxious effluvia, such as those arising from common sewers. On his admission he told a story about the origin of his illness six months ago, of its seat in the right side, and at the epigastrium; of his travelling to Ireland for the recovery of his health, and the return of the complaint on resuming his occupation; he complained of thirst, loss of sleep, and tenderness over the abdomen. These circumstances were related with perfect coherence of manner, but they turned out afterwards to be all entirely destitute of foundation. He was very restless during the night, often leaving his bed, putting on his clothes, wishing to go out of the hospital, accusing the other patients of robbing him, complaining of dimness of sight and spectral appearances, and other mental delusions. A slight tremor, after careful observation, was detected in his fingers and his tongue. He says he has headache, and that he is thirsty. His bowels are confined, tongue clean, appetite very good. Pulse 60, slow and weak.

Dr. ELLIOTSON considered this to be a case of delirium dependent on debility; but without the remarkable diagnostic sign of that disease. He therefore ordered the patient, on the day after his admission, to have half a grain of the muriate of morphia directly, to be repeated at bed-time if necessary.

21. Rather more tranquil.

22. Sleeps better at night, but still labours under delusions, and occasionally talks and mutters loudly and incoherently, and is so violent as to require to be pinioned.

23. Is more tranquil and rational to-day.

26. He was extremely violent the whole of yesterday, and to-day the fictions have again been employed. Muriate of morphia, half a grain, every fourth hour.

28. Was extremely violent the whole of yesterday. The morphia to be given every three hours.

29. Still violent; the dose of morphia every two hours.

30. The morphia increased to one grain every two hours.

Jan. 2. Seems much better this morning,

and gave rational answers to questions put to him.

4. Is rather quieter during the day, but becomes delirious, and is very violent every morning, between 3 and 4 A.M.

6. Muriate of morphia one grain every hour.

He was discharged to-day, in consequence of his creating such a noise in the wards.

COMPOUND AND COMMINUTED FRACTURE
OF THE OLECRANON.—FRACTURE OF THE
THIGH.—AMPUTATION OF THE ARM.

Charles Hussey, aged 36, a slater, was admitted October 15th, under the care of Mr. COOPER. He had fallen from a ladder, at the height of the third story of a house, in consequence of one of the steps breaking as he was ascending. The femur was broken transversely, at about the junction of the middle with its lower third. There was also a compound comminuted fracture of the olecranon of the left arm. With the point of the finger some fragments of bone could be felt within the wound, and one small piece was so loose, that it was taken out. The extremity of the olecranon was retracted by the triceps. The patient complained of pain in his side and back, where he had received some severe contusions. The thigh was put up with a long splint, in the straight position, and the elbow was extended by means of a splint in front of the joint, the arm having been previously bandaged from the fingers upwards. As a good deal of blood oozed from the wound, the sides of it were not brought together until the next day. A cold evaporating lotion was applied.

16. This morning a considerable swelling has extended up the limb, with ecchymosis over the olecranon; the bandage was therefore slackened; the man had passed a quiet night.

18. Not so well, has considerable fever; arm much swollen and discoloured; cuticle separating over the triceps; copious effusion of serum in the cellular tissue up to the shoulder.

20. Mr. COOPER visited the patient to-day; the bandages were removed, and a considerable quantity of pus, mixed with blood, allowed to escape from the wound. Mr. C. thought the man would have a better chance of living if the arm were amputated; but after a consultation with Mr. LISTON and Dr. QUAIN, it was decided to try to save the limb. Fomentations and poultices were ordered, and the arm was left free from all pressure.

30. Since the last report two or three abscesses have formed about the elbow, and been opened. During the last two days he has been exceedingly restless and delirious; his pulse has risen to 136. A grain of the muriate of morphia was given to him, and

he was directed to be kept under the influence of that medicine.

From this time the case got gradually worse; the patient was delirious almost every night; the hand was oedematous, and erysipelas had attacked the forearm and arm, nearly as high as the armpit, and matter was effused under the integuments. The pulse was varying from 130 to 150. As soon as the swelling and redness of the upper arm had somewhat abated, Mr. COOPER determined on removing the limb by the following operation:—An external flap was made, by introducing the point of a narrow smallish amputating knife into the centre of the posterior part of the limb until it touched the bone. The handle of the knife was then inclined towards the patient's side, and the point passed closely round the humerus, to the fore part. The external flap was then completed by carrying the knife through the biceps and centre of the front of the limb, and cutting downwards and outwards. The flap was two inches and a half in length. The internal flap was formed by introducing the knife at the upper and posterior angle of the wound, and passing it round the bone to the front angle of the first wound, and cutting downwards. The fibres of the brachialis and triceps were divided, and the bone was sawn through. Mr. COOPER said he was induced to remove this limb by the lateral flap operation; for, having written so much against it, it might be thought he was prejudiced against it, which was not the fact, and he would give it a fair trial by resorting to it in all cases in which he could. After the operation the pulse fell to 120.

Nov. 21. An incision was made into an

erysipelatous swelling which has taken place over the pectoral muscles; the inflamed skin had been bathed with the nitrate of silver wash.

Dec. The patient went on favourably. The stump coming to be an excellent one, the thigh also having united.

HOUSE OF COMMONS.

Thursday, Feb. 4th.—Mr. WAKLEY gave notice that on Tuesday, the 1st of March, he should move for leave to bring in a bill to provide a sufficient payment to all legally-qualified medical practitioners who might be called on to attend, in a professional capacity, as witnesses at coroners' inquests.—*Morning Chronicle*, Feb. 5.

CORRESPONDENTS.

The length of *Observer's* reply, and its late arrival, render it impossible for us to examine his statements with sufficient care for notice in our present number.

ERRATUM.—In the leader at page 753 of the last number of *THE LANCET*, the sentence beginning in line 21 of column 2, should have been printed thus:—"Not content with falsifying the conduct of the gentlemen (the students) whose temperate and admirable behaviour conferred a dignity on the deliberations of that assembly" &c. In a part of our impression the ninth word was printed "gentleman."

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain. Ins. Dcls.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.			
Feb. 1	44.	28.50	29.04	28.98	—	W.	Rain and snow frequently on the 2nd, with rain on the 3rd and 4th. The remaining days were very fine for the season.
2	32.50	31.50	28.79	28.46	0.88125	N.E.	
3	35.25	32.	29.19	28.71	0.2875	N.W.	
4	36.	33.75	29.86	29.49	0.08125	N.E.	
5	34.75	27.50	29.93	29.88	—	N.	
6	48.50	35.25	29.75	29.72	—	N.W.	
7	43.	29.	29.66	29.54	—	W.	

High Wycombe, Feb. 9th, 1836.

W. JACKSON.

THE LANCET.

VOL. I.]

LONDON, SATURDAY, FEBRUARY 20, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XII.

ATROPHY OF THE BRAIN AND SPINAL MARROW.

GENTLEMEN,—Having finished in our last lecture the study of hypertrophy of the nervous centres, we now proceed to examine the opposite state, or lesion, which consists in a diminution of nutrition,—in an atrophy of the same part. This atrophy of the nervous centres may result either from a primitive arrest or retardation of development, or from an actual diminution in the bulk and volume of some portion of the cerebro-spinal axis, after it has been fully and perfectly formed. Hence flows naturally a distinction of this disease into

Two Principal Species.

The first is congenital, rather an absence of formation than a wasting of the medullary substance when once developed. It has been described by several authors, and particularly by M. CAZAUVELLH (who has published an excellent memoir on the subject in the *Archives Generales*, t. 14), under the name of Agenesia, cerebral agenesy. The other form of the disease is not congenital; it occurs at a certain period after birth; it does not depend on original absence of the part, but is an acquired disease, produced by causes that we shall presently have occasion to investigate.

No. 651.

General Anatomical Characters.

Atrophy of the nervous centres, gentlemen, whether it be an acquired or a congenital malformation, may present itself to our observation under a great number of forms and degrees, from the slightest diminution in the normal volume, either of the totality or any one portion of the cerebro-spinal axis, up to the complete absence of all those parts together,—of the brain, the medulla oblongata, and its prolongation into the cavity of the vertebral canal. Between these two extreme cases we find an immense number of intermediate degrees, to the principal of which we shall presently recur in detail. No matter what may be the seat or degree of this atrophy of the nervous centres, the disease is recognised by a certain assemblage of anatomical characters, which we now proceed to lay before you. The gray substance enveloping the medullary pulp is more pale than natural. It very frequently retains its normal degree of consistence; but in some cases we find that the nervous substance has acquired an increased degree of density and consistence, at the same time that it has diminished in volume. The brain then appears more solid than usual; it has a harder pulp, and this is particularly the case when the atrophy attacks the convolutions or external layer of the cerebral mass.

The parts immediately surrounding the atrophied portions of the cerebro-spinal axis present sometimes certain lesions that we should not neglect to notice. These may affect either the membranes which envelop the brain and spinal marrow, or the osseous cavities enclosing the central mass of the nervous system.

When the Diminution of the Brain or Spinal Chord is very considerable,

the membranes take on an increased action, and throw out a quantity of serum in proportion to the loss of substance which the nervous centres have suffered. In these cases we find a large quantity of serous fluid effused into the general cavity of the cranium, or into the ventricles of the brain and between its different convolutions, occupying and filling up the void that has been

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left by the atrophied brain; however, when the bones of the cranium sometimes the case, present an equal degree of atrophy, when the skull, as we may use the expression, follows the retreat of the brain, and is applied closely on its surface, then the quantity of serum is much less considerable, and the membranes display a degree of activity in harmony with the new object which they are called on to fulfil. It is not now the time to discuss where this serum is collected, or from what source it is more particularly derived. This question would lead us too far from the subject of our present study; however, we may remark that it would appear, from the researches which have been made by M. MAGENDIE, and at a still later period by M. le Docteur CAVARA, that it is accumulated in the cellular tissue which is interposed beneath the arachnoid membrane. In some cases the serum is not diffused throughout the surface of the brain, but is collected together in masses, contained in one or more cysts, which supply the place of the absent nervous substance.

The Osseous Envelopes,

which protect the cerebro-spinal axis, may also present various changes, corresponding with the lesions of the soft parts beneath. Sometimes the osseous parietes are intact; the form of the skull is perfectly normal, and in this case the void left by the atrophied nervous matter is supplied by an effusion of serum, which we spoke of a short time back. When the disproportion between the cranium and the cerebral organ is great, the serum is found in large quantities; in other cases, the deficiency of nervous matter is made up by peculiar changes in the organization of the membranes themselves; the meninges are found much thicker than usual; they are incrustated with a cartilaginous or even an osseous layer, more or less thick, according to the degree of atrophy of the brain.

You may remark the analogy existing between this latter circumstance, and what takes place in other parts of the body. Thus, when a portion of the lung has been destroyed or atrophied, a lesion that frequently exists at the summit, in consequence of abscess, induration, and various other accidents,—when this, I say, occurs, and, at the same time, the thoracic parietes are unable to accommodate themselves to the altered form of the lung, to follow its atrophy by a corresponding degree of contraction, we frequently find osseous or cartilaginous matter thrown out between the ribs and surface of the lung, nature thus endeavouring to fulfil, by a morbid process, an indication which the state of the respective parts rendered impossible by a normal process.

We have now alluded only to cases of atrophy in which the parietes of the skull did not present any alteration of form or

bulk, but this is not always the case; the osseous parietes of the cerebro-spinal axis more frequently indicate, by a various state of conformation, the different degrees of atrophy that exist in the brain. In some cases the bones are thicker than in the normal condition, and yet this increased thickness of the skull is not appreciable on external examination, because the inner table alone is the seat of an increased nuttition. Here we have no default of development in the bones, corresponding with the want of development in the brain; but, in other cases, this is more marked. Thus, in a certain number of examples, the brain is more or less atrophied, and at the same time the osseous parietes sink down, and, as it were, follow the nervous substance in its retreat. The diminution of the cranium now alluded to may be partial or general, when the atrophy of the brain is general and complete; when the want of development in the osseous parietes of the skull is carried to a very great degree, and is accompanied by a general absence of the brain; in a word, when we find no trace of nervous pulp where the brain should be, the malformation has received the name of anencephaly; this is the highest degree of cerebral atrophy. The volume of the head is reduced to the smallest dimensions, or, rather, no remnant of the cranium exists to show that its development had ever begun. However, we cannot now occupy ourselves with this lesion, which belongs more properly to the history of monstrosities.

In a certain number of cases, where the volume of the brain has been considerably diminished, or even the organ is completely wanting, the cranium, instead of following the diminution of the cerebral matter, retains its ordinary dimensions, or acquires an unusual volume, and becomes developed much beyond the normal standard. Here the bones are hypertrophied; they are more solid, more massive, more thick, than is natural; or, on the contrary, preserving their soft and membranous condition, they yield easily to the distending force of the serum which is shed between the membranes of the brain, and accommodate themselves to the increased bulk of the matters contained within their cavity. In this condition, the brain, and its osseous parietes, frequently attain a great volume, and are designated by the name of

Chronic Hydrocephalus.

We do not mean to assert, in an exclusive manner, that, in all cases of chronic hydrocephalus, the absence of the brain, and the development in the cranial case which accompanies this absence of the nervous mass, is always an effect of some original malformation in the brain; it may, and in fact does, sometimes depend on various diseases of the membranous envelope, as

inflammation, increased secreting activity, &c.; however, in some cases, the atrophy of the nervous substance, with increased bulk of the head, does really depend on an original error of nutrition.

Finally, in some cases that are not very unfrequent, the membranous parietes which supply the place of a bony envelope, open; the cerebral substance, unsupported by its usual protecting boundaries, escapes from the cavity, and forms a

Cerebral Hernia

externally; or a membranous pouch filled with serum, and bearing more or less resemblance to a cyst, projects through the deficiency in the cranium.

In the few observations which we have now laid before you, we have not attempted to give anything like a complete history of the different lesions observed in cases of anencephaly, of acephaly, or other malformations of the cerebral mass connected with atrophy. Our object has been merely to touch in a general manner on the relation which exists between these different states, and a default of development in the brain and its osseous parietes. They were also necessary to explain the numerous and considerable lesions which we sometimes observe in the parts, whether membranous or bony, that surround an imperfectly developed brain. Let us now turn to a consideration of the

Causes of Atrophy of the Nervous Centres.

These are not always the same. Some of them depend upon the non-accomplishment of certain acts or formations that should have taken place during intra-uterine existence.

One of the most beautiful results of the researches which have been made within latter years to determine the mode of formation of animal bodies is the discovery of this curious law, "that most of our organs pass through a series of successive revolutions, each of which represents a normal and permanent organization in inferior animals." The operation of this law is seen in the brain as well as in other organs. Hence at any period when the centre of the nervous system is not yet completely formed, and an arrest of development takes place, implicating either the whole organ or any particular portion of it, we may observe the different types of atrophy which we described a few moments ago, the lesion being more complete as the developmental *nisus* is arrested at a more early period, and in different parts of the brain at the same time. Here then is the first cause of atrophy of the nervous centres; it consists simply in a modification of nutrition, in an arrest of the "*nisus formativus*;" but why this arrest should take place at one period of fetal life rather than another; why it should attack one por-

tion of the nervous centres, leaving others that are contemporaneously developed, intact; these are questions that we are unable to resolve. We can only indicate the arrest of development, without being able to mount beyond it. It is worth of remark that in fetuses born with more or less atrophy of the nervous centres we frequently observe at the same time a deficiency of several other organs showing that the lesion of the brain really depends in an arrest of its development; thus the heart is formed in imitation of the batrachia; the lungs are absent, and the digestive tube presents more or less resemblance to the simple alimentary canal of lower animals.

Again, imperfect development of the brain may depend on various maladies of the membranes which envelop the nervous substance, and by which, according to some physiologists, the nervous pulp itself is secreted. We can understand readily how this may take place, by supposing that the membranes draw towards themselves an unusual share of nutrition, or by a too great activity of secretion prevent the development of the more solid parts. This latter is a powerful cause of arrest of development in several organs contained in the cavities of the chest and abdomen, and may certainly operate also in modifying the nutrition of the cerebral mass. When the absence of a normal degree of development depends upon some disease of the brain, or on inflammation of the pia mater, or irritation of the cellular tissue that every where supports the pulp, the brain may present a general change of form rather than an absence of any considerable portion of its substance. Thus in the latter set of cases alluded to, where the cavity of the cranium contains an unusual quantity of serous secretion, all the different parts, whose ensemble constitute the cerebral hemispheres, have been found to exist. The hemispheres are as it were unfolded; the convolutions are separated from one another and spread out into a vast layer of medullary tissue, resembling a membrane, but on close examination, we find that the nervous substance remains intact in the midst of changes apparently so profound. There is a modification of form only, but no actual diminution, no atrophy of the mass. This has been frequently seen by Dr. CHASSAIGNAC, who has paid particular attention to the changes that take place in the arrangement of the nervous substance during the progress of chronic hydrocephalus.

There is another Species of Atrophy

of the nervous centres which we must not neglect to mention. Here the brain is very small, very small indeed, but it is normally constituted; all the parts exist in a state of perfect integrity. We find the hemispheres, the corpora striata, the central parts, such

as the septum lucidum, the corpus callosum, and the fornix, the optic thalami, in a word, all the component portions of the brain, are found, but they exist as it were in miniature. The organ has suffered from a general arrest of development, acting equally upon all parts, and giving rise to an excessive smallness of the whole mass, without any malformation of a single part.

We have now touched upon a great order of causes which produce atrophy of the cerebral hemispheres, viz., disease or irritation of the membranes, and we are the more induced to admit the operation of this cause when we reflect that in a great number of cases the meninges are injected, thickened, contain abnormal deposits, and present more or less trace of antecedent disease.

Cerebral Atrophy from Accidental Productions in the Brain.

Certain atrophies of the nervous centres depend on a different order of causes. Thus suppose a tumour developed in the anterior of the skull: this must necessarily exercise a greater or less degree of mechanical compression; and the convolutions thus pressed upon, are sometimes completely removed, or at least reduced in bulk and volume. In other cases these accidental productions, instead of acting in a mechanical manner, seem to occasion atrophy of the cerebral substance by exciting a certain degree of irritation in the parts with which they are in contact. Hyperemia is the first result, and when once the nutritive *vies* is deranged, a state of atrophy may succeed this deviation of nutrition, as well as a state of hypertrophy. This is a curious fact, though a certain one, that irritation gives rise to diminution of volume in the part which is the seat of excitement. We have had occasion to observe a remarkable case of this latter kind in the person of a man twenty-eight years of age; who at the age of three fell on his head into the street from a first-story window. The accident was soon followed by paralysis on the left side of the body. The intellectual and other faculties, however, remained intact. This individual died of an inflammatory affection of the abdomen, and on examining the body after death we found that all the middle portions of both hemispheres situated above the lateral ventricles were completely gone; nothing remained of these parts except a vast cavity filled with limpid serum. Here the lesion supervened on external violence giving rise at the commencement to irritation, probably inflammation of the membranes, and subsequently to extensive atrophy of the hemispheres.

Finally, various diseases of the brain may determine an atrophy of the nervous substance immediately surrounding the affected part of the organ. Thus some observations seem to establish that the part of the brain

which surrounds an apoplectic cell may in the end become atrophied. At least it is certain that in individuals who die before their death had presented all the symptoms of cerebral hemorrhage, a portion of the brain, and particularly the corpora striata and thalami (parts, by-the-by, not frequently subject to effusion), has often been found much diminished in volume, and transformed into a species of serous cavity.

We have now exposed at some length the anatomical characters of atrophy of the nervous centres. We have laid before you a history of the lesions observed in the osseous parietes, and in the membranes enclosing the brain. It remains for us only to add, that in some cases we are unable to discover any cause which has given rise to the diminution of volume in the brain. Here we may be permitted to ask, Is the default of nutrition connected with a want of due exercise of the intellectual faculties? A muscle condemned to constant inaction wastes away. May it not be the same for the organs of intelligence? This is not improbable.

The lesion which we have designated under the term "atrophy," does not present itself with the same frequency in all parts of the nervous centres. It becomes more rare as we pass from above downwards, from the surface of the brain to the more deep-seated parts; and it may be established as a general rule that it exists less frequently in those parts of the cerebro-spinal axis which are first developed, than in the portions which arrive more slowly at their perfect degree of organization. Thus atrophy of the spinal marrow is more rare than atrophy of the brain, and, again, in the cavity of the cranium, the deep-seated parts, which are first formed, are less frequently the seat of this lesion than the convolutions. We now propose to pass in review the various degrees of atrophy of the nervous centres according to the different points in which they have been specially observed. We shall follow their order of frequency, and trace their history, in the cerebral hemispheres; in the deep-seated parts; in the annular protuberance (*pons*); in the cerebellum; and, finally, in the spinal marrow. And first for

The Anatomy of Atrophy of the Cerebrum.

Here the lesion may present a great number of degrees, from a slight diminution of the normal volume, to the complete disappearance of the organ. Let us commence with the most severe cases. A certain number of examples have been recorded in which the whole mass of the cerebrum was entirely wanting: there was no brain whatever: and in these cases it is at the same time proved that extra-uterine existence is impossible; or at most possible only for a few short days. The unfortu-

nate beings subject to this degree of malformation, seem made to live only in their mother's womb, and as they are rendered incapable by their organization, of thinking, feeling, or performing at a future time any single act of animal life, so they are incapable of an independent existence, and after a few hours of vegetation lay aside life, which is incompatible with the absence of so large a portion of the nervous centres. This is the highest degree of atrophy of the brain. In place of that organ we find nothing but a slight trace of medullary lamellæ, which afterwards form the brain in a normal condition; or the nervous substance is supplied by a secretion of serous fluid, or by a mass of vasculo-cellular tissue, the rudiment of that membrane which is destined to surround and support the different parts of the interior of the brain. We have already spoken of the condition of the bones in this state; sometimes they are flattened down upon the base of the cranium; sometimes we do not find any trace of conformation of a skull; the parietes are membranous, and contain here and there irregular spots of ossification.

In other cases, as we have already mentioned, the destruction or absence of the cerebral mass is not indicated by any external symptoms. Thus BÉCLAUD has cited the case of a child who lived five days; the cranium was well formed, but it contained no brain; the whole of the cerebrum and cerebellum was absent, and their place supplied by a great quantity of serous fluid contained in the membranes; the spinal marrow however was not absent; this portion of the cerebro-spinal axis had attained its normal degree of development, and terminated superiorly in two bodies corresponding with the cerebral peduncles (*crura cerebri*), each of which again terminated in a kind of *conformation*, or swelling of the nervous substance; two small chords were observed detached from these bulbs, which ran forwards towards the ethmoid bone, became engaged in the groove of the ethmoidal plate, and, finally, terminated in an oblong swelling, exactly analogous to the bulb of the olfactory nerves: here an arrest of development produced in man a disposition of the brain peculiar to certain animals, which, you know, are furnished with olfactory lobes placed in front of the cerebral ones, and destined solely for the production of a single pair of nerves, the olfactory.

The history of the symptoms connected with this form of cerebral atrophy is not long; indeed, it is unnecessary to enter on it. We have seen that this child is, from the instant of birth, condemned to a premature grave; it may enjoy an imperfect life for a few short days, but death is an inevitable consequence of this malformation.

Next, to complete absence of the whole cerebral mass, we may arrange cases where

one or both hemispheres are wanting, and here also the individual is incapable of independent existence. We must distinguish these two cases from those where, in consequence of imperfect development of the superior masses of the hemispheres, we might be led to imagine that the brain was wanting altogether. In the former we now allude to, there is an absence only of the parts which are situated above the level of the ventricles; when the malformation or atrophy is thus confined, when the important parts comprised in the cerebral mass placed beneath the level of the lateral ventricles are sufficiently developed, then a great fact comes to light—viz., the possibility of extraterine existence. In

Atrophy of the Nervous Substance placed above the Level of the Lateral Ventricles,

we may observe two degrees. In one, the atrophy exists at one side of the brain alone; in the second, it has implicated both hemispheres at the same time. Sometimes the whole of this superior portion of the brain is replaced by a membranous bag containing serous fluid; at others, the lateral ventricles are laid bare, and without any dissection we see the thalami corpora striata &c. This case, as we have already observed, does not necessarily compromise life; the individual may continue to live for several years, but all his faculties and senses are obtuse, many of them annihilated, and he lives in a state of vegetation rather than of humanity. When the absence of the substance is less considerable, and confined to one side of the brain, life, as you may conceive, is carried on more, much more, perfectly. This degree of atrophy has often been observed in persons arrived at an adult age. It is compatible with a perfect integrity of organic life, but the intellect is generally obtuse, dull, or idiotic. However, cases of an opposite kind have been seen, and it is remarkable to observe how the intellect may sometimes be conserved with a very great absence of the substance of the brain. M. BRESCHET has published a curious case relative to a child, four years old, where the intellectual faculties were much altered; the infant was plunged in a complete state of idiocy; but what we notice this fact for is to point out the occurrence of mutism. The child was dumb, although not deaf. In all the other cases observed, we do not find mention made of a similar phenomenon. Again, in a great majority of cases we have hemiplegia: the power of motion is lost in one side of the body, although the nervous mass lying below the level of the lateral ventricles exists in a perfect state of integrity.

We now pass to an examination of those more severe cases where the substance of the brain below the ventricles is more or less atrophied. Here we have to consider the lesion as it may occur in the anterior lobe,

in the middle, or in the posterior lobe. We may remark that the anterior lobes are wanting more frequently than either of the two others, and this atrophy may affect either one of the anterior lobes alone or both together. When both anterior lobes are absent together, we generally find the cranium deformed at the same time: it is flattened in the forward part, and the forehead more or less gone. However, some cases of the kind we now speak of, may exist with an excellent conformation of the forehead. Here the cerebral mass which is secreting is supplied by a quantity of serous effusion, or by membranous cysts filled with a clear fluid. What are the symptoms that accompany this

Absence of the Anterior Cerebral Lobes?

How are the great functions affected? Is the intelligence modified? How far? What lesions of motility does it produce? These are questions that we must now endeavour to resolve.

The intellectual faculties are generally modified in a considerable manner, or sometimes completely abolished. Thus M. BRESCHET has recorded a case in the *Repertoire d'Anatomie*, of a girl, 15 years of age, in whom both anterior lobes of the brain were supplied by a membranous cyst, at the bottom of, and behind which, the corpora striata were seen distinctly exposed. This child was a complete idiot; she could not clothe herself, required to be fed, and remained constantly in the same position without taking any notice of what passed around her. What symptoms do we observe in connection with movement? In some cases motility does not undergo any modification, although both the anterior lobes of the cerebrum are simultaneously wanting. This took place for example in the person of the idiot child just mentioned: her listlessness and constant rest did not depend on paralysis or feebleness of the muscular power, but on an absence of volition. The same phenomenon, viz., absence of paralysis may also be seen in two other cases published by M. BRESCHET: in other cases we observe nothing but a general feebleness of the limbs, and this gradually increases until the patient at length falls into a state of paralysis, being unable to move either his upper or lower extremities.

In one of M. BRESCHET's cases there was an abolition of vision. The child, nineteen months old, was perfectly blind, yet we cannot see any connection between the anterior lobes of the brain and the faculty of vision. We cannot understand why an absence of these parts should bring with it complete cecity. The truth is, the more we see of diseases of the nervous system, the further we advance in the study of their history, the more knowledge we attain upon the complex point of medical science, and so

much the more are we convinced of this fact, that the different acts of the brain are connected together as intimately and as closely as are the different anatomical parts by a continuity of organization; and so the more do we feel the necessity of studying in the nervous system, first, its detailed acts, and secondly, its action of *ensemble*.

In another case of absence of the anterior lobes, we find loss of the sense of smelling: this phenomenon is readily explained, and need not arrest our attention. The olfactory nerves are attached to the anterior lobes. When the latter are wanting, it is quite natural to find an absence of the power of smelling. Now for the cases

Where only One Anterior Lobe is Absent,

the other presenting its normal degree of development. Here the brain does not seem to have any great influence on the intelligence; it is ordinarily developed in a moderate degree. The individuals, though not, perhaps, remarkable for talent &c., possess a common share of judgment, good sense, and knowledge of society. In some cases, however, the intellectual faculties are modified; the individual is far from being an idiot, but his mental power is evidently diminished; the intelligence is dull, slow, weaker than natural. In most of these cases of atrophy of a single lobe, we observe hemiplegia, and we draw the same deduction for these that we have done for cerebral hemorrhage, viz., that the paralysis almost constantly occupies the side of the body opposite the injured hemisphere. In one case, which is recorded in the fifth volume of our *Clinique*, p. 620, the patient, a man, seventy-one years of age, in addition to complete paralysis of the left side of the body, was affected with an extraordinary difficulty of speaking, or rather of articulating; he could only utter a few unintelligible sounds. After death we found the anterior quarter of the left hemisphere replaced by a transparent cyst, containing a limpid serosity. This, you may remark, is in accordance with the observations of M. BOUILLAUD, who attributes the power of co-ordinating language to the anterior lobes of the cerebrum. Examples of atrophy, or even of complete

Absence, of the Middle Lobe,

below the ventricles, have also been observed. These cases were accompanied, like the former, with hemiplegia of the opposite side, and the intelligence presented the same modifications as those which we have just mentioned. The same remark applies to atrophy of

The Posterior Cerebral Lobe.

The symptoms do not differ in any point worth noticing from the former cases; we shall, therefore, content ourselves with sim-

ply mentioning the fact. In one case we observed an absence of the middle and posterior lobes of the hemisphere at the same time. It occurred in the person of a man twenty-eight years of age, whose case we have already spoken of at the commencement of this lecture. The middle and posterior lobes on the right side were completely gone; nothing remained but the membranes floating in a clear liquid, and a portion of the anterior lobe situate in front of the corpus striatum. Here was absence of a very considerable portion of the cerebral substance: yet, notwithstanding, the individual enjoyed a common share of intelligence; his memory was good; he spoke freely and easily. Up to the day of his death he never presented any symptoms of disorder of the mental faculties.

You are all acquainted with the position and form of a cavity which anatomists have called the

Posterior Horn of the Ventricles.

Dr. HASTINGS has described two cases of atrophy of this portion of the hemispheres: you will find them detailed in the 59th volume of the *Bibliothèque Médicale*. CUVIER has established, that this posterior horn of the lateral ventricles is very much developed in the brain of man, while it is much smaller, and sometimes quite a rudiment, in inferior animals. We are totally unacquainted with the part it plays in the manifestation of such or such faculty; we shall only remark, as connected with CUVIER's observation, that in the two cases alluded to, there existed a lesion of the grand characteristic which distinguishes man from animals,—intelligence.

In all the cases of cerebral atrophy which we have hitherto passed in review, certain parts of the hemispheres were absent; there was a real loss of substance: the brain did not present the *ensemble* of all those parts which constitute it in the normal state. But atrophy may present itself under another point of view. Here we do not find an actual absence of any part of the brain; there is a general

Diminution in the number of the Molecules of the Brain.

The brain is well formed, but much smaller than in the normal state. This diminution of volume, affecting the cerebral substance without changing its organization, may occupy a single hemisphere alone, a single lobe, a portion of a lobe, or exist on both sides at the same time. An example of this latter kind, published by Dr. CALMEIL, is, perhaps, the most remarkable we have on record. (See *Journal Hebdomadaire de Médecine*, t. 1, p. 225.) All the parts composing the cerebral hemispheres were imperfectly developed, and equally so on both sides,

and the patient was epileptic. No other lesion of any kind or intelligence existed. About two years after intelligence existed. This is a fact worthy of your attention; it cannot fail recalling to your minds what we said in an early part of our course, where we showed that a variety of lesions often coexist with the same symptom, while the nervous system is in question. Thus in our last lecture we noticed a case of epilepsy produced by induration of the cerebral substance. Here you see the same symptom manifesting itself as a consequence of atrophy; the organic lesions differ widely from one another; the functional symptom to which they give rise is the same. The form of atrophy of which we speak, may be circumscribed by a few convolutions; in that case we often find them hard and compact, and wrinkled on the surface like a cicatrix. Instead of the convolutions, the atrophy may occupy the more deep-seated parts, viz., the optic thalami, and the corpora striata. These two elevations may be either simply diminished in volume, without any change of structure, or the atrophy may engage more particularly the gray or the white substance which enters into their composition. In some cases we find not a diminution, but a complete

Absence of the Thalami and Corpora Striata.

They are replaced by a serous cyst, or we may simply observe their absence without finding anything in their place. When these bodies are simply diminished in volume, the hemispheres may or may not be wanting; but when the thalami and striated bodies are absent, we constantly find at the same time an absence of all the nervous substance placed above them. We find nothing but a membranous tissue, and a few scattered filaments. The brain represents the condition in which it existed at a very early period of fetal life; it represents the normal type of the cerebellum in a certain class of organized beings.

Atrophy of these parts, whether general or occupying only one side of the brain, has been observed at all

Periods of Life.

from infancy to the most advanced old age. Sometimes the cranium is depressed upon the portion of the brain seated beneath the absent parts. Here the lesion is discoverable during life, and we have a state exactly opposite to that form of hypertrophy where the osseous parietes seem to be pushed forwards by the development of the brain.

The different modifications of intelligence that we have already pointed out, have existed in individuals affected with atrophy of the thalami and corpora striata, and whenever the diminution of volume has been at all extensive, we have paralysis of the opposite side of the body.

The White anterior lobe. We much the more are we convinced of this fact, that the different acts of the brain are various examples of atrophy. They may be diminished in volume or be absent, without any lesion of the rest of the hemispheres. In a few cases atrophy of the septum lucidum has been observed. In others the want of development affects more particularly the corpus callosum, and this mass of cerebral matter is reduced to the form of a fine membrane. REIL has left us a remarkable example of this latter kind, in the person of an idiot, thirty years of age, in whom the corpus callosum was completely gone, and the two hemispheres of the brain merely united by the anterior and posterior commissures. This is another example where an arrest of development in man gives rise to a form of structure that is peculiar to animals. Thus, in birds and reptiles neither the septum lucidum nor the corpus callosum normally exists. You will also find some curious cases of atrophy of the central parts, detailed in the thesis of M. BOULANGER, No. 195, for the year 1821. In two of these cases there was complete absence of the corpus callosum, and in one the septum lucidum also did not exist. The patients were both idiotic, and one was unable to walk, or sustain herself on her limbs.

Atrophy of the Pineal Gland.

Before we conclude, let us say a word on atrophy of another part, whose use is not yet established, although it exists constantly in the four classes of vertebrated animals. The pineal gland presents a great number of variations in volume: in some cases it is excessively small, not larger than a grain of millet-seed. In others it is so far reduced, that we may in effect consider it as wanting. These varieties in the bulk of the pineal gland do not bring with them necessarily any modification of development in the other parts of the brain, and we are not aware that they are attended with any appreciable symptom. Some writers, indeed, have attempted to connect atrophy of the pineal gland with a diminution of the intellectual faculty, but this is a theory unsupported by a single fact, a supposition in which we can place no belief whatever. We shall continue this subject in our next lecture.

CLINICAL LECTURES

ON CASES OF

DISEASE OF THE URINARY ORGANS.

Delivered in the Session of 1836,

BY MR. LISTON.

LECTURE II.

(Concluded.)

Catheterism in Cases of Stricture.

Now I would have you follow, in these cases of bad stricture, the practice I have detailed, such practice as, in fact, we have pursued in the several cases I have brought in review before you. You should try to get an instrument into the bladder. It is all the same whether it be large or small. Tie it in; and it is better to begin with a metal catheter, such as this, at once, than to be poking away with these wax catheters, elastic bougies, and bits of fiddle-string. What can you expect by trying to put such a thing as that (it is called a catgut bougie, I think) into the bladder? It is better to work with an instrument with which you are sure to succeed. You are recommended by Sir BENJAMIN BRODIE, a great authority in these matters, in this book of his, to try first all sorts of things, gum catheters, catgut bougies, &c. &c.; then you are to bend your bougie after this, that, and the other fashions, and if you fail notwithstanding, you are at last to have recourse to the silver catheter. Why, the mischief, should you not take the silver catheter at once and pass it into the bladder?

Well, you introduce the catheter, and how does it act? Why, in the first place it is grasped and held firmly by the stricture, so that the patient or the surgeon would find very great difficulty in withdrawing it. But after a little time the parts become impatient at the presence of this foreign body, and a natural process is set up for its discharge. It is exactly the same process as that which takes place to favour the escape or ejection of a foreign body lodged in any part of the living tissues. There is a profuse discharge from the surface of the urethra, and the parts all become widened and relaxed; and unless the catheter were tied in properly, it would tumble out. In the course of twenty-four hours, part of the water comes to be discharged by the side of the tube. The next day you find the instrument still looser, and the discharge more profuse. You then cut the tapes with which the catheter is tied, and can pass a larger one without any difficulty. Then allow the

ply mentioning the fact. In one case we observed an absence of the middle and posterior lobes of the urethra, and the mercury did not ascend to see that time. If it is right, and then make the intervals of introducing the instrument much longer. Pass one at the end of four or five days, and thus proceed until you have brought the canal to its natural state. I would not have you retain these catheters longer than forty-eight hours, or three days at all events, otherwise a great deal of mischief will arise. You find, if it is kept in very long, that the further end of it, the eyes, become coated over with earthy matter, and, in withdrawing it, portions of that earthy matter have sometimes been separated, and a nucleus for a calculus has been formed in the bladder. Another mischief which I have seen to result occasionally, is the formation of abscess in the canal, and, frequently, anteriorly to the scrotum. A false passage is the consequence, and it is very difficult to get an opening in this part of the canal to heal up. It has been proposed in what are termed "impassable strictures,"—but there are no strictures impassable, that I have seen, for when any water comes away, you can, by patience and perseverance, get a catheter through, sooner or later,—it has been proposed to introduce either an elastic gum catheter, as recommended by DEPUYRÈS, or a silver catheter, down to the stricture, and to keep it pressed against it, in contact with the obstacle; and it is said that in general, after a little time, the catheter will slip of itself into the bladder. I have seen this tried, but I cannot say that I ever witnessed any good result from it. I should think, that if a catheter will slip through in this sort of way, the surgeon would be able without much difficulty to introduce it. Here are two of the last works on this subject, one by a St. George's Hospital, the other by a Westminster Hospital surgeon. I have derived from them a great deal of satisfaction. There is a case related in the work of the latter gentleman which has amused me not a little. The method of securing the catheter is detailed, but I would recommend you to follow the mode you see adopted in this hospital, merely fastening a tape to each of the rings of the catheter, bringing them under the thighs, and then tying them to a handkerchief round the waist. There is no necessity for bandaging up the penis, and putting rings on it, and tying it up in lint and bobbin, as is sometimes done. In the case related in the book, an instrument, a gum elastic catheter, was put down to, and kept in contact with, the stricture. The patient was kept very quiet, and "the catheter kept going a little further in," for eighteen days, without its being passed through the stricture, though all that time the patient was making water by the side of the instrument. What it was

and the patient at all this while I cannot say. About two or three such is the happy commencement of the practice. After a time they did succeed in getting an instrument into the bladder, and after that, in order to make up for lost time, I presume, they went on passing instruments every day, a practice which I have already reprobated as producing great inconvenience and suffering to the patient, and as not exactly the way to restore the parts to their natural state,—certainly not the way to tranquilize them; although Sir EVERARD HOME, after the four hundred and eighty-nine applications of his caustics, thought it necessary that the patient should have a bougie put in to keep the parts quiet and tranquil.

Cases of Stricture requiring the Employment of the Knife.

Now, sometimes you will not succeed in passing a catheter into the bladder, and you cannot expect to succeed where the passage is completely closed. Cases of that kind are now and then met with,—cases resulting from injury, or from violent inflammatory action, followed by the formation of matter, loss of substance, sloughing, and so on, in the perineum. In such cases it may be necessary to cut down into the passage, and to carry the knife forwards into the stricture, until you meet with the catheter passed down the sound part of the canal from before. This can only be required where the water flows through fistulous tracts, and none whatever is passed through the natural canal for a considerable time. I have, however, already stated, and proved by cases, that you may sometimes succeed in introducing a catheter when no water has passed for some time. I succeeded in one case where the patient had made no water by the urethra for fifteen months; but where the passage is completely obliterated, where it is closed, and closed from violent inflammatory action, (the result, say, of injury,) while the cellular tissue all around is glued up, and there is, perhaps, an extensive deposit and organization of new matter,—in such case you must resort to cutting instruments. I have been obliged to have recourse to these operations in a few cases. One was that of a boy, about fifteen years of age, who had had his urethra cut across. He was engaged in the Carron foundry, and being about some mischief or other, was pursued by one of the workmen, when he jumped out of a window, and alighted on a bar of iron, which stood upright in the ground, in consequence of which he received a wound of the perineum, and had the urethra, it would appear, cut clean across. He was brought to me a long time afterwards, passing his water entirely through openings in the perineum. As there was no possibility of passing an instrument, however small, it became necessary to make an

incision into the raphe so as to expose the orifice, to lodge the instrument in the urethra, for a time. I had occasion to pursue this plan, also, in the case of a very dreadful stricture, followed by abscess of the perineum,—a stricture resulting from a bruise of the perineum, in consequence of the man's falling from a great height on a beam of wood many years previously. All attempts to reach the bladder failed; the water was passed with difficulty, and with great straining, altogether, as it has been for many months, through various openings in the perineum. The urine was mixed with muco-purulent stuff. There was reason to suspect disease of the kidneys, in addition to the abnormal state of the bladder and its outlet. Under these circumstances, incision was resorted to for the re-establishment of the passage. In another patient, also, who positively declared he had not made any water through his urethra for about fifteen years, incision was had recourse to. He had been under treatment for stricture, had come to this city, and had had a caustic bougie introduced, rather roughly he thought (by no means an unfrequent source of complaint). This was followed by profuse hemorrhage. On riding down to Woolwich immediately thereafter, his horse shyed, and in addition to the injury inflicted by the surgeon inside of the passage, he got a severe bruise outwardly by striking his perineum on the pommel of the saddle. In consequence of these injuries, abscess and sloughing took place, and, in the end, the whole of the water was passed through the openings in the perineum I have mentioned. I am astonished that he should have submitted to this so long, for he was in the prime of life. I should think that he was not much over fifty years of age when he applied to me. When I first saw him, he passed his water through the perineal openings with difficulty, frequently, in small quantities. It was mixed with much ropy mucus, furnished by the thickened congested lining membrane of the bladder, no doubt. The bladder must have been very much diminished in capacity, the muscular coat being also thickened. He had great and frequent straining to make water. It was necessary to enlarge this artificial opening, the patient being secured in the position for lithotomy. I passed a catheter down into the perineum, near to the sinus of the urethra; not quite so far, but about four inches down; and on making an incision into the perineum, I cut forwards upon the point of the catheter, and readily carried it on to the bladder; the result was, that the whole of his water came through the natural passage, and he enjoyed himself after a short time, I suppose, just as much as he did before his mishap.

Now in making these incisions, you are not

greatly assisted in catching the point of the canal. If you cut upon an inextensible stricture, you know that the canal is greatly enlarged behind; and if you cut in the middle line, from near the apex of the prostate, the finger being placed in the bowel as a guide, directing the point of your knife upwards and forwards, you must hit the passage, and you are not interfered with by vessels. There is no hemorrhage; very little, at any rate. You can make an extensive incision, from the verge of the anus, into the perineum, and there is no difficulty in cutting into the anterior part of the passage. It is only in those cases where no water comes through the passage at all that you are warranted in cutting down, for, in general, by proper study of the parts, and by considering well the nature of the disease, and practising on all occasions the introduction of the silver catheter, you will attain such dexterity in its use, that you will have small difficulty, in almost every instance, whatever the case may be, in getting an instrument into the bladder.

Rupture of the Bladder from Retention.

In retention of urine there are very considerable peculiarities as regards the state of the bladder and the state of the urethra. In strictures the bladder is generally diminished in capacity, as I have before said. It contains but a very small quantity of urine; it can bear distention to a very slight extent, without occasioning unpleasant or uneasy feelings, and without great risk occurring if the viscus be not relieved; but this is not the case in all instances of retention. In some, the bladder is capable of containing two or three pints of water, and it rises up into the cavity of the abdomen exactly as the gravid uterus does, forming a large oval tumour in the "lower part of the stomach," as the ladies and their doctors call it. The belly is swelled, if I may use that phrase. There is a large oval swelling in the lower part of the abdomen. Now in some of those cases there is a much greater chance of the parts giving way, and an infiltration of urine taking place into the cellular tissue, than there is in others. In retention from stricture, more especially where an abscess has been in progress beforehand, there is a greater chance of the cavity of the abscess communicating with the urethra, the parietes of the urethra bursting, and the urine escaping into the cellular tissue, than of the urethra behind the stricture yielding. The risk in such cases is very great indeed, but the risk of infiltration from retention of urine is greater. In retention from obstruction at the neck of the bladder, from enlargement of the prostate gland, impaction of stone, or other cause, the urine is extravasated,

ply mentioning the fact. In one case we observed an absence of the middle and posterior lobes of the prostate, and the beginning time, into the pelvic cavity. When it takes place, there is little or no chance of the patient's recovering, whereas when it arises from the giving way of the posterior part of the urethra, though the danger is great, yet recoveries often are made, even after the loss of much integument and cellular tissue, the covering of the testicles &c. In cases of

Retention from Injury of the Perineum,

you will in the first instance endeavour to pass an instrument into the bladder, so as to empty it for a time, until the parts have recovered in some measure from the effects of the injury. At a later period, when there is great swelling and some effusion of blood, more especially if the patient have strained to make water, you will have to make a free incision into the perineum, in order to allow the escape of the blood and water, mixed up together. At the same time it is sometimes though rarely necessary to pass an instrument through the lacerated urethra into the bladder. You may in some of these cases be under the necessity of puncturing the bladder. This has been called one of the regular operations of surgery, but it is such an operation as you will very seldom see performed here. Where there is no previous contraction, but where the retention arises from inflammation of the parts, you will be able to relieve the patient, without the employment of instruments at all, by warm-baths, and the exhibition of opium, with the addition of an opiate suppository. If the patient be not thus relieved, you must at all risks introduce a catheter into the bladder, and if there have been no previous contraction, there should be no difficulty in effecting your object. Again, in

Retention from Stricture,

which is the most difficult to manage of all, there is no faith to be put in opium, the tincture of muriated iron, or anything of that kind. There is then no time to be lost. Have recourse to the catheter at once. The parts are altered, and there is very great probability of the urethra suddenly giving way, not bursting, as people say in books, but sloughing, and of extravasation of urine loaded with saline matter, taking place into the cellular tissue. It is not very common for patients to recover from this, though they do recover now and then. You must introduce the catheter and retain it, because you may find a difficulty, if you withdraw the catheter, in getting it replaced, for the patient may be subject again to retention, so that you will be under the necessity of introducing and re-introducing the catheter; but if you do away with the chance

and the patient's recovery, you will be towards the cure of the stricture. There is a case related in one of the hospital journals in which this practice was pursued,—a case of very bad stricture, occurring in a patient, I think, of Mr. COOPER. He did not see the patient, as I think he was then out of town, but I happened to come to the hospital at the time, and found that the house surgeon had been foiled in passing the catheter. The patient, it is here stated, had been affected by gonorrhoea three years previous to this attack, and he had never been altogether free from discharge. He more than once had laboured under retention, from which he was easily relieved. However, the stricture had been getting worse and worse, and on this occasion, before his admission, his surgeon had attempted to pass an instrument, without success, and he then sent him here. He had passed no water for twenty-four hours; he had pain and tenderness in the perineum, very likely increased by the attempts which had been made to overcome the stricture. He had been put into the hot-bath, and long and continued attempts had been made to pass the catheter after he had come out of it, but without success. A false passage, it is said in this report, was discovered. He had forty drops of the muriate of morphia given to him, and the following is the report of the house surgeon:—"On Mr. LISTON's coming into the hospital, he was asked to introduce the instrument, and by dint of considerable force,"—that I deny,—and dexterity, he succeeded in passing the catheter." I did not use what may be called "force," though I dare say some little dexterity was required, and after the point of the instrument was lodged in the stricture, which you know by its being held firmly, steady pressure was perseveringly employed. The catheter being passed into the bladder, that viscus was emptied. The instrument was quite loose in two days. On the 6th, two days after it had been introduced, it was withdrawn, and he then made water with but little smarting. On the 14th he was discharged quite cured.

Now when abscess forms in the perineum, more especially

When Extravasation of Urine takes place,

you are called upon immediately to make a free opening into the perineum. Make an opening directly into the collection of matter and urine. As soon as this is done, the necessity for passing an instrument into the bladder has ceased, because the bladder empties itself into the perineum, and the water comes freely through the opening. Besides, if the urine be infiltrated into the cellular tissue of the scrotum or penis, you must make many good free punctures, of about half an inch in length each. It is time enough to pass the catheter

ter into the bladder has gone off, after and the sloughs have come away.

I have said, that in almost every case it is possible to succeed in introducing the catheter; but it may happen that you are not able to do so. You may then be under the necessity, as a last resource, of

Puncturing the Bladder.

I have already stated, that you will seldom see this operation performed here. I have had a pretty extensive practice in these cases both in public and in private, but I have never punctured the bladder yet, and I hope I never shall. You will find the same opinion entertained by other surgeons. Mr. THOMAS BLIZARD, under whom I studied, and no man could be more dexterous in the use of instruments, was decidedly of this opinion. You will find it stated in DESAULT'S works, that he once punctured the bladder, but that was when he had had no great experience in these matters, and when he first took charge of the *Hotel Dieu*; and he expresses his conviction, that if the case had occurred later in his practice, he should have succeeded with the catheter. But if you cannot manage to give succour by the catheter, why then you must puncture the bladder. You must relieve the patient from his sufferings at all hazards, and it would be better to puncture in all the three places at once—above the pubis, in the perineum, and through the rectum—than to allow the patient to suffer from extravasation and destruction of the cellular tissue.

There is only one other species of retention of urine, and that is, from disease at the neck of the viscus, and paralysis of the muscular apparatus of the bladder—from

Enlargement of the Prostate.

In general, in such cases, you can succeed in relieving the patient by the employment of a proper instrument—by a long catheter, such as this,—one at least four or five inches longer than those usually employed, the curve being large and the beak long. There is no use in poking away with shorter catheters, because you cannot by any possibility reach the bladder with them. The urethra is elongated by the enlargement, by the hypertrophied state of the gland; the prostatic portion of the urethra is immensely lengthened; and, besides that, the bladder is generally capacious; it is enlarged to an immense extent; after it has become so far distended and bulged for a time into the hollow of the sacrum, the fundus of it begins to yield, and then the viscus rises into the cavity of the abdomen, and in that way the cavity of the bladder is further removed from you than in the natural state; you require, therefore, a much longer instrument to reach it. I have seen many cases where it was supposed that the blad-

ter; and you have seen the patient's room, instruments of catgut bougies, elastic gum catheters, silver catheters, and bloody. The instruments have come out filled with blood, but that has been from laceration at the neck of the bladder. On introducing such a catheter as this, however, the water has come away naturally; not perfectly transparent, because it is mixed up with mucus of a dark colour. It contains a great quantity of saline matter, and it is in consequence of this change in the quality of the water, when it has been long retained, that such rapid mischief arises on its being discharged into the cellular tissue.

Now there is another cause of retention, and that is, the

Loss of Power in the Bladder

to expel the urine. We had a case showing this very well the other day. The retention was supposed to arise from stricture of the urethra, but my opinion, from the first, was, that it did not arise from that cause. The patient stated, that for a long time he had difficulty in making water, and he attributed it to his having been prevented from time to time from emptying his bladder. He was in the habit of driving out parties of ladies into the country, and he could not very decently get off the box to empty his bladder. Upon several of these occasions he had retained his water much longer than he otherwise would have done, and at last, when he came to pass his water, he found that he did so with difficulty. On this occasion it stopped entirely, and he applied to a surgeon, who introduced a catheter, but did not succeed in getting it into the bladder. When I saw him, the glans penis was swelled considerably, the whole organ was in an excited state, and I should not wonder—he was a man pretty well advanced in life—if he had been straining himself, or over-exerting himself in some venereal encounter, which it is not very safe in old men to attempt to any great extent. However, in consequence, the parts had become inflamed. He at first passed his water pretty well, although, perhaps, he could not empty his bladder entirely, but at last the water stopped altogether. An attempt was made to pass a catheter, as I have already stated, but without success. When the patient was admitted, Mr. WALLIS, my house-surgeon, with some little difficulty, succeeded in getting a small catheter into his bladder, and drew the water off. The catheter was secured in the bladder, under the impression that this was an organic and unyielding stricture, but the patient in his restlessness withdrew it, after it had been in for three or four hours. The consequence was that the urine reaccumu-

ply mentioning the fact. In one case we observed an absence of the middle and posterior lobes of the prostate, the middle lobe being swollen, the glands red, and the discharge coming from the parts. There was no gonorrhoea, but the parts were in a state of excitement, and a slight inflammation of the lining membrane of the passage existed, probably from the cause alluded to, and from the use of the instruments.

I passed a catheter of a pretty large size into the bladder without any difficulty, and I found that there was no such resistance, or grasping, as is met with in cases of bad stricture. The catheter was retained, and in the course of two days a much larger instrument was passed without difficulty. He says he has had symptoms of stricture for twenty years, especially if he caught cold, and from which he had some difficulty in making water. He has had very little surgical assistance until the retention became severe. He is of very temperate habits. On Sunday last he got wet from the rain, and on Monday he passed his water with difficulty. On Wednesday he applied to a medical man, who attempted to introduce a catheter, but without success, and at about seven or eight o'clock, he was brought to the hospital. Number 3 catheter was then passed in, to about an inch from the orifice, and it was supposed that he had a stricture, though I could not find any. Indeed, I think that if there had been, the passage would not have yielded quite so readily. "He was then put into a warm-bath. A little water followed the withdrawal of the catheter. Half a grain of muriate of morphia was then given to him, and fomentations were applied to the region of the bladder. When under the influence of the morphia, a small catheter was passed in, and a great quantity of water was drawn off. The catheter was tied in, but the man became restless, and it came out at 9 a.m. He passed a very good night. Number 4 catheter was put in on the next day, and four pints of water were drawn off."

Now my reason for thinking that there was no stricture, and that the disease was merely a want of power in the coats of the bladder, was that in stricture you very seldom find the bladder so capacious as it was in this case. It is generally contracted, in order to overcome the resistance arising from the stricture. There were four pints of water drawn off here, and in such cases the bladder frequently contains most likely not more than from four to twelve ounces.

I thought it was much more prudent, in this case, to retain the catheter in the bladder. In cases of over-distended bladder, where the canal is sound, the bladder recovers its tone better when the instrument is introduced only as occasion requires, I say twice or thrice in twenty-four hours; but here the difficulty, experienced by the house-surgeon in introducing the catheter,

and the patient's aversion to doing so, and it was thought best to detach the catheter, so that the bladder could be kept empty, and it would thus have an opportunity of recovering its tone. In a short time a full-sized catheter was introduced. The bladder was found capable of relieving itself by full and free stream. The patient was accordingly dismissed cured, after but a very short residence in the hospital.

CASE IN WHICH

GOUTY CONCRETIONS

WERE EXTENSIVELY DEPOSITED IN

VARIOUS PARTS OF THE BODY.

To the Editor of THE LANCET.

SIR,—I beg to transmit the following particulars of an interesting case, which I obtained on seeing the invalid during a late visit in the country, for insertion in your valuable Journal. I am, Sir, your obedient servant,

T. HERBERT BARKER.

North-London Hospital, Feb. 11, 1836.

Mrs. C., ætat. 45, resides at Hemel Hempstead, Herts. She is emaciated, and of sallow complexion. She has never enjoyed very good health. She has had three children, all of which died either at birth, or in early infancy. She has never been accustomed to luxurious living. About fifteen years ago she had an attack of inflammation of the great-toe of the right foot, and of the carpo-phalangeal and phalangeal joints of the middle finger of the right hand, which lasted for some time, and left the parts a little red and swollen. She subsequently had irregular paroxysms, of a similar character, affecting the smaller joints of the hands and feet, and the ankles and heels. About seven years ago, after a severe paroxysm of heat, redness, pain, and swelling, in the joints first affected (those of the right middle finger), she perceived some "chalky matter" deposited in the parts affected, which, previous to its escape, very much aggravated the pain, by breaking the integuments immediately covering it. Since she first perceived the concretions, their formation has been so extensive, that there is scarcely a square inch of the surface of the fingers, the hands, the toes, or the feet, in which they may not be observed, particularly at the metacarpo and metatarso phalangeal, and the phalangeal joints, which are so extensively studded with protuberances of various sizes caused by the concretions, as to cause great deformity. She has had not less than a dozen openings in

the feet, and nearly

hands, from which great quantities of these concretions have escaped. Their formation has always been preceded by most excruciating pain, and the pain has always been relieved by the application of cold, and much aggravated by the application of heat.

Beside the existence of the disease in the joints which have been enumerated during the last six or seven years, the elbows, the shoulders, the knees, the hips, the nose, the cheeks, and the gums, have been the seats of similar pain, heat, redness, and swelling, followed by concretions in the right elbow and knee, and on the left side of the nose.

Her grandmother was a native of Dunstable, and was terribly afflicted with a similar disease. The parents of Mrs. C. were entirely free from the disease. They had never had an attack of gout in their lives. She has been repeatedly told by her friends that the disease was caused by her use of the water of Dunstable, because it was impregnated with saline matter, in consequence of the abundant calcareous strata in that part of the country.

She has been most egregiously neglected, never having had any medical attendance for her very painful malady. A long time ago, some friends recommended the application of Goulard's lotion, which she used once or twice, with temporary relief from the pain, but she desisted from its further employment, the danger of such applications being represented to her by some other friends as being considerable.

She says that nine or ten years ago she had a severe and long illness, with "brain fever," which was caused by insolation; and that, during the last two years, she has scarcely been free for an entire month from erysipelas of the head and face, or of the parts affected in the hands, where it has generally assumed a severe form.

At the present time, there is a protuberance of about the size of a horse-bean, situated just beneath the skin, opposite the inferior margin of the left nasal bone. It is hard and moveable, and the light-coloured concretion, similar to that which is so plentifully distributed over the hands and feet, is seen through the transparent cuticle covering it. The fingers are exceedingly deformed, there being clusters of indurated protuberances at almost all of the phalangeal and metacarpo-phalangeal joints; several masses of similar substance are situated upon the dorsa of the hands, and about the wrist. The white saline matter may be observed underneath the diaphanous epidermis, of various size and figure, in different situations. The mass, situated at the joint between the metacarpal bone and the first phalanx of the left index-finger, is of about the size of a hen's egg,—hot, red, and very painful, with a small but deep ulceration

part of it, which has been discharged a quantity of a rather thin and offensive purulent fluid mixed with the saline matter, and probably holding some portion of it in solution, imparting to the fluid a chalky-white colour. The metacarpo-phalangeal joint of the little-finger of the same hand is of about the size of a walnut, but is not red; neither is it, like most of the other protuberances, painful on pressure even, although it was the seat of excruciating pain at an earlier period of the affection.

The feet are similarly deformed, and the white masses may be seen, as in the hands, covering the toes, heels, sides, and dorsal surfaces.

There are three tubercles of similar concretion, the largest of about the size of a small pea, situated opposite the external condyle of the right humerus. And there is a small concretion deposited on the inner side of the right knee. The pulse is 70, and rather feeble; she has a slight cough, and expectoration in the mornings, in consequence of having caught cold a short time since; the skin is cool and dry, she never perspires excepting during the violent paroxysms of pain, when perspiration and cold shivering frequently come on alternately; and she generally has shiverings and flushes of heat alternate with each other for a short time previous to the attacks of erysipelatous inflammation. The tongue is dry, and covered with a whitish fur; the appetite has always been impaired; she is almost constantly distressed with urgent thirst; the bowels are generally somewhat relaxed; the urine is usually rather small in quantity, and high-coloured, depositing a heavy brown sediment; she has at no time had any difficulty in voiding it. The function of menstruation has usually been pretty regularly performed; at the present time there is some little irregularity, which she attributes to the age at which she has arrived.

Remarks.—Similar cases to the above are not very frequently met with. The concretions usually occur only in one or two of the smaller joints, but here there is scarcely a small joint of the extremities that is not involved, together with one of the knees, one of the elbows, and the nose. The age of this poor woman, too, is rather early for their formation.

It presents an instance of this hereditary disease passing over a generation. Although the patient could not give me much information concerning the case of her grandmother, still she assured me that she was greatly afflicted with it. The parents of the patient lived to a good old age, and were completely free from it. This passing of hereditary affections over alternately

ply mentioning the fact. In one case we observed an absence of the middle and posterior lobes of it in a popular region amongst the inhabitants of places near the chalk hills (which are very numerous in Bedfordshire and some adjoining counties), that this disease is induced by the water of those parts, but we need not resort to such an explanation, since the chemical composition of these concretions, explains the pathological relation which subsists between gout and gravel. Moreover, it would be difficult to explain their peculiar composition from the inhibition of water from a calcareous soil. The only cases, however, which I have seen (three), and one of which I have heard, occurred in persons who belonged to such localities. Dr. Wollaston first demonstrated that the real composition of "chalk zones" was uric acid, combined with ammonia, potash, or soda, generally with the former. It is sometimes combined with lime, and phosphate of lime enters into the composition of some of them. I brought to town with me a few grains of the concretions which have escaped from the hands and feet of this woman; they are in light masses, of a white colour, soft, friable, and intersected abundantly with cellular tissue, insoluble in cold, but slightly soluble in boiling water. On adding to the solution a few drops of nitric acid, and evaporating it to dryness, the beautiful purple colour of the purpurate of ammonia made its appearance, formed by the decomposition of the uric acid, and highly characteristic of its presence. On placing a portion of the concretion upon platinum, and directing a flame by means of the blowpipe upon it, it gave out a strong animal odour, partly depending upon the cellular tissue entering into its formation. On continuing the flame it was apparently destroyed; not a particle remained, proving the absence of phosphate of lime; it did not entirely fly off, proving the whole of the alkaline base not to be ammonia. The surface immediately surrounding the spot on which the concretion was placed, was covered with a small quantity of a fused substance, which was soluble in warm water, and was proved to be distinctly alkaline. It is, then, very probable that the lithic acid in this case was in combination with soda or potash. The woman had not been in the habit of preserving the concretions after their escape, and the quantity that I obtained was so very small, that it was impossible to prove their exact chemical composition. An able chemist has kindly offered to make a quantitative analysis of these concretions when I shall have obtained a sufficient quantity; and probably at a future period I shall be able to publish more satisfactory information on this point.

* See Dr. Copland's Invaluable "Dictionary of Practical Medicine," art. "Epilepsy," page 780.

and the patient
lesion of in-

TAR IN THE BLOOD.

To the Editor of THE LANCET.

SIR,—A short time ago, while experimenting on the human blood, I separated from it a peculiar species of petroleum, and on referring to the analysis given by several eminent chemists, I found that this principle was not at all noticed by them. I therefore am led to suppose that it has not before been separated from the blood, unless very recently, and published in some work which I have not had an opportunity of seeing.

Process.—One pound of blood was taken from a man about fifty years of age, and before separation took place, it was well mixed with one ounce, by weight, of concentrated sulphuric acid, and stood frequently for twenty-four hours. To this mixture was added two ounces of carbonate of lime, and the whole again was well stirred up till effervescence ceased. A glazed earthenware retort was then procured, having its beak lengthened with a tin tube, about three feet long, the extremity of which was introduced into a quart bottle, and the bulb of the retort into a small sand bath, which was placed in a charcoal furnace. A strong fire was gradually raised, while the beak was kept cold by means of wet cloths. Carbonic acid gas first came over, which was allowed to escape; then a most disagreeable smell was evolved, when it was found necessary to lute the receiver to the retort, to prevent its escape. At length a fluid distilled over, and with it the tar. Some floated on the surface, while some formed into globules and went to the bottom. When the distillation was complete, the tar was separated, by filling the bottle quite full of water, and taking the tar from off the surface by means of a slip of glass.

This is the process which I used for extracting tar from blood. For some time I thought it was an oil, and laid it aside as such; but the laws of chemistry do not allow us to judge of substances simply from their appearance, and further experiments proved to me that the product was decidedly tar, and not oil.

I afterwards repeated the experiment, by acting upon eight pounds of sheep's blood; and using the same proportions of acid and carbonate of lime to each pound. From this I certainly expected to obtain a large quantity of tar, but the retort not being glazed, a portion escaped through the pores. Consequently, I was unable to ascertain in what proportion it existed in the blood, but the quantity thus extracted was one fluid drachm.

Animal tar is adhesive to the touch, and lighter than water, and possesses about the same degree of consistency as common

vegetable tar, but it is very materially improved in smell, and is extremely disagreeable. It is soluble in alcohol, and turns of a thick brownish white colour when mixed well with water. By evaporating the spirit, the tar again floats on the surface. When ignited it burns like common tallow, leaving a smell not unlike that of burnt feathers. The quantity obtained being too small for redistillation, I was obliged to heat a little in a bulb glass to the temperature of ebullition, when a spirit was given off which took fire when brought in contact with a lighted taper.

I hope that my experiments will be repeated, provided the result is yet otherwise unknown; not that I think it of great consequence, but we must always feel interested in seeing the secrets of nature unfolded. Transmitting this account for insertion in your excellent journal, I remain, Sir, your obedient humble servant,

HENRY OSBORN, Chemist.

Southampton, Feb. 16th.

BROWN BREAD.

To the Editor of THE LANCET.

SIR,—Allow me, through the medium of your valuable journal, to call the attention of the profession to the uses and effects of brown bread, both as a remedy in habitual costiveness, and also as an article of diet. I am induced to make these observations, in consequence of having myself experienced both its value as a remedy in the above-mentioned state of the bowels, and its injurious effects when used for any length of time as an article of diet. Its medicinal virtues are really surprising. It scarcely ever fails to remove, in a very short time, that habitual costiveness which so generally accompanies a sedentary life. But when its use is continued for some time after the costive state of the bowels has been removed, its effects are most injurious. It then produces all the symptoms of dyspepsia, and irritation of the whole alimentary canal. The laxative effect arises from the particles of bran which it contains, acting as a mechanical stimulant, and increasing the peristaltic action of the intestines. Now the very manner of its action as a laxative, proves its unfitness as an article of diet; as it is necessary for all substances, in order that they may have any mechanical effect upon the bowels, to possess the power of resisting the action of the gastric juice, and all substances that have this power (for instance the rind of vegetables, under which denomination bran comes) also possess the power of producing great derangement of the alimentary canal, and I believe

continued use of bread containing bran. Brown bread is very extensively used in this city, and is sold under the name of "Constitutional bread," a name which it is not deserving. I will at some future period furnish you with cases illustrative of its effects. Believe me, Sir, your obedient servant,

CHARLES WRIGHT.

Harcourt-street, Dublin,

Feb. 13, 1835.

SYPHILIS.

"A gentleman who had been cured of a chancre at a distance from home, called to consult me whether he might consider himself as perfectly free from the disease. Whilst he was taking great pains to explain to me how he had been salivated, and how long he had continued the use of mercury after the chancre was healed, I interrupted him by observing, that if he had continued the use of mercury till now, I could not pretend to say whether he was free from the disease. 'How then,' said the gentleman, 'am I to ascertain my real situation?' 'If,' replied I, 'you find no symptoms in the course of three months, the probability is that you will remain well till you expose yourself to a new source of infection.' In about six weeks he returned, with a sore throat and copper spots. I explained to him that he should not blame his surgeon, who, even if he had known what was to happen, could not have prevented it. The patient went through a necessary course of mercury, till he was cured of every symptom; and then demanded, with some impatience, whether he was secure. 'You are secure,' replied I, 'from every return on the genitals, and on your skin and throat; but, as it is impossible for me to know whether your bones are contaminated, I cannot pretend to say whether you will have nodes in a few weeks' time.' He now began to comprehend the doctrine, and submitted to await the result. In about six weeks he actually had nodes; after the cure of which, by a severe salivation, I made no scruple to assure him, he was perfectly free from the disease."—*Mr. Hunter's last conversation with Dr. Adams.*

The effects of the venereal poison upon the human body, Mr. Hunter describes under the three different states of "contamination," "disposition," and "action." By *contamination*, he implied the entrance of the poison into, and its contact with, some part of the body. By *disposition*, the intermediate state between contamination and the breaking out of the disease, or the state of *action*.

First, of the state of contamination.

Mr. Hunter was of opinion that mercury, if given immediately before the appearance of chancre, prevents contamination. He says, "If the poison were still capable of circulating after its visible effects were cured, the mercury given in the time of a chancre can be of little service, as it can only assist in the cure of a chancre, but cannot preserve the constitution, which does not agree with experience; for practice informs us, that not one in fifty would escape the lues venerea, if the chancre were only cured locally: so that mercury has the power of preventing a disposition from forming, and therefore is necessary to be given, while we suppose absorption going on, or while there is matter that may be absorbed."—Page 429, second edition, by Dr. Adams.

Dr. Adams, commenting on this opinion, observes,—“This is a fair inference, but its truth can never be ascertained, because the primary diseased action, whether chancre or gonorrhœa, has always commenced before mercury is applied.”—Page 433.

The experience of the military surgeons, especially of Mr. Guthrie and Mr. Rose, although of no very recent date, throws considerable light on this important point. Mr. Guthrie, in an interesting paper, in the *Medico-Chirurgical Transactions*, I believe, vol. viii, observes,—“During the last eighteen months, in the York Hospital, Chelsea, Mr. Dease, Dr. Arthur, Dr. Gordon, and myself, have been in the habit of treating all cases of ulcers on the penis, whatever form or appearance they might have, by simple mild means; that is, by dry lint, or ointment, or lotions, for the most part not containing mercury, in order to obviate the objections that might be made to the application of mercury in any form; and of near one hundred cases which have been treated in this manner, all the ulcers healed without the use of mercury. The primary sores were of every description, from the superficial ulcer of the prepuce and glans, to the raised ulcer of the prepuce, the excavated ulcer of the glans, and the irritable and sloughing ulcer of those parts.

“The secondary symptoms, in the cases alluded to, amounting to one-tenth of the whole, and which were treated on the antiphlogistic plan, have hitherto been nearly confined to the first order of parts—that is, the bones have in two cases only been attacked, and they have equally been cured without mercury.”

“A gentleman, aged 27, contracted venereal sores in the month of June, 1833, and was put under a mercurial course, during which time the sores healed, but he still continued the mercury. While under the influence of that medicine, he indulged in impure connection, the consequence of which was a fresh crop of venereal sores, three or four. The mercurial course was

prolonged until the healing of these second sores. About two months after this, secondary symptoms made their appearance, for which he was again salivated, with apparent success; but now a new enemy appeared in the field, in the shape of rheumatism, and he again applied for medical advice. The surgeon whom he consulted considering it a case of venereal rheumatism, arising from a portion of the poison still lurking in the system, advised a fourth mercurial course, but although attended with partial relief during the existence of the pytalism, the rheumatism shortly after returned with redoubled violence, in which state the patient came under my observation.”

The observation of Mr. Hunter, “that not one in fifty cases of chancre would escape the lues venerea, if cured locally,” when placed in opposition with the experience of the military surgeons above stated, appears to prove one of two things, either that Mr. Hunter was mistaken, or that the poison has become much milder in its effects.

First—Was Mr. Hunter mistaken? Speaking of the acrimony of the poison, he observes, “Venereal matter must in all cases be the same; one quantity of matter cannot have a greater degree of poisonous quality than another; and if there be any difference, it is only in being more or less diluted, which produces no difference in its effects. One can however conceive, that it may be so far diluted as not to have the power of irritation. The variation of the symptoms in different persons depends upon the constitution and habit of the patient at the time. What happens in the inoculation of small-pox strengthens this opinion. Let the symptoms of the patient, from whom the matter is taken be good or bad, let it be from one who has had many pustules, or from one who has had but few, let it be from the confluent or the distinct kind, applied in a large quantity or a small one, it produces always the same effect.

In a small pamphlet submitted to your notice, I have stated my conviction, that the poison or poisons producing gonorrhœa and chancre *do vary* in their acrimony, and are arising *de novo* daily.—that the majority of venereal sores are not true syphilis, or, in other words, are not followed by secondary symptoms, and, therefore, require for their cure little or no mercury.

Now, if we can throw off the idea of the venereal poison being like small-pox, a specific, uniform, and unvarying poison, and believe that it *varies in acrimony*, not only from the constitution, but from the *habits of life* of the patient, then nothing is more reasonable than the belief that the effect will also vary in severity.

It is well known that the disease is milder in France than in this country, which would appear in a great measure to be owing to

the necessity on the part of cleanliness and personal hygiene that they may not be the cause of "pale of health" by means of ablu-
ence.

Mr. Hunter's comparison of the venereal poison with small-pox is, I think, inadmissible; since while small-pox produces small-pox or measles, three persons, having connection with one female, may have gonorrhoea, chancre, or bubo; and even these varieties may vary in acrimony. Now, while the cause which produces these diseases is one and the same, when once removed from the woman, it does not necessarily maintain its original character; the effect is not necessarily the same as the cause; for, if so, the excoriation from venereal gonorrhoea must be chancre, and the excoriation of a chancre must be chancre also, or, if the discharge of the matter comes in contact with the mucous lining of the urethra, it should produce gonorrhoea, whereas, either of these effects is, as far as I have seen, extremely rare. While, therefore, it is possible Mr. Hunter might overrate the comparative number of cases, which, in the absence of mercury, would be followed by lues venerea, I hold it to be extremely probable that, at the time he wrote (now about fifty years since), the venereal disease or poison possessed a higher degree of acrimony.

At page 274 of Mr. Abernethy's Lectures on Surgery, speaking of the venereal disease as described by Hunter, he observes, "This disease has almost become extinct, or is so much modified as to be unlike that which Mr. Hunter has described, and which I had an opportunity of observing in the earlier part of my life."

It is an opinion very generally entertained that venereal bubo is a sign of the absorption of the poison, or, in other words, of the contamination of the system; there is, however, I believe, little reliance to be placed on this symptom, for, in the first place, any irritation in the urethra or on the penis may produce a bubo; in the next, secondary symptoms frequently follow a sore without bubo; in the third place, bubo, or inflammation of the glands in the groin, or indeed of any part of the body, frequently arises from cold or rheumatism, or any like common causes. While such explanations are at hand, why have recourse to hypothesis, for after all that has been said and done, I contend, that the opinion that the venereal poison is absorbed into the body, is not substantiated by facts or warranted by symptoms.

I shall here take leave, I trust not uncourtously, to express, freely and unequivocally, my dissent from the views and treatment of bubo as inculcated at page 205 of Mr. Judd's recent work on *Urethritis and Syphilis*. Unless it can be proved that secondary symptoms have arisen from bubo,

MR. EAGLE ON SYPHILIS.

unaccompanied by any primary sore, I am quite at a loss to comprehend the propriety that bubo is a venereal disease. Unless similar in its nature, it effects to a chancre, the only difference being in size; unless all this is established by facts (with the opposing evidence), it is fair to treat the opinion as hypothetical.

For 1st. I have inoculated a sound person three separate times from three distinct buboes (following venereal sores), without in either case producing contamination.

2ndly. "With respect to absorption, even when the disease is followed by secondary symptoms." Mr. Hunter says, "we may observe, that even the blood of a pocky person has no power of contaminating, and is not capable of giving the disease to another, even by inoculation; for if it were capable of irritating a sound sore to a venereal inflammation, no person that has this matter circulating, or has the lues venerea, could escape having a venereal sore whenever he is bled, or receives a scratch with a pin, the part so wounded turning into a chancre. For if the venereal matter be on the point of the lancet or on the point of the pin, the punctures must become chancres."

Again, as to the venereal bubo containing chancreous matter, it might as well be argued, that when suppuration takes place in any part of the glandular system during variola, scarlatina, and rubiola, such matter would possess the specific property of each disease; or, to go on with the argument, that the matter formed from suppuration of a gland, from a dissecting wound, must necessarily contain matter of the same quality as the original. The same reasoning, for aught I see, might be applied to natural poisons, the poison of the viper, &c. The treatment of bubo then, in my humble opinion (in the language of Dr. Titley), "is not to be influenced by the consideration, founded on sheer hypothesis, that the glandular enlargement depends upon the absorption of a specific virus."—Page 119.

2ndly. Of the state of disposition.

Mercury cures the action but not the disposition. "Hence when a part is contaminated, and under the disposition to disease which should show itself at a certain time, mercury will protract that period, and the disease will not show itself so long as the constitution is under the influence of mercury. But all this time the disease will not be cured. After the mercurial irritation has ceased, the venereal disposition, which has existed ever since the parts were contaminated, will come into action; that is, the disease will appear, and in this state will be cured. These principles, being established, explain at once the difficulty that

existed, whilst attempts were made to eradicate the virus." Page 433.

3rdly. Of the state of action.

"Mercury cures the venereal action." We define more precisely what is venereal action, it is impossible to speak definitely of the action of mercury, since daily experience convinces me, that many effects imputed to the venereal poison, are neither more nor less than productions of the mercury. I conclude then,

1st. That the occurrence of venereal sores while the body is under the influence of mercury, proves that mercury does not prevent contamination.

2ndly. That mercury does not prevent the disease from running a certain course. By this I mean the occurrence of lues venerea. If this be true, it follows,

3rdly. That the continuance of the mercury for three weeks after the primary sores have healed, with a view to eradicate the virus, is perfectly unjustifiable both in theory and practice.

4thly. That there is no legitimate ground for believing that the venereal poison is ever absorbed into the body.

5thly. That the majority of venereal sores are not followed by lues venerea.

6thly. That the venereal poison varies in acrimony.

7thly. That the majority of venereal sores, which are not followed by lues venerea, are, in all probability, the production of the same poison that produces true chancre, only in a minor degree of acrimony.

It was my intention to have stated the facts on which I found the opinion, that the disease called "venereal rheumatism" is, more properly speaking, *mercurial*,—a consequence of the remedy and not of the disease. As, however, these remarks have extended to a length beyond my original intention, I cannot presume to trespass farther at present on your valuable space.

FRANCIS EAGLE.

29, Poultry, Feb. 9, 1836.

NEW RESEARCHES ON THE MOVEMENTS OF THE HEART.

THE theory of the movements and bruits of the heart still remains in great obscurity, notwithstanding the labours of Messrs. BOUILLAUD, PIGEAUX, MARC D'ESPINE, MONTE, and MAGENDIE, each of whom has formed a different theory. The researches of the Dublin Commission, composed of Drs. CORRIGAN, LAW, NOLAN, &c., ought to give birth, if not to the best, at least to the newest explanation, which is always

something in the way of an hypothesis.

In the mean time M. BEAU, one of the most intelligent internes of the school of Paris, after having made several experiments on cold and warm blooded animals, has arrived at conclusions, that seem to be supported by the facts which he produces, however contradictory some of them may be to our received notions. We cannot detail the experiments which form the basis of this long memoir, but will refer to them in such a manner as will render our description of M. BEAU's ideas intelligible.

The heart is the seat of two principal movements, which alternate with each other, and on whose existence all writers are agreed; in one, the inferior part of the heart or its apex is carried forwards; in the other it is the superior part or base of the heart which advances, while the point retires towards the dorsal parietes of the chest; we may call the sound which attends the first of these movements the inferior sound (the first or dull bruit of authors); the second gives the superior bruit (the second, or clear sound). It is also very generally admitted that the first is a movement of contraction (systole); the second, a movement of dilatation. Laying aside the manner in which other authors have endeavoured to explain the mechanism of these two movements, and particularly of that by which the point of the heart is carried forwards against the parietes of the chest, let us see how M. BEAU renders an account of the latter phenomenon. In physiology, all reasoning should be founded on observation and experiment. This grand truth, first established by our countryman Bacon, for the natural sciences, is at the present day applied with success to the investigation of the laws that govern medicine and physiology, by two distinguished physicians, Messrs. Louis and Magendie: the necessity of abandoning hypothesis for observation is daily gaining more ground, and the time is doubtless not far off when the science of life will progress in proportion as we abandon idle speculation for the study of the phenomena of living bodies.

The first experiments made by M. BEAU were performed on frogs. On exposing the heart of one of those animals we are struck with a double movement of dilatation, which is very remarkable, and affects at

separate times the upper and lower moieties of the organ: if we ~~pay attention to~~ these two movements, we find they depend on the auricle and ventricle, which act in the following manner, viz.: contraction of the auricle with dilatation of the ventricle; contraction of the latter followed by dilatation of the auricle, and the repetition of the same movement. When the heart is examined in the same animal, after the vascular system has been emptied by divisions of the aorta, we can still follow the movements of the organ for a few minutes: the auricle first contracts, then the ventricle, but not immediately: thus we observe the following series;—contraction of the auricle; repose; contraction of the ventricle; repose, more long than the former one: then continuation of the same series. Here there is an essential difference between the movements of the heart when full and empty: in the former we have a dilatation of the auricles and ventricles; in the latter case the dilatation is marked by a repose, and hence we are led to the conclusion that the dilatations of the heart are passive, and depend on the force with which the blood is driven into them. Having thus exposed the nature of the heart's movements in a state of plenitude and vacuity, the author asks "How do we explain the projection forwards of the apex during contraction of the ventricles? But here another question presents itself—Is the apex of the heart really thrown forwards against the parietes of the chest during the systole? M. BEAU thinks decidedly not.

Inspection of the heart in a living animal shows that the parietes of the ventricles are shortened in all directions; the apex is drawn up towards the base, and performs a movement from below upwards, and from before backwards: on the contrary, the impulse of the heart's point takes place immediately before the systole, and depends upon the manner in which the blood is driven from the auricle against the parietes of the ventricle. This is a point in which the author is completely in contradiction with the opinions commonly received; it remains for future experiments to confirm or overthrow his ideas. Let us repeat them again to avoid all misunderstanding:—

1st. In the systole we have retraction of the ventricle, without any projection forwards of the heart's point.

2nd. In the diastole there is a general expansion of the ventricle, particularly of its point, which is carried forward and strikes against the chest.

But the above propositions are not the only ones in which M. BEAU finds himself opposed to other writers. If we turn to the succession of the heart's movements, we find a difference which is worthy of attention.

M. BEAU, as well as all other writers, admit two movements, an inferior and a superior one; now if we analyze these two movements, we shall find each composed of two other movements, which we may represent in the following order:—

Inferior movement	{ Dilatation of the ventricle; Contraction of the ventricle.
Superior movement	{ Dilatation of auricle; Rest; Contraction of auricle.

Now if we analyze the succession of movements adopted by authors, we have,

Systole of auricle	{ Diastole of auricle; Diastole of ventricle.
Systole of ventricle	Repose.

Here also the difference between the two systems is striking. M. BEAU places the ventricular diastole between the systoles of the auricle and that of the ventricle; while in M. HORE's explanation we have the ventricular systole placed between the systole of the auricle and the dilatation of the ventricle, a succession which is not very conceivable.

But it may be objected that the experiments of M. BEAU were made on animals with a single heart. To obviate this the author continued his researches on dogs, rabbits, and birds (experiments for which we must refer to his memoir), and found that in animals with a double heart, the movements succeed in the following order:—

Inferior movement, comprising

{ Augmentation of all the diameters;
 { Increase of the ventricular diameters;
 { Diminution of the ventricular diameters;
 { Return of the point to its natural state.

Superior movement

{ A beginning, coinciding with the dilatation of the auricles;
 { A middle repose, very sensible;
 { A termination, coinciding with the contraction of the auricles.

From the above theory it is easy to deduce the author's explanation of the sounds of the heart: it differs little from that given by M. MAGENDIE: the foundation is the shock of the heart against the thoracic parietes; the inferior movement produces the first sound: the superior movement the second: so far the author agrees with M. MAGENDIE; he only differs from him in the explanation of the manner in which the two shocks are produced. M. MAGENDIE attributes one to the contraction of the ventricles, the other to their dilatation: while M. BEAU explains the former by the dilatation of the ventricles, and the latter by the dilatation of the auricles.

The first bruit corresponds to an elevation of the soft parts over the heart's point. The second bruit is not commonly attended with a similar phenomenon; however, M. BEAU assures us that in six cases he has observed an alternate elevation between the 2nd and 3rd intercostal spaces, corresponding to the second sound of the heart.

The duration of the different sounds, and the repose, as determined by auscultation, is, according to LAENNEC, as follows; in a complete pulsation one-fourth is occupied by repose of all the parts; one-half by contraction of the ventricles; one quarter by contraction of the auricles (1st and 2nd bruit). The author's researches furnish a different result. According to M. BEAU, if a pulsation measures one second, it composes a true measure à trois temps, and the first bruit, the second bruit, and the repose, will be represented by counting 1, 2, 3.

DERANGEMENT OF INTELLECT RESULTING FROM SABRE CUTS ON THE HEAD.

We extract the following curious case, related by M. BIESKE, from the last Number of the *Berlin Gazette of Medicine* which has reached us. (No. 52, Dec. 30, 1835.) Physicians in all countries are agreed on

the difficulty of diagnosing disease of the nervous system, but surely never was a case so grossly mistaken by men of high rank in the profession, as the one we are about to detail:—

In the month of April, 1814, the author (M. BIESKE) was called on to attend Colonel Count BLUCHER, son of the celebrated Prince of that name. The patient laboured under a tendency of blood to the head, and was troubled with hemorrhoids. The symptoms were easily removed by blood-letting and purgatives, and the patient returned to the amusements of Paris, where he was then stationed; in a short time however he again began to complain of tightness and pain about the head, with impossibility of sleeping. The pulse was now quick and full; the skin warm and dry; the inflammatory symptoms were removed by mild diaphoretics and a warm regimen; however, a little confusion in the ideas seemed to remain after the recovery of the patient from this slight attack. Dr. BIESKE considered this symptom, which was soon joined by a return of anxiety, insomnia, and tightness of the head, as depending upon *hypochondria*, and hoped, both by acting upon the abdominal cavity and by sulphureous baths, mineral waters, and relief of the patient's mind, to obtain a complete cure. He took this opportunity of examining the state of the wounds which Colonel BLUCHER had received some time before at the battle of Dresden. They were healed, but the cicatrices still betrayed the extent and nature of each injury. One sabre-wound existed near the junction of the occipital and right parietal bones: it was excessively deep, and had probably penetrated through the inner table of the skull. A second sabre-cut, on the left parietal bone, seemed more superficial; a third, near the junction of the parietal with the frontal bone, on the right side, was also deep, and had probably penetrated into the cavity of the skull. There was also a cicatrix on the neck from a lance-wound, and a second on the right side of the chest: this latter had penetrated deeply into the substance of the lungs, as was shown by the violent hemoptysis and other symptoms which accompanied and followed the wound. The patient, thus severely wounded, and taken prisoner, was brought into Dresden, where he was attended and cured by BARON LARREY, Dr. OMLE, &c.

Colonel BLUCHER now exchanged for a French General; his health soon recovered, established, and he followed the allied army amidst all the fatigues of a winter campaign from the Rhine to the walls of Paris.

In the month of May, 1814, the patient left Paris with the intention of taking mineral baths; but was prevented by some indisposition; he also now conceived the strange idea that he was possessed of a secret which would preserve the kingdom of Prussia from all dangers, and that his neighbours were constantly at work either to force this secret from him, or to deprive him of life, and discover it in his entrails. It was impossible to convince the patient, by any moral reasoning, of the folly of the ideas by which he was possessed; his physician, therefore, ordered some compound tinct. of bark, with tinct. of rhubarb and wine. The patient now, for a short time, thought himself cured, but his irregular ideas soon returned, and it became necessary to hold a consultation of the most eminent physicians in Berlin; their prescriptions, however, were not followed by any beneficial result, and the patient continued to regard them as fiends and persecuting demons. Dr. Bieske, who still preserved some share of the patient's confidence, hoped to obtain an amelioration, by acting on the intestinal canal, and by exercise; yet it was impossible to overcome the morbid mistrust which constantly occupied his mind; in the intervals of lucidity, he often complained of confusion in the head, vertigo, and sparks crossing the eyes.

Here we cannot help remarking on the tinacy of his medical attendants, in attributing all these symptoms to hypochondria, instead of turning their attention to the state of the brain, which had evidently suffered from the wounds received at the battle of Dresden. Far from pursuing an antiphlogistic treatment, the opposite method was pursued with a fatal perseverance; thus (to resume our author's history of the case) Dr. Bohn, one of the attending physicians, advised him to drink champagne; under the stimulating influence of which beverage, he felt himself comfortable for a short time; but, on the following night, the patient was very uneasy and agitated, and the attacks of vertigo were excessively violent; the pulse was now full and hard; the face and eyes were much injected; the circulating system was greatly excited. Dr. Bieske ordered some blood to be drawn from the arm, but the patient obstinately refused; he was, therefore, obliged to apply twelve leeches, and recommend a more cooling diet. The patient now felt much

better, his appetite returned, and, faithful to the ordonnance of Dr. Bohn, he drank every day a bottle of champagne!!!

The baneful effects of such treatment were not long without manifesting themselves; the vertigo again appeared with excessive violence, and M. Bohn was compelled to order venesection, with a cooling diet, and the use of sulphur. After the abstraction of some blood, and the administration of a few doses of sulphur, the patient found himself much relieved; however, the sudden change from champagne to cold water inspired his mind with fresh distrust; he now refused every kind of medication, determined on treating himself, and for this purpose made a journey on foot into Sicily, from which he returned in eleven days much more ill than he set out.

The patient's state now seemed very serious, and a fresh consultation of the Berlin physicians was called by Prince Blucher. On the 14th of November, 1814, the patient was examined with care, and the physician-general gave it as his opinion, that the disease had no connection with the wounds received at the battle of Dresden, but consisted in an aberration of the intelligence, which would best be treated by occupation, and the effect of moral agents. These latter, however, had no influence on the disease; the patient became so unruly and distrustful, as to endanger his own life and that of others; he often walked about at night with loaded arms, and once challenged a superior officer in duel, who, he imagined, threw some shade on the glory of his father. A medical examination of the patient again took place, in consequence of this circumstance; a decided opinion of mental derangement was given, and the duel of course prevented; this enraged him to such a degree, that he formed the resolution of insulting, or even killing, his adversary, whenever he might meet him. This design was frustrated by proper precautions, and the impossibility of avenging his honour had such an effect on the unfortunate patient's mind, that in the midst of a breakfast given to his friends, he fired a pistol loaded with ball into the left side of the chest near the clavicle; the wound, although dangerous, was not mortal; the bullet did not penetrate through and through the chest, but seemed to remain lodged under the left scapula; the hæmoptysis and other symptoms evidently showed a wound of the lungs, of which however the patient was completely cured. It is unnecessary to go through the various methods of treatment by turns proposed, but all fruitlessly; confined at one time, at another allowed absolute liberty, the patient was at length sent under proper care on a journey into the neighbourhood of the Rhine, but returned after a lapse of a year without any benefit.

He now lived without observing any regimen; appetite good; slept well; seemed to enjoy excellent health. However, he seemed frequently to suffer in the head; the hand was constantly carried to the forehead or head, and the patient at these times expressed his suffering by crying, "Oh, God, my head" (*O Gott, mein kopf*). His folly now became of an absurd kind; he believed, not only that his food and drink were poisoned, but that a portion of his strength was removed each time the hair was cut, and hence refused to be shaved or have his hair cut; he also conceived that a part of his secret was contained in his excrement, and always satisfied nature in a remote and unfrequented place, after which he carefully buried the precious deposit.

In this melancholy state the patient survived, without any remarkable change, from the year 1811 to the 10th October 1829. The author does not make any allusion to the symptoms which immediately preceded death. The body was examined on the 11th of October.

Autopsy.

External Examination.—A deep cicatrix, two inches long, on the right parietal bone; a second of similar extent near the junction of the parietal and occipital bones on the right side; a third cicatrix one inch and a half over the left parietal bone; on the body a large cicatrix adherent to the second and third ribs on the left side of the breast near the clavicles; behind, near the twelfth dorsal vertebra, two cicatrices; above the right elbow-joint, a transverse large cicatrix adherent to the os humeri; the fingers of the right hand, except the thumb and index-finger, were contracted, and united together by cicatrices; on the outer side of the left calf a round cicatrix, which seemed to have resulted from a gunshot wound, a second over the left knee-joint, from a penetrating wound. On removing the skull-cap the dura mater was found to be united to the bone more closely at the points corresponding to the wounds; the anterior one had evidently penetrated into the cavity; the posterior cut on the right parietal bone had also penetrated, but not that on the left side. The whole anterior surface of the hemispheres, superiorly, was covered with a whitish firm layer, about the thickness of a knife-blade, and similar to that produced by inflammation. The base of the brain presented nothing abnormal. On dividing the substance of the brain the white matter was found somewhat injected, and the ventricles contained a little more fluid than usual. The cerebellum healthy.

In the cavity of the chest the lungs were closely united to the costal parietes; in the midst of the substance of the left lung, opposite the third and fourth ribs, was found a

lead bullet, which appeared in several places, as if it had been cut with some sharp instrument. The third and fourth ribs had been evidently fractured inwards, and were united in an obtuse angle by bony deposit. The examination of the other organs revealed nothing worthy of notice.

The cause of the lesion of intelligence in this curious case, was evidently a chronic inflammation of the membranes covering the cerebral hemispheres. Unfortunately this cause was completely overlooked by the physicians who attended General Blucher, and a treatment was adopted which was rather calculated to aggravate than to allay the morbid irritation of the sensorium. This is the more remarkable, as the French surgeons who treated the patient in 1813, after the battle of Dresden, expressed their fears that at some future time the wounds of the head might give rise to a derangement of the intellect. The length of time (sixteen years) during which a large musket-ball remained imbedded in the substance of the lung without giving rise to any symptoms, is also another curious circumstance.

To the Editor of THE LANCET.

SMALL-POX AND VACCINATION HOSPITAL, ST. PANCRAS.

*Report of Dr. GREGORY, Physician, issued
Feb. 1836. (Abridged.)*

DURING the past year 401 persons have been treated within these walls, and so many centres of infection removed from the metropolis. Of that number 89 have died, and 312 have been restored.

4140 persons were vaccinated at the hospital in 1835; and 1767 persons, chiefly medical practitioners, were supplied with vaccine lymph, for use, at home and abroad.

The records of the hospital, during the past year, sufficiently attest that the hopes once entertained of banishing the small-pox from the earth are visionary. Thirty-six years have elapsed since the general diffusion of vaccination throughout this country; yet small-pox still exists, and, by the bills of mortality, may be shown to have proved fatal to 863 persons in London alone during the last year. In various parts of the country it has shown itself during the same period. Nor do other quarters of the globe enjoy an exemption from the disease. On the continents both of Europe and Asia small-pox has recently occasioned considerable devastations.

The experience of the past year shows,

certainly, that the confidence of the public in and about London, the power of vaccination has in no degree diminished. The numbers vaccinated at the hospital in 1835 exceed that of any former year, and in no instance has any doubt or distrust been manifested by the parents of the child.

The records of the hospital show further that the security of vaccination, though so remarkable in the early periods of life, is not so complete and permanent in after-life as at one time might have been anticipated. 44 persons labouring under small-pox have been admitted during the year, who in early life have been vaccinated. All of them, with few exceptions, were adults, an interval, varying from ten to thirty years, having elapsed since the date of their vaccination. Two-thirds of this number had small-pox in a mild form, wholly devoid of danger. The remaining third were less fortunate, having passed through the disease with greater or less degrees of severity. Still the mortality in this class of patients was very small, hardly amounting to 5 in each 100; while the unvaccinated perished in the proportion of 33 in 100. These considerations tend to show that vaccination is still entitled to the highest praise as a means of diminishing both the quantity and the severity of small-pox; that it is an object of national importance to encourage and foster it; and, lastly, that the attention of medical men cannot be too strongly called to the necessity of carefully selecting the lymph they employ, and accurately investigating the several causes on which its diminished efficiency in the more advanced periods of life may depend.

31, Weymouth-street, Feb. 4, 1836.

THE LANCET.

London, Saturday, February 20, 1836.

ANOTHER inquest has been held upon the body of another victim of the satanic system of quackery, and another upright English jury has returned a verdict of "manslaughter" against one of the parties implicated in the abominable proceeding.

But how is it, we ask, that the chief culprit is allowed to escape in these atrocious malpractices? How is it that the principal offender is allowed to pass unscathed from the inquiry, and that the mere agent, the ig-

norant tool of the mercenary destroyer, is the only person punished?

Many complaints have reached us respecting the conduct of the Coroners at these quack victim inquests. Charges of ignorance, allegations of partiality, and imputations even of corruption, are thrown out against some of those functionaries. That non-medical Coroners must act as blockheads in their offices, is a necessary consequence of their ignorance; but we had hoped that they would so conduct themselves as at least to remain free from accusations of knavery. That many of the non-medical Coroners are most respectable men we freely admit, and hitherto we have seen no just ground for excluding Mr. BAKER from amongst that class. We must freely tell him, however, that his behaviour at the late inquest on the body of Captain MACKENZIE, at the Ratcliffe workhouse, has been viewed by many persons with suspicion, and that reports unfavourable to his official character on that occasion, are in a rapid course of circulation. If Mr. BAKER be capable of forming an opinion on such a subject, we would ask him what he would think of the moral principles of a man who, in a sound state of mind, would advertise one medicine as a cure for all diseases. If Mr. BAKER be not lost to reason,—if his mind be not divested of every portion of common sense, he must know that if there be people so devoid of understanding, so credulous as to place any belief in the infamous puff of the mercenary quack who sets forth such an advertisement, they must necessarily, in numerous instances, pay the penalty of DEATH for their folly.

Under this view of the case, the criminal ought to be brought home to the offender in the first degree, and whenever it is proved in such cases that the cause of death is to be found in the poison, or in the effects of MORISON'S PILLS, THE VERDICT OF MANSLAUGHTER SHOULD BE RETURNED AGAINST MORISON HIMSELF. This would be an application of the law to the source of an

of the calamities which is at this moment so severely affecting society. Is there any thing so redeeming in the character and conduct of MORISON, that he should be made an exception to the ordinary rules of law at coroners' inquests? Ought he not to be treated as a Fellow of the College of Physicians, or a member of the College of Surgeons, would he be treated under similar circumstances? Take the case of either of those legally qualified practitioners, and let us see what would be done. Say that one of the parties in question imagines that he has discovered a remedy for all diseases. He prescribes it in a multitude of cases. It is proved by indubitable testimony, that death, on several occasions, has been the dreadful result of the use of the medicine. Still the practitioner persists. He puffs his own skill, extols the power of his nostrum, and directs the medicine to be again taken. A chemist supplies the drug, in conformity with the direction of his employer. The unsuspecting patient swallows the poison and dies. An inquest is held on the body. Who was guilty of the manslaughter in this case? The chemist or the doctor? The principal or the agent? There can be but one reply to such a question.

But is it *manslaughter*? Is it not *murder*? We repeat the deliberate and solemn inquiry,—Is not the person who kills under the circumstances we have just stated, guilty of committing the crime of murder? We believe, that some of the best-informed jurists in this kingdom will answer in the affirmative, as we are not aware that any line of distinction can be drawn between the man who, in order to make money, destroys life by poison, and the man who, with a view to enrich himself, plunges a knife into the bosom of his neighbour.

We shall not at present pursue this subject further, with reference to any inquests which have been recently held, but we hope to be able to publish in the next number of *THE LANCET*, a report of the evidence which was taken at the late inquest on the body

of Captain MACKENZIE, which concluded, after several days' sittings, on Wednesday last, some hours after midnight, in a verdict of "manslaughter." But we ask, Is society to continue to endure this evil without making an effort to throw it off,—a calamity almost as fatal in its results, as the plague or the cholera? Whatever is secret in medicine is based in knavery, and we unhesitatingly state that the time has come when the system of quackery in medicine must be put down by the arm of the law. At any rate an attempt shall be made to ascertain whether the law be powerful enough to arrest the proceedings and, subvert the machinations of a few mercenary and sanguinary adventurers, who now, to the disgrace of the medical profession of England, circulate their baneful and odious trash under the sanction of a Government stamp. Cannot the members of the profession petition both Houses of Parliament for the suppression of quackery? Ay, can they! and with every prospect of success. In order to accomplish this object, however, there must be co-operation among medical men. Unity of action and energy must be manifested in giving the proceedings proper publicity and influence. If they consider that quack medicines ought to be sold, let them remain passive. If, on the other hand, they consider that the use of quack medicines is injurious to the welfare of society, and is the cause of death to hundreds of their fellow creatures, they are called upon by every sense of duty, justice, and humanity, to take immediate measures for the suppression of this no longer supportable evil.

THE Charter of the Metropolitan University will be laid on the table of the House of Commons on or before the 24th instant. A letter, written by Mr. WARBURTON, on the subject of the contents of this instrument, to the LORD PROVOST of Edinburgh, was referred to in the *Globe* newspaper

about a week since. In the absence of accurate information on the subject, Mr. WARBURTON has merely adverted to what may probably constitute some of the conditions of the Charter, in general terms. Ministers may be assured, that no member of the legislature could have been consulted with greater advantage than Mr. WARBURTON. At any rate, that gentleman will have the consolation of knowing, that if the new Charter should fall short of the expectation of the literary portion of the public, he will in no respect be concerned as the author of the disappointment. It is deeply to be regretted, that Ministers should feel that they are too tightly bound down by old customs to make the Parliament acquainted with the principles on which they are about to exercise the royal prerogative in founding a Metropolitan University. It is ever the case in this country, that although we see the coming evil, we have not the power to avert it, though, to be sure, after it has arrived, we have the privilege of complaining, which must be a great consolation to the people of a free nation.

The following is the statement which appeared in *The Globe* :—

"EDINBURGH TOWN COUNCIL, TREASURY.—A letter from Mr. Warburton, M.P., in answer to a letter from the Lord Provost, was read, in which he assures the Council that no one could be more anxious to prevent the establishment of any new monopoly of teaching, and to see instituted some uniform system of medical instruction and examination, to serve as a basis for granting to persons properly instructed and examined the enjoyment of equal professional immunities in every part of the United Kingdom. Whether such a plan could be carried into effect by means of any Crown charter, might reasonably be doubted. He thought government would scarcely be justified in delaying to constitute the proposed new University of London, for the purpose of maturing beforehand, and incorporating with the scheme of that university, a comprehensive measure of medical reform. The Government, he thought, should constitute the new University, investing it with all the privileges appertaining to such institutions, reserving to itself the power of modifying its laws and ordinances, so as to render them generally consonant to any general plan of medical

reform that may hereafter be approved of. On several points, he was not informed of the details of the proposed plan. The most important that he was aware of as affecting the interests of medical schools in general was, that "no medical school whatever was mentioned in the charter by name." A matter of importance for which the London University was contending was, that no teacher of any medical school, and no medical or surgical officer of any hospital, shall be a member of the Board of Examiners. The Council directed copies of this letter to be communicated to the Secretary of the University for the information of the Senatus, to the Royal College of Physicians, and the College of Surgeons."

A BODY of young gentlemen having admission to the halls of the University of London, have, after the lapse of a month, come forward in aid of the plea that public examinations should form an imperative feature in the constitution of our governing medical bodies. These gentlemen formed no part of the meeting of medical students who were assembled at the Crown-and-Anchor Tavern on the 18th instant, for on that occasion the resolution for a petition to the House of Commons in favour of public medical examinations was carried unanimously, and the Chairman was directed to sign the document on behalf of the meeting, without ten hands being raised against the proposition. There is this difference, however, between the proceedings of the thousand and some hundred students who were assembled in the Strand, and the party of students who have since done something else in support of the demand for public examinations. The prayer of the one must be regarded by all as the emanation of a noble courage; the protest of the other is the result of what too many will ascribe to youthful fear. The demand of the one is addressed to the House of Commons; the declaration of the other to the House of Apothecaries. The cry of "marked men" has been raised at the University of London, and the timid and the apprehensive have fallen at the feet of the Examiners at Blackfriars-bridge, with

this assurance:—"We aided not in the communication of the CHANCELLOR of the
"denomination of your secret proceedings in
"general, or of your private rejection of
"our fellow student Mr. SMITH, in par-
"ticular."

In speaking of the document just submitted to the view of the Apothecaries' Company as an aid of the prayer,—and a most valuable aid it is,—of the great meeting of students, we do so from regarding it as an important proof of the iniquitous power and influence possessed by those secret tribunals which can, by exciting the terror of some candidates for examination, extort such a declaration from one third in number of the intelligent students of the most liberal public seminary for instruction in the kingdom.

When a black man encounters a lion, or meets with a bull, he lies down on his back, and pretends to be dead, believing that the giant animal will then only snuff and pass on. In the College of Physicians,—to go from a great topic to a little one,—Sir HENRY HALFORD enacts the trembling man, and medical reform the lion, and whenever the lion wags his tail, the cunning President pretends to sleep. But the lion will eat him up notwithstanding. The last occasion on which Sir HENRY "slept" in the chair, was during the late motion "that Licentiates of five years' standing should be eligible to be balloted for as Fellows." The mover and seconder having enforced the proposition as a measure of reform which was particularly appropriate at a moment when it was desirable to convince the Government that the disposition of the College was decidedly liberal, arguments in support or reply were awaited, or a tacit assent at once to the motion. However, it had been arranged beforehand by Sir HENRY, that nobody should reply, that the President should pretend to sleep, that every refractory fellow should be borne down with a cry of "question," and that even this trumpery motion for reform should be promptly rejected by the ballot. True to the word of command, the resolution was negatived by a majority of nearly three to one. The result was

The majority was partly composed of the following members of the Halford faction, amongst others:—Drs. LATHAM, WATERFIELD, WATSON, HUE, FANNY, MACMICHAEL, TURNER, and GEORGE MANN BURNOWS, whose name deserves to be written in full,—while Drs. CHAMBERS, SEYMOUR, M'GRIEK, HEWITT, and even Dr. PARIS, having begun to see the signs of the thing, purposely staid away. Drs. LATHAM and WATSON were particularly conspicuous in their outcries against any discussion of so contemptible a subject as reform in the College.

Up to the present hour, we have received no denial from Dr. W. CUMMIN, of the "Aldersgate School," of the correctness of the allegation, that he is the official colleague of Dr. MACLEOD in editing a journal which has been systematically devoted, from the first moment of its existence, to slandering the general practitioners in medicine in this empire, and, latterly, especially, to calumniating and vilifying, and fabricating falsehoods directed against, the characters of the students of medicine assembled in the metropolis.

LATE ELECTION

AT THE

RICHMOND HOSPITAL, DUBLIN.

We had not room last week for any part of the letter of our correspondent *Observer* in reply to the letters of Messrs. CRAMPTON, COLLES, and CARMICHAEL. We now, however, insert an analysis of its contents:—

Observer says that he felt it to be a matter of duty to publish the account which appeared under his signature,—not desirous to inflict obloquy on the gentlemen concerned, but to describe facts with fidelity, desiring at the same time to afford the implicated parties an opportunity of publicly rebutting, if possible, the statements which prevailed against them in Dublin. He says that he believed and still believes that his description of the former proceedings as regards hospital elections, of two of the Commissioners, Messrs. CRAMPTON and COLLES, were such as should have prevented their nomination on

this occasion, and he alleges that those two Commissioners in their reply have not relieved themselves from the odium of the allegation that they are "jobbers in public medical offices." For instance, he says that at the *Meath Hospital*, Mr. CHAMPION and three of his apprentices (one a nephew) fill four of the six medical offices. *Observer* argues that the appointment of the "Commissioners," though denied, is proved by their admission that they carried on an "official" correspondence with the government on the subject of Mr. ADAMS's fitness for the vacant office. He adds, "I beg also most distinctly to state that Mr. ADAMS was not a candidate until after the Commissioners were appointed," Mr. ADAMS himself declaring to his friends that it would be useless to annoy himself by any application on the subject, as he would have no chance of success with the present Government; and *Observer* says that he has reason to believe that Mr. ADAMS became a candidate solely in consequence of receiving a communication from one of the Commissioners immediately after their appointment. It must, however, be perfectly plain to *Observer*, that some of the statements in his letter form no reply to the third paragraph of the letter at page 680 of *THE LANCET*.

Observer stated in his former letter that the commissioners wrote to the government, recommending Mr. Adams's appointment on the grounds that it was necessary for the support of "the Medical School of Dublin." He says, "I now reassert that they did do. This official letter was in Mr. ADAMS's own possession for some days, and he took great pains to exhibit it, as a trophy, to his friends, more especially to his pupils, as evidence in favour of his capability as a lecturer."

With regard to Mr. CARMICHAEL, *Observer* thinks that the following passage in Mr. C.'s letter justifies a considerable portion of the remarks made on the resignation of Mr. CARMICHAEL: I resigned my situation of attending, for that of consulting surgeon; because, by doing so I secured the appointment of two gentlemen, whose long connection with the hospital, and well-tryed competency and worth, had been fully established; while, by the arrangements that have been subsequently made, I shall continue my visits to the hospital, &c."

With respect to the remark of Mr. CARMICHAEL on the long connection of Messrs. ADAMS and M'DONNELL with the Hospital, *Observer* says, "I am well aware that those gentlemen have been attached for some time to a school in the neighbourhood of the hospital; but it is a perfectly distinct establishment, and not even situated in the same street with it; nor did they ever hold in it even the offices of assistant surgeon." Respecting the testimony of Mr. CARMICHAEL that he has always heard Mr. ADAMS ex-

press liberal sentiments on political subjects, *Observer* says that whatever Mr. ADAMS may have expressed, he always voted in Dublin for anti-reform candidates. *Observer* was not the author of the letter in the *Freeman's Journal*, nor was he aware of its existence until he read it as a note to Mr. CARMICHAEL's letter.

Observer concludes by saying,—"You have mentioned in a late number that the authenticity of the petition presented to the Government, purporting to come from the Sisters of Charity, in favour of Mr. FERRALL, has been denied. I believed the petition was genuine."

We have here reduced into a comparatively brief space, those points in the letter of our correspondent, which we deem it fair, apart from the authority of his name, to publish in reply to authenticated documents, adding that while we know our correspondent to be a gentleman of the highest respectability in one of the professional circles of Dublin, there can be no doubt that he was misinformed on some points discussed in his former communication. With regard to Mr. CARMICHAEL, we feel bound to say that we have never before heard even a charge of jobbing in medical elections brought against him, and we are perfectly sure that no surgeon in these kingdoms will hail with greater pleasure the adjustment of medical law and hospital appointments on a just and honourable basis, with greater delight than that gentleman. At the same time we express a belief, founded on pretty good grounds, that no very long period will elapse before the task of exposing errors of medical misgovernment under the present system, will no longer need to be one of the duties of the medical reformers of Dublin.

PRESENT TO SIR CHARLES CLARKE.

To the Editor.—Sir, You have been unceasing in your endeavours to elevate the medical profession in public estimation, by fearlessly exposing, on the one hand, its corruption and mispractices to ridicule and contempt, and, on the other, materially promoting its interests, by showing a praiseworthy liberality in commending good conduct, and I, therefore, am convinced that you will derive a satisfaction in communicating to your numerous readers the following event, so honourable to the eminent individual who forms the chief object in it, which has lately taken place in this county,

Sir Charles Clarke, ever since he became one of our land-holders here—has resided among us during the great portion of each year, and it is not surprising that his high professional character should have prompted not only the medical practitioners in his neighbourhood to seek his advice in all cases of difficulty and danger, but that his council should be equally desired by our nobility and gentry. His active disposition made him always ready to attend to the calls of distress, and, to his credit be it told, he has been in the constant habit of lending his valuable services to all those who have sought his advice, without even excepting a fee. In consideration of this liberal conduct, the great bulk of the ladies of Norfolk unanimously agreed to present Sir Charles with a piece of plate, for which a large subscription was immediately made, and an order given to Storr and Mortimer, the goldsmiths, in Bond-street, to execute the same from a design made purposely by Chantrey, the eminent sculptor. I have the honour to be, Sir, your obedient servant,

CHIRURGUS.

— House, Norfolk, Feb. 12, 1836.

KING'S COLLEGE, STRAND.

To the Editor.—SIR,—As your numerous readers are extremely anxious at this moment to become acquainted with every circumstance that can elucidate facts relative to the conduct of certain individuals who pretend to be *liberal*, you may perhaps think it worth mentioning that the Worshipful Company of Apothecaries are proprietors in King's College, Strand. This simple fact may of itself be sufficient to account for the King's College students having come forward on the late occasion to *laud the disinterestedness* of the Rhubarb Hall examiners.

I have also heard it rumoured, that in consequence of the want of money at the institution, Sir Henry Hallford has been making an indirect application to the proprietors of the Drug Shop in Blackfriars, to get them to purchase some more King's College shares. I am, Sir, yours, &c.

AUSCULTATOR.

Ficcadilly, Feb. 16th.

PROFESSIONAL ADVERTISEMENTS.

To the Editor.—SIR,—While paying a professional visit this morning to an elderly gentleman of fortune, a very small publication, showily bound and gilt, containing three "Introductory Lectures," by Mr. Evans Riadore, was placed in my hands. I

felt much at a loss to elucidate the mystery, as my patient said that Mr. Evans Riadore was totally unknown to him, and that he could in no way account for the present. I thought at first that there must be a mistake, but in the title-page it was plainly enough addressed

"To ——— Esq., F. A. S. From the Author."

I then suggested that there might be another F. A. S. of the same name as my patient, or that Mr. Evans Riadore, being an F. A. S. himself, he had sent his *brochure* (a scarcely allowable proceeding, however) to the rest of the fellows; but, on examining the list, neither of these surmises was found to be correct. Upon a cursory examination of these lectures, I observed that they were composed with a considerable regard for effect, and that the author's address was duly given. Now, Sir, I beg to inquire the meaning of all this; and whether Mr. Evans Riadore has presented his introductory lectures to any other gentlemen who are totally unknown to him; and, in fine, whether it is becoming in a member of a liberal profession to follow in the track of the circular-circulating wine-merchants and merchant-tailors of the metropolis?—I am, Sir, yours &c.,

INVESTIGATOR.

London, Feb. 16, 1836.

METROPOLITAN MEDICAL UNION.

To the Editor of THE LANCET.

SIR,—In my address on the state and wants of the medical profession, delivered in the Council Room of the Town Hall, Ipswich, in the year 1834, I most earnestly recommended that a provincial association, similar to that already existing in the western division of the kingdom, should be formed. This, with me a very favourite and important object, has been most happily accomplished; but it seems that something yet remains to be effected. The western and eastern associations require a point or bond of union; and where could this be so completely established as in the metropolis? I do most sincerely hope that some leading members of the profession in London will immediately set about the formation of a Metropolitan Association, similar in principle to the Eastern and Western associations. For general and literary purposes we might unite, while we may hold our annual meetings in our own provinces, with the exception of every third or fourth year, when we might meet our metropolitan brethren in London.

Favour me by allowing a space in the pages of THE LANCET for the insertion of this suggestion, and if it should be so fortunate as to meet with your approbation, I trust that you will support it with your

wanted ability. I have the honour to remain, Sir, yours very respectfully,

J. BEDINGFIELD.

Stowmarket, Jan. 26th, 1836.

EULOGISTS OF RHUBARB HALL.

To the Editor of THE LANCET.

SIR,—In Roderick's journal of last week is printed a document headed "*Protest of the Students of Guy's Hospital against the late proceedings at the Crown-and-Anchors*" said by Roderick to have attached to it the signatures of 94 of the students of that hospital: now Sir, I think it right that you should be acquainted with the hole-and-corner manner in which this "protest" has been got up by its promoters, Messieurs H. C. Muggand and J. Bent. These huzzing busy bodies, who attend to every person's affairs but *their own*,—or they might perhaps, ere this, have been enabled, with the aid of a little favour at court, to pass the ordeal at Rhubarb Hall,—have got up this document expressly to court that very favour. I am sorry that their abilities and diligence need it. In that document they term the 94 who have signed it, a "large majority" of the students of Guy's, but to say the least of it, this is untrue. They also call the proceedings of that meeting "ill judged and violent," and state that they were "characterized throughout by party violence," which is notoriously false. Now, Sir, from the admission of two individuals whose names are attached to that document. I can assert that neither of them was present at the meeting; consequently they rely on the reports of others in making the allegations to which they have attached their names; and I believe that very many more, if not the majority of those who signed that paper, were not present at that meeting; and I can positively say that not a few repent having signed it; I have learnt this from their own lips. In addition to this, I may remark, that Messrs. Muggand and Bent induced several juvenile pupils (fresh from the country) to sign the paper in question, solely on the ground that they could not do wrong by following in the footsteps of their seniors. These young gentlemen will learn wisdom from experience. I refrain from saying any thing more on the subject of this "protest," than that we are greatly surprised in the Borough that any medical students, of whatever party, should be found

* 94 does not form a fourth part of the number of 400, which *Guy's Hospital* used to boast that it fostered per session. No wonder that medical reform is a repugnant topic in some nooks in that quarter.

to connive at and applaud the ungentlemanly and unworthy manner in which the worshipping examiner at Apothecaries' Hall acted when he questioned and rejected Mr. Smith. I am, Sir, yours very respectfully,

A GUY'S HOSPITAL STUDENT.

Guy's Hospital, Feb. 17th, 1836.

NOTE FROM MR. WATTS.—To the Editor.

Sir,—On reading over my letter in your excellent publication, I beg to say that I committed a quite unintentional mistake, when I stated that I had attended nine parishes for eighteen years. Several of them I have so attended, and others in intermediate spaces of time. This was what I designed to express. At the same time I beg to assure you and my professional brethren that my object in giving publicity to the Wheatenhurst Poor-Law-Union proceeding, was not with the slightest intention of doing Mr. Moseley any professional injury, but to point out the system as one which is degrading to the profession, and injurious to the poor. I am, Sir, your obedient servant,

THOMAS WATTS.

Frampton-upon-Severn,

Feb. 17, 1836.

CORONER FOR ABERYSTWYTH.—To the

Editor.—Sir,—Seeing by a letter inserted in THE LANCET of Feb. 13th, that you are anxious to ascertain the number of medical coroners in England and Wales, I beg to state that the Coroner for Aberystwyth, Cardiganshire, is Rice Williams, Esq., a medical gentleman who has filled the office of Coroner in that town for a length of time. I am, Sir, yours, obediently,

A STUDENT OF MEDICINE.

MEDICAL WITNESSES BILL.

To the Editor.—Sir, I enclose you a copy of a Petition to the House of Commons, prepared at a meeting of the committee of the "Bucks Medical Association," lately held at Aylesbury. It is now in course of signature, and will shortly be ready for presentation. The support of its prayer will be earnestly requested of the county and borough members. I have the honour to be, Sir, your obedient servant,

ROBERT CREELY, Hon. Sec.

Aylesbury, Feb. 15, 1836.

* * The petitioners draw the attention of the House to the fact that a coroner's inquest, without efficient medical evidence, can be but an empty form, and is, consequently, a source of useless expense, and

"in common with the medical profession, they consider it a great hardship that the law does not provide any remuneration for their important services." They accordingly conclude the petition by "respectfully, but earnestly, beseeching the Honourable House to afford them substantial relief from its manifest injustice, by the enactment of such a measure, as the Honourable House, in its wisdom, shall think fit."

The promptness and spirit with which this petition has been framed, deserve universal imitation in the profession.

HOUSE OF COMMONS.

Thursday, Feb. 18th, 1836.—Mr. WAKLEY this day gave notice of a motion for the 17th of March, for leave to bring in a bill for suppressing the sale of secret medicines, commonly called "quack medicines."

NEW METROPOLITAN UNIVERSITY.

Mr. WAKLEY.—Sir, the petition which I hold in my hand is from the Rev. JAMES ALEXANDER EMERSON, of the Hanwell Schools, in the county of Middlesex. And the petitioner states, that he has heard with surprise and regret that it is intended to limit the terms of the proposed Metropolitan University Charter to two institutions in London. He therefore prays, that the House will take into consideration the injustice to other scholastic institutions, of granting such exclusive privileges to those two. Sir, I will take the liberty of saying a word or two on this subject. It is very well known that, in April last, it was resolved by this House that an Address should be presented to the Crown, praying that his Majesty would be pleased to grant a Charter to the London University. On that occasion, a very large majority of the members of this House voted in favour of presenting that address; and solicitations came from all parts of the United Kingdom for the establishment of such an University, in consequence of the manner in which the Dissenters had been excluded from the privileges of the universities of Oxford and Cambridge. Sir, I do not complain of those institutions, and I, for one, never will consent to the throwing of power into the hands of those who are hostile to the proper authorities of the Universities of Oxford and Cambridge, or adverse to those institutions. (*Hear, hear, hear.*) But I would ask, in establishing a new university in this metropolis, are we to have another scholastic monopoly set up in this kingdom? And if a Charter is to be granted, which is only to embrace two or three

establishments, surely the privileges so conferred must be considered as a monopoly, because others will be excluded from the like enjoyment. I regret exceedingly that the Chancellor of the Exchequer is not here, as he promised me that he would be, to state to the House what are his intentions on the subject. The House having determined on voting the address to the Crown, which I have mentioned, is it right, I would ask, that the conditions of this new charter should be framed in secret, and that the members of the House are to know nothing of its conditions until the charter has received the sign manual? If that be the case, the abuse of the Royal prerogative cannot too soon be corrected. (*Hear, hear.*) Indeed I hope the House will now interfere in this matter, and call for a draft of the charter to be laid before it previous to its receiving the sign manual, for such a legal and authoritative instrument should not be promulgated until at least the legislature has been made aware of its express terms. (*Hear, hear, hear.*) In the constitution of the new university, there can be no law that will compel the students to reside under the immediate observation of the professors, a regulation so essential to their correct government and moral conduct; and yet, if the charter be one of exclusion, the students at the private schools, where the dormitories are under the direct control of the masters, will be excluded from the honours of the university, while those who are under no personal restraint or moral management on the part of the professors will receive all the benefits of the institution. I will only add that I trust Ministers will candidly and honourably state to the House what are the conditions of the Charter, because although it is easy enough to say that his Majesty's Ministers will hold themselves responsible should it contain any improper clauses, yet I do not know how they are to be made so, either to this House or to the public, when the document is completed. I beg to observe, in conclusion, that the gentleman from whom this petition comes, requests me to state that he forwards it without entertaining any political feeling whatever on the subject. He has none. He is sincerely attached to the Universities of Oxford and Cambridge, and he desires only that the public good may be consulted in the measures that may be adopted. (*Hear, hear.*)

Sir GEORGE said, that he could assure the House that the people of Scotland were extremely urgent that the disabilities under which the Dissenters at present laboured, should be removed as soon as possible.

Mr. TOOKER said, he apprehended that the petitioner had put an erroneous construction on the intended Charter, the petitioner believing that because two schools only would

be nominated in the Charter, viz., the London University and King's College, that therefore the privileges of the Charter would be confined solely to those schools. The fact was that power would be reserved to the Examiners of the Metropolitan University to name, from time to time, such other schools as should be considered, from their standing and reputation, fit to be added to the number of privileged schools, and which should be entitled to participate in the benefits and honours to be derived from the Charter.

The petition was then ordered to lie upon the table.

THE NEW QUACKERY.—*Westminster Medical Society*, Feb. 13.—**HAHNEMANISM.**—We have room this week only for the following:—

Dr. JOHNSON having moved the adjournment of the debate on this subject last week, he was now requested to take it up. In doing so, he briefly said that homœopathy, he believed, was not the real subject of debate on the last evening; but the proceedings then, rather formed an episode to it, something like a romance engrafted on history. He should leave others to hunt after the bubble, believing that it would burst in grasping. The doctrine of Hahnemanism was founded in error, and too often pursued in knavery, and he was convinced that the homœopaths treated the more urgent cases with our own remedies, and after our own fashion; yet who could expose the fact, for they took the precaution to furnish their patients not only with advice, but with the medicines. When they got old chronic or nervous cases, and not unfrequently imaginary ones, the doctrine of Hahneman was pursued. Chiefly from these reasons, he (Dr. J.) pronounced it to be a system of knavery and deception.

THE governors of the institution entitled the "Free Hospital," situated in Greville Street, Hatton Garden, will commit a gross error if they attempt to purify the air of their establishment by adopting the measures prescribed in the motion "relating to Mr. TWEEDIE," to be submitted to their notice on Tuesday next. There is another way of doing that. Mr. TWEEDIE has in the most straight-forward, prompt, and honourable manner atoned for the exceedingly incautious act which want of experience allowed him,—in common with Mr. J. H. GREEN, Mr. BRANSBY COOPER, and some other exceedingly "orthodox" but older and therefore less excusable gentlemen,—

to commit, and it would be a most unwise proceeding, after that step, to inflict the supposed punishment on Mr. TWEEDIE. Let the point be judged without prejudice; against the charge let the atonement be weighed; and we are quite sure that the instigations of no uncharitable and mistakenly interested persons will overbalance the just inclinations of the honourable-minded arbitrators. The chief parties in the affair should be advised to hesitate about pressing the matter any farther. The candour of Mr. TWEEDIE, in the admission of his error, and his attempt to redeem it, are, unless we be much deceived: worthy of imitation on the part of the gentlemen who may be his opponents. But *why* his opponents *now*?

The *Birmingham Journal*, of Feb. 13, contains a copy of a memorial presented to the King from the governors, trustees, and medical officers, of the Birmingham School of Medicine, containing a prayer, that "in order to give additional weight and efficacy to the institution," his Majesty would become a patron of the school, and allow it to be styled the "Royal School of Medicine and Surgery of Birmingham." The King consented, through Earle Howe, and at a subsequent meeting of the memorialists, their "humble and grateful acknowledgments" were unanimously voted to be "laid at his Majesty's feet," for his condescension on this occasion.

From a Correspondent. It is generally rumoured at the London University and Hospital, that it is the intention of the Council of the College of Surgeons to grant to the late pupil of Mr. LISTON, a public examination. Their announcement of the fact is awaited with anxiety.

CORRESPONDENTS.

THE session of Parliament having commenced, it is earnestly requested that all communications to Mr. WAKLEY may be addressed to him at his residence, 35, BEDFORD SQUARE.

Mr. —. Nothing could have been more spirited or proper than the application to the Board of Guardians, and the refusal &c., under the circumstances stated.

ERRATA.—Page 787, line 15, for *months* read *weeks*.—Line 40, for *liniments* read *lavements*.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 27, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

GIVEN IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XIII.

ATROPHY OF THE BRAIN AND SPINAL MARROW.

(Continued.)

GENTLEMEN,—In our last lecture we were occupied with a consideration of atrophy of the nervous centres. We described the anatomical lesions which characterize that lesion, and the symptoms accompanying it, but we were not able to complete our subject in a single lecture; let us now then pass to the history of atrophy in other parts of the cerebro-spinal axis, including the pons varolii, the cerebellum, and the spinal marrow.

Atrophy of the Mesocephale

(the pons) has been observed, but this is a very rare lesion; indeed we are acquainted with only one case of this kind; it has been published by M. CRUVEILLIER, to whom we owe so many interesting facts connected with pathological anatomy. In the case now alluded to, M. CRUVEILLIER found the pons varolii considerably deformed; it was at least one-third smaller than we find it in the normal state; this diminished volume of the mesocephale coincided with a remarkable atrophy of the anterior pyramidal body on the left side. The subject of this observation was affected with hemiplegia; half the body was paralytic, although no other lesion existed to explain the modification of mobility than an atrophy of the annular pro-

truberance. The intellectual faculties were intact; the individual seemed capable of reasoning and judging as perfectly as most men, but a remarkable phenomenon manifested itself in the functions of the organ of language; the patient was quite dumb, incapable of uttering articulate sounds to express his wants, his desires, &c.; yet M. CRUVEILLIER remarks that before the first symptoms of hemiplegia had set in, this individual spoke perfectly well. In our former lectures you saw an impossibility of speaking connected with other lesions of the nervous centres; with congestion, hemorrhage, encephalitis, &c. Here the organic change was quite of a different nature, yet the symptom to which it gave rise was the same; another proof of what we have said on the frequency with which various lesions of the brain produce an identical derangement of function.

We have now touched upon the history of atrophy as it manifests itself in the cerebrum and mesocephale; but if we desire to attain an intimate knowledge of this lesion, and avoid all source of error in the manner of estimating its degree, or even sometimes its existence, we must remember that certain parts of the cerebro-spinal axis exhibit a marked difference of volume, according as we examine them at different periods of life. It is certain that the nutrition of the nervous centres is not the same in all individuals and at all ages; hence arises a difference in the

Form, Volume, and Consistence of the Nervous Centres

with which we should be acquainted, otherwise we may mistake a normal modification for an organic lesion of the brain. You will find this subject treated in a masterly manner, in the thesis of M. CAZAVIÈRE, to which we have already more than once alluded. You will there find it proved in the clearest manner that the volume of the brain differs as we examine it in the child, the adult, and the old person. In extreme old age the dimensions of the cerebrum are evidently modified; if we measure the diameters of the brain, in a person far advanced in life, at the level of the centrum ovale of Nicussens, we find it has lost in two di-

rections; the transverse and longitudinal diameters of this part are diminished by some lines; the brain is less than that of an adult, both in its thickness and its length. This difference of volume is not confined to the portion of the brain just mentioned. We find a reduction of bulk in various other important parts; thus the corpora striata, the optic thalami, the mesocephale, all these differ as we examine them in the young person, in the adult, and in the old man. The assertions we have just made are not mere ideas, vague and imperfect maxims, unsupported by proof; they are founded upon accurate and repeated measurements which have been made of these different portions of the brain, at different periods of existence.

There is, however, one circumstance connected with this subject so remarkable that we cannot pass it over without notice. While the various parts of the cerebrum increase from childhood to adolescence, from youth to full-grown manhood, and then diminish in advanced old age, the cerebellum is the only portion of the brain that does not undergo any change,—that remains the same in old age, as at any other period of life.

The reduction of the various diameters of the cerebrum in old age has also been established by another mode of investigation. M. DESMOULINS found that in individuals who had passed their seventieth year, the specific gravity of the brain is reduced by $\frac{1}{20}$ to $\frac{1}{10}$ from the average weight of the adult brain. ("Anatomy of the Nervous System in Vertebrated Animals," t. 11, p. 620.) This diminution of the normal volume is certainly connected with a change of function, and perhaps the time may come, when, better acquainted with the normal disposition of the several parts that compose the brain, and with the varieties of this disposition depending on individual conformation, the influence of age, &c., we may be able to explain several derangements of function whose causes are now involved in obscurity because the examination of the dead body does not reveal any appreciable lesion to which we can refer them. Let us now turn to

Atrophy of the Cerebellum

and spinal marrow. Atrophy of one or both these portions of the cerebro-spinal axis may be, as we have already seen it to be in the brain, less a true atrophy or diminution of substance once well conformed, than an effect of imperfect development. The reduced volume of the cerebellum or spinal marrow, then, depends, not on a lesion of nutrition, but on a diminished activity or arrest of the developmental nîsus. The first remark we have to make, in connection with atrophy of the cerebellum is, that in all cases where the cerebellum has been

completely absent, the hemispheres of the cerebrum are equally absent at the same time; the disappearance of one portion seems necessarily to bring with it the absence of the other. In cases of this kind the individual is totally incapable of living when separated from the mother-stock; malformation, carried to such a degree, admits of fetal life and no other. The child perishes of necessity a few hours after it has been placed in relation with the external world.

Cases have been observed where the cerebellum has been more or less absent, although the hemispheres of the cerebrum are developed in a normal manner; a case of this kind, which is perhaps unique in the annals of the science, has been published by Dr. COMBETTE; you will find it in the *Revue Médicale*, No. for April, 1831. Here we find the

Cerebellum completely Absent.

In its place nothing was found but a quantity of serous fluid contained in the meninges; on each side a peduncle, not larger than a pea, was attached to the corpora testiformia, all the rest seemed replaced by a serous sac. The pons varolii as well as the cerebellum was absent, and the individual in whom this remarkable lesion of the cerebro-spinal axis was observed, had attained the age of eleven years: thus you see that agenesia, or total want of the cerebellum, does not necessarily render existence impossible, provided the other parts of the nervous centres be well conformed. The individual may even live for a considerable length of time; the child here was near twelve years of age, and we have reason for considering the disease as congenital, for had it been acquired, had this absence of the whole cerebellum depended on an actual destruction of the nervous substance caused by an organic lesion, it is not probable the child could have survived so long.

What were the phenomena observed during life in this case of complete atrophy of the cerebellum and mesocephale? What effect did it produce on the intellect? What modification in the function of motion? The intellectual faculties were obtuse, though not to a remarkable degree; the answers slow and difficult; the whole countenance expressive of stupidity: in a word, the child, though not exactly idiotic, still showed a deviation of the mental powers. The motility was also modified; the power of motion was considerably weakened in the lower limbs, which did not possess their natural force and vigour: hence the child was unable to support itself with any firmness; it fell down frequently; the legs crossed each other during walking, and were moved in an irregular unsteady gait. At length the child was compelled to confine itself altogether to bed, and after some time was

unable to stir, even when lying in an horizontal position: thus you see the modification of motility consisted in a gradual abolition of motion: to this were joined epileptiform convulsions, which continued for some time, and finally carried off the patient. The sensation of the integumental covering was not modified in any way whatever. There was no increase of sensibility in the commencement, no obtuseness or diminution of feeling, even when paralysis was most complete: the senses also remained intact. The child could see, hear, and taste in a perfect manner. The functions of nutrition, of circulation, and respiration, were carried on without any notable disturbance; however, the child is mentioned as being weak and delicate in constitution; a circumstance which is conformable to the opinion of older physiologists, who have attributed to the cerebellum the power of regulating nutritive life.

In what manner were the generative functions influenced? This is a question of peculiar interest in the present case, because the cerebellum was completely absent. How then do we find the reproductive organs? Gentlemen, the uterus, the fallopian tubes, the ovaries; in a word the whole generative system was normally conformed; and, moreover, the child, who, if you remember, was only eleven years of age, showed a precocious tendency to the passions of her sex, and was given to masturbation.

The case we have just noticed is one of too interesting a nature not to dwell upon it an instant and consider what general conclusions may be deduced from the phenomena by which it was accompanied. They are the following:—*First*. That abolition of the intelligence does not necessarily attend complete absence of the cerebellum: the mental faculties may even be moderately developed. *Secondly*. The power of motion in the lower limbs was lost; hence we conclude that the cerebellum acts on the faculty of motion, and is more or less necessary to its perfect accomplishment. *Thirdly*. There was no paralysis of sensibility, and hence the general feeling is not connected with the cerebellum.

Instead of complete absence of the cerebellum, as seen in the case just detailed, we may have a

Simple Diminution of its Volume.

Sometimes this atrophy is general; all parts of the organ are generally reduced in bulk. In the case communicated by Baron LARREY to GALL, and recorded in the *Annals* of this latter author, the posterior portion of the cerebellum was considerably diminished. Here the lesion was accompanied by a change of form in the osseous parietes, and could be discovered by an external examination of the head. The genital organs were also imperfectly developed.

GALL moreover asserts, that in individuals who have been castrated, the external occipital region undergoes a diminution of volume. According to him this phenomenon is constant; however, we would not undertake to render ourselves responsible for its accuracy. In page 271 of his great work on the anatomy of the brain, you will find another example of coincidence of a diminution of one of the lobes of the cerebellum, with a diminution of the testicle in the opposite side of the body; but he does not mention whether this partial atrophy of the cerebellum was attended with any modification of the intelligence, of sensibility, or of motility. Carried away by the pursuit of a favourite idea, he sees nothing but the reproductive organs, and the lesions they may present, without occupying himself with the phenomena of still more important systems. Other authors mention cases of atrophy of one or both lobes of the cerebellum, yet they do not mention any change in the form or disposition of the genital organs, or any derangement in their function. Indeed it is certain that a congenital lesion of this part of the brain does not of necessity bring after it a lesion of generation.

In volume fifth of the *Archives Générales de Médecine*, p. 99, you will find a case of diminution of one of the lobes of the cerebellum, where the principal phenomenon was a loss of sight (and remember how blindness is connected with numerous lesions of this part of the brain); the individual was an idiot from birth, but did not present any modification of the sensibility, or any derangement of the generative apparatus. An interne, M. PÉROT, has also described a similar case of partial diminution of the cerebellar lobes, and here again we do not find any lesion of the genital organs.

Atrophy of the Cerebellum on one Side, and its Connection with Paralysis.

When treating of cerebral hemorrhage and its effects, we stated the curious, though well-established fact, that when effusion of blood takes place simultaneously into opposite sides of the cerebellum and the cerebrum (as, for example, into the left lobe of the cerebellum and right hemisphere of the cerebrum), the latter organ acts alone, seems to absorb the power of the former, and loss of motion occurs only on the side opposite the lesion in the cerebrum; on the other hand, when hemorrhage takes place into the substance of the cerebellum alone (the cerebrum remaining intact), we have constantly paralysis in the opposite side of the body. It is remarkable that the same phenomena occur in atrophy of the brain; thus, when the cerebellum is atrophied on the left side, and the cerebrum is, at the same time, diminished in volume on the right side, the former does not exercise any influence over the motions of the body; its effect

seems lost in that of the cerebrum, and we only find paralysis on the side of the body opposite the lesion in this latter portion of the nervous centres. We have examined the archives of our science to determine how far the law now announced, which is fully true with respect to cerebral hemorrhage, may be applicable to atrophy of the cerebellum. We have been able to discover only three cases of atrophy of one hemisphere of the cerebellum, coexisting with atrophy in the opposite hemisphere of the cerebrum, and in all these three cases only one side of the body was paralyzed—viz. that opposite the diminution of the cerebrum. One of these cases is recorded in volume fourteen of the *Archives Générales de Médecine*; it is also described in the thesis of M. CAZAUVIÈRE on agnesia; here the patient, a female, was affected with hemiplegia of the left side of the body; there existed in the brain atrophy of the left hemisphere of the cerebellum, and at the same time atrophy of the right hemisphere of the cerebrum. The second case was communicated to the *Anatomical Society*, by M. BODÉY, interne in the hospitals, and may be found in the annual report of the Society for the year 1830; this individual had hemiplegia on the right side, but, on the left, motion and sensation were intact; after death were found atrophy of the right lobe of the cerebellum, and, at the same time, atrophy of the cerebral hemisphere on the left side. Finally, our third case has been published by Mr. BELL, of the *Salpêtrière*, in the "Bulletin" of the *Anatomical Society* for May 1831; the subject of this observation was paralytic at the left side of the body. On examining the body, Mr. BELL found a considerable atrophy of the right cerebral hemisphere, and a diminution of volume, with flattening of the left hemisphere of the cerebellum. In this latter case, the individual was subject to apoplectic fits, and here let us remark the coincidence of epilepsy with a lesion quite different from that to which it is commonly attributed.

Atrophy of the Cerebellum alone, or conjoined.

Sometimes partial atrophy of the cerebellum exists alone, or is accompanied with an opposite state of another portion of the cerebro-spinal axis—viz. hypertrophy of the spinal marrow. M. HUTIN has given us an example of this kind in a journal, entitled, "*Nouvelle Bibliothèque Médicale*," t. 1, p. 34, January, 1824. Here the atrophy occupied the medullary centre of each lobe of the cerebellum; the white substance of the corpus rhomboideum did not exist, but that body was represented by a small pyriform, hard, brown-gray mass; the whole extent of the spinal column was hypertrophied; the chord, instead of leaving a considerable interval, as it does in the normal state, be-

tween the parietes of the vertebral cavity, completely filled it, and was, at the same time, indurated. What were the symptoms in this case? The chief phenomenon was an excessive sensibility of the whole skin. The patient was unable to stand upright, because the soles of the feet were too tender to bear his weight. When any part of the skin was touched, he gave signs of excessive sensitiveness, and even great pain, sometimes manifested by convulsive movements. At length the external world became, at every instant, a cause of pain; the unfortunate patient was unable to stir, or place himself in relation with a single object, and he at length died, wasted, exhausted, and literally worn down by painful sensations. This fact is a very remarkable one, and although the history of the case is given by M. HUTIN, with some details, yet we find no mention whatever made of the genital organs.

These are the principal facts we know connected with atrophy of the cerebellum; we may add, that the lesion may exist alone, or in union with atrophy of some other part of the nervous centres: thus, for example, it is not uncommon to find a diminished volume of the cerebellum coincide with atrophy of the spinal marrow. In some cases it is a true agnesia of the chord that we observe, not an arrest of development. Here we do not find any trace of the cerebro-spinal axis; the cerebrum, the cerebellum, and the spinal marrow, are all equally wanting; and the fetus, like those which we have already noticed, is incapable of sustaining an extra-uterine existence. This lesion is denominated "Amyelia," that is to say, a condition in which

The whole Spinal Marrow is Absent.

while a fluid, contained in a membrane, somewhat similar to the meninges, fills its place, and the nerves, which in a normal state are attached to the chord, seem to derive their origin from the rudimentary membrane. We find, at the same time, two different conditions of the osseous parietes which enclose the chord. In the first, the bones comprising the vertebral cavity are involved in the same lesion as that which has affected their contents, and we find the whole cavity open at its posterior part, or more or less imperfectly formed in the different regions; in the second case, the vertebral canal has attained its perfect degree of development, although the substance of the chord may be reduced to its maximum of atrophy; this is the same thing that we have already observed for the brain, where absence of the encephalon coincides with a well-formed skull, or with various lesions of the cranial parietes.

Imperfect Development of the Spinal Marrow.

Instead of being completely absent, the spinal marrow may present merely an im-

perfect development of one or more parts; the lesion is then called "atelomyelia," and may exist with a great variety of degrees. Thus in some cases we may find a greater or less portion of the spinal marrow divided, as in the fetus, into two lateral portions, from the absence of the gray substance that unites the two distinct chords, which, at an early period, constitute the spinal marrow. These two primitive chords or lateral portions form, by their approximation, a kind of furrow, which, at a later period, is transformed into a canal; this canal is really permanent in many animals, but in the human subject it is ordinarily obliterated at birth; however, it may persist, and then we find a canal of greater or less extent occupying the centre of the spinal marrow, commencing at the upper part, and seeming to form a junction with the fourth ventricle. In several cases the white or medullary substance appears to be perfectly well developed, and the lesion of nutrition affects exclusively the gray matter of the chord. Is it to a want of development that we should refer the presence of a canal in each lateral portion of the spinal marrow? GALL described these canals as existing in the normal state, but this is now found to be an error; however this may be, M. CALMIL saw the lateral canals in the bodies of two insane patients (*Journal des Progrès et des Institutions Médicales*); in one they existed all along the two sides of the chord; in the other it was impossible to follow them beyond the cervical region.

Instead of imperfect development, we may find a

Simple Diminution of the Volume of the Spinal Marrow,

without any change of its organization; this diminution may be either general or partial; when general, the lesion is very easily discovered. We see that the bulk of the chord is evidently reduced below the normal standard. M. MAGENDIE has recorded a case of this general atrophy of the chord, in which the lesion was accompanied by paralysis of the limbs. M. OLIVIER has also seen two examples of the same kind; in one, the volume of the chord was reduced to at least one half of its normal bulk; in the second, the whole chord was one-third less than it ought to have been. We have already remarked, that atrophy of the spinal marrow may be partial, occupying only a small portion, or a particular region, of the chord. You know that the portion of the nervous centres contained in the vertebral canal presents a kind of swelling (*renflement*), or

Protuberance at the Origin of the Nerves

which are attached to it. In cases of partial atrophy, one or more of those protuberances may be absent. Thus in a case observed by M. HURRI, the diminution of volume en-

gaged chiefly the lumbar renflement, which was reduced to the size of a common pen. In another case, cited by the same author, the brachial and lumbar protuberances were atrophied at the same time.

The Medulla Oblongata

(*bulba rachidienne*) may also be reduced to such a degree of smallness, as to seem wanting. M. CRUVEILHIER has described a case of this kind in a child, in whom the atrophy of the bulb coincided with an excessive density of this part; in fact, it presented almost a stony hardness; it was also accompanied by a conversion of nearly the whole substance into gray matter. We have already mentioned a case where atrophy of the cerebellum gave rise to loss of speech. In the case just mentioned a similar phenomenon was observed, or rather the child was affected with a great difficulty of speaking; she spoke excessively slowly; pronounced each word syllable by syllable. The power of the muscles that act on the larynx and pharynx was gradually abolished, and the child died from a difficulty of deglutition, joined to a loss of mechanical power of respiration; the muscles of the chest becoming finally implicated, respiration was rendered more and more difficult, and death took place in a state of true asphyxia. Indeed it may be laid down as a general rule, that atrophy of the spinal marrow in most cases produces a greater or less degree of paralysis. This loss of motion becomes gradually more extensive, more intense. The respiratory muscles are at length implicated in the general disorder; a difficulty of breathing sets in; the patient soon loses the power of dilating his chest, and dies asphyxiated.

Ramollissement of the Brain.

We have now studied two principal lesions of the nervous centres opposed to one another in their anatomical characters, but not so different as you might be inclined to imagine, in the functional modifications which they produce. We have concluded the history of hypertrophy and atrophy. We must now turn to another class of lesions, where the number of molecules remaining the same, they present a change of consistence, and become either hardened or softened. We have already touched upon several points intimately connected with softening of the nervous centres, for it is absolutely impossible to lay aside the consideration of ramollissement, to separate the pathological history and the symptoms of this affection, when we speak of various other diseases of the brain, as, for example, encephalitis, apoplexy, meningitis, &c. They approach so closely in certain points, that we cannot trace a faithful history of the one, without frequently introducing the other; however, we must study ramollissement

apart, if we desire to obtain a correct knowledge of its progress, symptoms, and termination. We must examine it independently of inflammation of the brain, of abnormal injection of the nervous pulp, independently of congestion and sanguineous effusion. In a word, we must study this important lesion by itself, apart from all others, and we shall endeavour to push our investigations as far as the actual state of medicine will permit, although we may occasionally have to repeat our observations, and employ, again, certain illustrations which you have already heard in a former part of the course. We will commence with ramollissement of the nervous centres in our next lecture.

CLINICAL LECTURES

ON

SURGICAL CASES,

DELIVERED IN 1836, AT THE

JERVIS-STREET HOSPITAL, DUBLIN,

BY

WILLIAM WALLACE, M.D., M.R.I.A.,

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TETANIC SYMPTOMS, OR LOCKED JAW, RESULTING FROM INJURED NERVES.

GENTLEMEN,—I will commence this day's lecture by relating to you the heads of a very rare and interesting case:—

Philip O'Neill,

A tall muscular countryman, of a sanguineous temperament, and very blue eyes, aged between thirty and forty years, was thrown down, while leading a cart-horse over Essex bridge, when the wheel of the cart traversed his left leg a little below its middle, causing a fracture of both bones, with a communicating wound. He was immediately conveyed to this hospital, and being placed in bed, was treated according to the common practice.

No remarkable symptom occurred until the morning of the seventh day, when I was much surprised to find the bandages and splints greatly deranged. I was the more surprised at this, as up to that period the position of the limb had not sensibly varied from one visit to another, nor did the patient complain, at any time, of any uneasy feelings from position or bandages. Indeed, every thing had progressed in the most favourable manner, from the day of his admission, until that on which the displacement occurred. The wound had also begun to granulate, and even to cicatrize. Although I made strict inquiry, I could not

ascertain, from either nurse or patient, the cause of displacement. The bandages were re-adjusted, the limb was replaced in a proper position, and thus the patient was left, without any feeling any particular anxiety about his future state.

On the following morning, that is, on the eighth day after his admission, I found the limb again displaced; and I was informed that he had had a very restless night; that there were frequent spasmodic twitchings in the fractured leg; and that he found it impossible to preserve it during the night in the position in which it had been placed.

Such was the commencement of a series of as untoward symptoms as any I have ever witnessed. I shall not detain you with the daily reports of the case,— suffice it to say, that this patient, who had been advancing in the most favourable manner for seven days after admission, died four days after the spasms commenced in his leg; that is, on the eleventh day after the injury was received. The spasm gradually increased, from the morning of the eighth day, and in the course of thirty-six hours arrived at a state which it is difficult either to conceive or describe. Spasm is a bad, or insufficient, term to use. The limb was convulsed, and so constantly and so much, that for scarcely a minute could it be kept either by the efforts of the patient or by the pressure of assistants, firmly in any one position. Indeed, all such attempts seemed greatly to increase the convulsion. It was not only tossed to and fro, but occasionally raised with convulsive force, even some feet, from the surface of the bed. The bandages and splints could no longer be kept on. The wound in the soft parts (which parts had now altogether lost their healthy aspect and had become pale and glassy) as well as the fractured bones, appeared to be quite disregarded, so violent were the pains which the muscular actions produced. The lower fragment of the limb was thrown during the spasms into every possible position; with regard to the upper, it was knocked about like the loose arm of a flail used by a thrasher of corn, at one time being bent forwards, at another backwards, or to one side or the other, at angles of various degrees; and the bones at these periods protruded at the wound to a great extent.

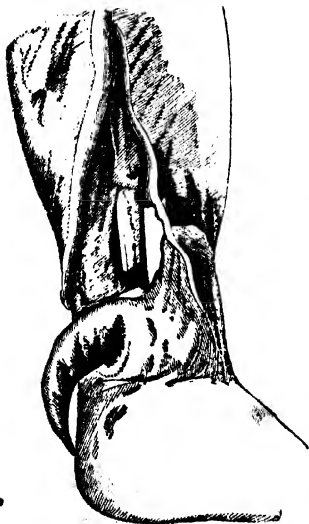
The convulsions of the limb in a short time extended upwards, and then the muscles of the thigh co-operated with those of the leg, in producing the most violent and unrestrainable tossing or dashing about of the whole limb. At the end of the second day after the spasms had commenced, his countenance acquired a tetanic aspect, and he began to complain that his jaws were rigid, and that he could not swallow. Upon trying him with a little drink, I found that every time he attempted deglutition, a violent spasm took place in his throat, by which the

further progress of the liquid was obstructed. The situation of the poor fellow was at this period a source of the greatest distress to me. His symptoms were uncontrollable by any means devised, and his sufferings appeared to be great indeed.

On the fourth day, as if worn down by violent and constant pain and spasmodic action,—by exhaustion from absence of all sleep, and from want of nutriment, his countenance became pale and sunken, and his pulse tremulous, rapid, and weak. But the spasm in his limb and all muscular rigidity having at the same time ceased, and the power of deglutition having returned, I could not avoid having some hope, notwithstanding the degree to which he had been worn, that a favourable change was about to take place. On the following morning, however, my expectations were dashed, by finding that the poor fellow was no more; that he had died a few minutes before I entered the hospital, that is about twenty-four hours after the muscular system had become quiet.

I examined the body on the subsequent day, and have preserved this drawing, and the following notes of the

Morbid Appearances.



"The muscular system in general is rigid, and the muscles are marked, as if in a state of contraction. His countenance still presents a tetanic aspect. The pupil of the right eye is considerably more contracted than that of the left.

"*Right Leg.*—The upper portion of the

tibia is protruded one inch through the wound. This leg is some inches shorter than the other, and the state of the muscles and other parts is such, that the limb cannot be brought to its natural length. Having made an incision in the skin, on the outside of the fore-part of the limb, both upwards and downwards, so as to increase the extent of the wound, and having dissected a flap on each side, the bones are found to overlap nearly two inches. Having next removed the peronei muscles from the middle third of the fibula, the fracture of this bone is observed to correspond to the part where it is crossed by the fibular nerve, as it turns round to the front of the leg; and this nerve lies on the upper end of the lower portion of the fractured fibula, which end is remarkably sharp. The nerve in this situation, and for an inch or two above and below, is preternaturally vascular and much thickened, and the surrounding are soft parts infiltrated with blood, and diseased from suppurating having taken place among them. It is very evident (I have observed in my note of the dissection), from the manner in which the muscles covered and crossed the nerve and the sharp end of the fibula, that every time they contracted they must have pressed the nerve firmly against the bone.

"*Head and Spine.*—A quantity of a serous bloody fluid exists in the cavity of the arachnoid. The vessels of the membranes of the cerebrum, cerebellum, medulla spinalis, and oblongata, are very turgid. Great effusion between the pia mater and arachnoid—particularly on the superior surface of the hemispheres. An effusion of blood on the outside of the sheath of the spinal marrow, nearly opposite to the middle of the chest. The plexus choroides livid from congestion; some reddish serum in the ventricle; the substance of the brain very firm, and over-vascular.

"*Abdomen.*—The gall-bladder contains much bile. The capillary vessels of some of the small intestines are in a state of congestion. The intestines are, in general, irregularly dilated and contracted, the transverse arch of the colon, and the cæcum, are much dilated, and the end of the ilium and several parts of the large intestines are irregularly contracted."

Was this a Case of genuine Tetanus or not?

In many points of view it strictly resembled tetanus, but not in others, provided we confine our views of tetanus within the bounds placed by some to the characters of this disease—or, in other words, if we deny the name of tetanus to every disease which does not present certain symptoms, in general considered pathognomonic. The period at which the spasmodic symptoms set in, viz. on the seventh day, and when the wound was granulating and even cicatrizing, is the

period and the state of the wound at which traumatic tetanus in general commences. The permanent rigidity of the jaws, the difficulty of swallowing, and, above all, the peculiar cast of countenance, were also in a high degree characteristic of tetanus. On the other hand, the manner in which the spasms commenced—that is, in the wounded limb, their gradual extension to the head, the absence of pain in the epigastric region, and of rigidity in the muscles of the abdomen, as well as of any decided spasms of the trunk, are all phenomena unlike what we commonly observe in genuine tetanus. The cessation of spasms, and the restoration of the power of deglutition, so long before death, are also symptoms which I have not observed in true tetanus. Nor have we any good reason for supposing that in this disease the cause of mischief is seated, as was evidently the case in the present instance, in an irritated or injured nerve, or that there exists such a state of the brain as was on dissection observed in this case. Such are the reflections which occur to me, when I compare the case of O'Neil with the numerous cases of ordinary tetanus which I have witnessed.

The case of Hagerty, noted in the hospital case-book, seems to me to have many points of analogy with the case of O'Neil, and what is important to us on the present occasion, it furnishes those symptoms which have been considered pathognomonic of tetanus, viewing this disease in the common manner, which were wanting in the case of O'Neil; while O'Neil's case affords symptoms, considered equally characteristic of tetanus, which were wanting in the case of Hagerty. I shall read you the heads of

Hagerty's Case.

This patient, who was a labourer, aged fifty-four years, was admitted with the soft parts covering the left great-toe, much contused and torn, and with a wound of the same shin, or of the front of the leg. These injuries had been caused by the limb having been jammed between a lamp-post and a cart. He had lost a large quantity of blood, and he complained much of pain extending up the leg. On the ninth day, when the wounds were suppurating and granulating healthily, the nitrate of silver was applied, by my directions, to some exuberant granulations on the skin. This application seemed to cause great pain, evinced by loud and repeated cries.

Tenth day. He still complained of pain, and he described it as shooting from the front of the foot and leg along the calf, ham, thigh, and back, up to the neck.

Eleventh day. He had several spasmodic twitches in the limb, which extended up the trunk.

Twelfth day. The spasms in the limb became more frequent and severe, and he

complained of rigidity of his jaws, with inability to open them to their full extent. During the general spasms, the head and trunk were drawn backwards.

Thirteenth day. Same symptoms continued, and rather increased.

Fourteenth day. The jaws were much more fixed, and the muscles of the neck and abdomen were very rigid. On this day he had frequent general spasms, commencing in the limb.

Fifteenth day. He was as on the 14th, with the addition of pain in scrobiculo cordis.

Sixteenth day. Stiffness of jaws was increased, but the spasms were milder since yesterday. Slight drooping of the upper eyelid; pain in scrobiculo cordis less. Salivation commencing, from the calomel and Dover's powder, which he had been taking since the twelfth day.

Seventeenth day. Rigidity of neck diminished. Rigidity of abdomen nearly the same. Had four mild spasmodic paroxysms since yesterday.

Nineteenth day. Spasms much milder and less frequent; scarcely any rigidity of the muscular system; copious perspirations. Complaints of sickness of stomach, or of what he calls a water-brash.

Twentieth day. Occasional, but very mild spasms. Rigidity of jaws, neck, and abdomen, diminished.

Twenty-fifth day. No spasms; no muscular rigidity. Suffers much from profuse salivation. Was discharged cured on the 16th of May, about six weeks after admission.

The Symptoms, if combined, in the foregoing Cases, are those of Genuine Tetanus.

You may observe, that this case presented, as I have said, certain characteristics of tetanus, which were wanting in the case of O'Neil. Thus, there existed in Hagerty's case, abdominal rigidity, pain in scrobiculo cordis, and convulsions of the trunk, during which the body was bent backwards; while certain symptoms were wanting which were found in the case of O'Neil, and which are considered equally pathognomonic as those which did exist. Of these, the most remarkable was the absence of the tetanic countenance, which was strongly marked in O'Neil, and was ~~marked~~ in Hagerty simply by a drooping of the eyelid, and this observable only on the ~~sixteenth~~ day, and perhaps not deserving of being considered expressive of a tetanic countenance.

When the case of Hagerty was passing under my observation, the impression was made on me, that the symptoms originated in an inflammation or morbid state of the peroneal nerve, as in the case of O'Neil; that this inflammation had commenced in the nerve so low as in the dorsum of the great-toe; that some of its branches, which

passed through the wound on the shin, had been irritated by the application of the nitrate of silver; that the inflammation or irritation had subsequently extended along the sciatic nerve, through the popliteal space, and up the thigh to the spinal marrow; and that thence resulted the more general muscular affections.

Now it is evident, that if we combine the symptoms of the cases of O'Neil and Hagerty, we shall have all those that occur in the most genuine forms of tetanus. We shall, however, have also

One most important Symptom present, which does not exist in ordinary Tetanus,

so far as I have had an opportunity of witnessing the disease for more than fifteen years in this hospital, so famed for accidents. I allude to a spasmodic affection of the muscles of the part injured, and it was with this symptom that the general spasm commenced in the cases of O'Neil and Hagerty; whereas rigidity of the muscles of the jaws, or of the back of the neck, without any pain or convulsion of the limb, however severe or trifling the wound may have been, is the almost uniform mode of commencement of what is called genuine tetanus. In support of this fact, let me recall to you from the case book of the hospital the heads of two or

Three Cases of Genuine Tetanus.

Case 1—Gannon, a strong and healthy child, aged three years, was admitted with a wound four inches long, which penetrated through the integuments, on the outer side of the knee-joint. The joint was not injured. A quantity of dirt and gravel was imbedded in the wound. There did not exist any apparent constitutional disturbance.

Third day. Suppuration commencing.

Seventh day. Wound granulating at its upper angle, sloughy at its inferior end. The child looks pale and sickly.

Eighth and ninth days. Restless and peevish.

Tenth day. Unable to open his mouth, and when he attempts to take a drink, a slight convulsion ensues, with a tetanic expression of countenance. The power of moving his lips, however, continues perfect, and when he is at rest, his countenance has not any tetanic appearance. No rigidity of muscles of either neck or abdomen.—*Evening.* His countenance has, even when at rest, the tetanic aspect. There exists a rigidity of the muscles of his neck and abdomen: and when a convulsion is excited by any attempt to drink, the head is drawn back, and, even when quiet, he is unable to bend it forwards.

Eleventh day. He had several convulsions during the night, when attempting to drink, but was quiet when not excited. His paroxysms became more frequent and more severe during the day.—*Evening.* He has had

two violent paroxysms. One which he had at ten o'clock has been thus described in the case-book. His body is so violently bent backwards, that his occiput and heels alone touch the bed, his trunk and lower limbs forming an arch. All the muscles of his neck, back, upper and lower limbs, are hard and rigid. All the features of his face are violently contorted. His eyes are turned upwards and inwards. Subsequently, his breathing became laboured and stertorous, and afterwards so faint, that, joined with a state of insensibility, it was supposed he was dead. After a minute or two, however, he recovered, turned on his side, and called to his mother for drink.

These violent paroxysms recurred with an interval of an hour, until about three o'clock in the morning, when he expired.

Case 2.—Scully, aged eleven years, received a deep punctured wound in the hollow of the sole of his right foot, caused by leaping from a height on a thick blunt hook. He leaped from an ass-cart on the pavement to fasten the trace, which had become loose by the hook falling out on the ground, and it was on this hook he leaped.

Second, third, and fourth days. Accelerated pulse, restlessness, pain in the head, perspirations, foul tongue, sick stomach.

Fifth, sixth, and seventh days. Seemed to be progressing to recovery.

Eighth day. Frequent yawning, of which he himself complained.

Ninth day.—In the morning complained of stiffness in the back of his neck, and difficulty of deglutition. No inflammation in his throat to be observed. No pain in fancies.

—*Mid-day.* Muscles of jaws rigid. Considerable difficulty of opening his mouth; pain felt in the epigastrium, when he attempts to sit up. Muscles of abdomen slightly rigid. The tetanic aspect exhibited in his countenance by a wrinkling of his eyebrows and forehead, and by a divarication of his nostrils.—*Evening.* Irritability of stomach. Rejects his drink. Very frequent convulsive paroxysms; each lasts, however, only a few seconds; during these, the muscles of the back are contracted suddenly, and, by a quick jerk, throw forward the abdomen. Each paroxysm is attended also by a quick expiration, and an increase of pain, which he refers to the epigastric region, and which elicits a groan. During the intervals of the paroxysms, the rigidity of the muscles of his abdomen and neck continues. He frequently asks to be placed sitting up in bed, and when the attempt to raise him is made, he becomes from head to foot as rigid as a board. When he wishes to take drink, which he can do only while sitting, he is unable to bend his head forward, and asks impatiently his father to bend it. His skin in general is moist, and his face and breast are in a state of perspiration. Pulse 120.

Tenth day.—He had a paroxysm every five or six minutes during the night, and, on one of these occasions, the opisthotonos was so violent, as to raise him almost entirely out of the bed. The least exertion he makes, on turning him, or asking him a question, or even any sudden noise, produces a paroxysm; and, independently of any excitement, he has one every three or four minutes, but each lasts only a very few seconds. He complains of having bitten his tongue, and often cries out with pain, which he refers to his loins. He seems occasionally to drop for a minute into a doze—his eyes half closed, but, in an instant, he awakes with a sudden jerk. His stomach is very irritable, and occasionally rejects its contents.—*Evening.* Paroxysms more frequent—during five minutes he had no less than ten; his pulse during the paroxysm is 138, in the interval 108. Bowels confined; makes no mention whatever of his foot. The wound is nearly healed.

Eleventh day.—Is extremely weak; paroxysms have been very frequent during the night, but they were not so violent, nor did he cry out with them so much, as before. Complains of pain in his belly, and back of his neck. Has a strong desire to drink, but says there is a stoppage in his throat. Complains of itching in his face. His fingers are not engaged during the paroxysms, nor are they rigid in the intervals.

Not to detain you longer with particulars, this child died in a convulsion, on the fifth day from the commencement of the tetanic symptoms, and some time previous to death, great dyspnoea, with delirium, set in.

Case 3.—Sadleir, aged 30, a strong and healthy labourer, had his right hand jammed between two beams of timber, in such a manner, as to cause the phalanges of the three fore-fingers to be over-extended or flexed backwards, so as to produce a compound dislocation of their articulation with the corresponding metacarpal bones. The flexor tendons were torn across, where they cover the joints, and the cartilaginous surfaces of the bones were visible. The metacarpal ends of the phalanges were thrown on the palmar aspect of the metacarpal bones. There was a wound between the thumb and fore-finger, about half an inch long, through which a mass of muscular flesh was protruded in such a manner, that it seemed to be girt by the orifice of the wound. The bleeding was trifling. He complained much of a sense of numbness, but of no pain. The parts were easily restored to their natural position, and the injury appeared then so trifling to him, that when the propriety of removing the fingers was hinted at, he expressed himself so strongly against an operation, that it was not further spoken of.

Third day. Suppuration with much tumefaction.

Fourth day. Increase of discharge, which is rather thin. The skin of his hand and forearm presents a slight blush of red as far as the elbow.

Fifth day. Matter formed on the dorsum of the hand, in the course of the tendons, and discharged by an incision.

Eighth day. Complained of soreness and stiffness of the jaws and throat. His tonsils seemed inflamed and enlarged. In the evening he complained of pain in the epigastrium.

Ninth day. Stiffness and rigidity of his jaws, and inability to open his mouth increased. Profuse and general perspirations. Has had two convulsive paroxysms; pulse 102; complains of no pain.

Tenth day. He expired this morning, immediately after a spasmodic paroxysm. It was reported that he had had a spasm, almost every hour, from the evening of the ninth day, until the morning of the tenth; that they became more and more severe; that during the paroxysms his face became almost black; that all night the muscles of the back of the neck and of the abdomen had been in a state of great and constant rigidity; that at first the spasms had lasted about one minute, but subsequently not less than a minute and a half.

En passant, I wish to observe, that this was one of the most rapid cases of tetanus which I have ever witnessed, and the violence of the symptoms was by no means proportioned to the rapidity with which the disease ran its course. The patient was kept under the influence of tartar emetic from the first appearance of the disease, until his death, and from what I observed in this case, I would never again think of trying that remedy.

In none of these cases, and if necessary I might detail to you many others, did the wounded limb attract attention, either by pain or spasm. Were there no other circumstance than this, to distinguish them from such cases as those of O'Neil and Hagerty, this alone would be quite sufficient; and if the latter cases are to be viewed as examples, they should be considered to form a variety distinct from the former.

There has been much discussion respecting what is

The Wounded Tissue which is the immediate Cause of Tetanus.

You are all aware that the opinion prevails that this disease is produced by wounds of tendinous parts. Are not such cases as those of O'Neil and Hagerty highly suited to cast light on this obscure point in pathology? For example, if the irritation or inflammation of a large nerve is capable of influencing the centres of the nervous system in such a manner as to cause a series of symptoms almost identical, if not entirely

imilar, with those of genuine tetanus, we are prompted by analogy to infer that it is in some such way that ordinary tetanus is produced. Nor does our incapability of discovering in this disease organic lesions in the nerves of the injured parts, authorize us to conclude, in our still imperfect knowledge of minute structure, that no organic lesion exists. And if the immediate cause of tetanus be seated in the spinal portion of the nervous system, as the inquiries of my friend Dr. REID of this city, and, subsequently, of others, go to prove, an additional argument will thereby be afforded for inferring that it is an injury of the nervous tissue that gives origin to tetanic disease, and not of either the tendinous, or, as some suppose, for example the late Dr. PARRY, of the muscular.

It is remarkable that the effects which we know to arise from an irritated nerve, are always more severe a few days after the injury has been inflicted, than immediately on its receipt. This corresponds with the phenomena presented by tetanus. For the symptoms of this disease rarely indeed commence for some days after the infliction of the injury which causes it. In the cases of *O'Neil* and *Hagerty*, the nervous symptoms began, as I have already observed, about the same time, and in the same state of the wound, as we would have expected tetanus. Thus in *O'Neil*, the first symptom of nervous mischief was on the eighth day, and in *Hagerty*, on the tenth day, while in the cases of *Scully* and *Sadler*, they commenced on the eighth day; and in the case of *Gannon* on the tenth day. This points out a close relationship among these affections.

In the memoirs of Baron LARREY, you will find many facts, which, in my mind, demonstrate the probability that a local injury of nerves is the immediate source of mischief in tetanus. He often noticed, for example, a remarkable connection between the character of the tetanic symptoms and the situation of the wound which caused them. He observed, both in Egypt and Germany, that when the wound involved nerves in the front of the body, the symptoms were cinprosthotonic, and when those on the posterior part, opisthotonic; but that when both classes of nerves were injured, complete tetanus ensued. It was also a remark made by him, that wounds in the course of the larger nerves were very often followed in the climate of Egypt by tetanus. But what is still more to the purpose, you will find on record some cases which are really as cases of tetanus, in which there was an injury of a nerve more or less similar to that which occurred in the case of *O'Neil*, and probably also in that of *Hagerty*.

Mr. LISTER, one of the able professors of surgery in the University of London, has given us, in the *Edinburgh Medical and Surgical Journal*, a case of tetanus in which he

performed amputation with temporary relief, and when he examined the amputated limb, he found that the branch of the median nerve going to the thumb was torn two-thirds across, and its extremity inflamed and thickened for nearly an inch. He also, subsequent to the death of the patient, found about two inches of the same nerve at the bend of the arm, very vascular, but without effusion or thickening of the envelope.

Dr. HENNAN has, in his *Military Surgery*, mentioned that he found the radial nerve thickened, and a small splinter of bone sticking in it, in a man who died of tetanus.

Baron LARREY has recorded the case of the son of a general officer who died of tetanus, consequent on amputation; and upon examining the stump, the median nerve was found included in the ligature with the artery. He also mentions a case in which he suspected that tetanus was caused by a ligature on the crural nerve. He removed the ligature, canterized the nerve, and the man recovered.

You will also find, in the first volume of LALLEMAND'S *Researches on the Brain and its Appendages*, the case of a soldier, aged about 38 years, whose subclavian artery was tied for aneurysm. When the ligature was drawn tight on the vessel, the patient experienced great pain in the neck. This pain diminished the next day, but on the fourth and fifth days it became very severe. On the seventh night, there was "perte de connaissance," particularly of the inferior limbs. (LALLEMAND conceived that the convulsions of the upper limbs had been prevented by the bandaging.) Immoveable pupils, short and frequent respiration, small and irregular pulse. On the eighth day the head was drawn back by spasms, and death took place in the evening. On dissection, it was found that the ligature on the subclavian artery had included the branch of the brachial plexus, which comes from the third pair. An abscess was found in the posterior lobe of the left hemisphere. The vessels of the cerebral substance, and those of the pia mater, were preternaturally developed, and the ventricles contained some reddish serosity.

There are probably other cases of an analogous kind on record, which I have either not read, or which may have escaped my memory. Those which I have mentioned are, however, quite sufficient, in connection with the two which we have ourselves witnessed, to authorize us to conclude that there does exist a form of tetanic disease, which is in very close relation with, if not entirely dependent on, an injury of a nerve. May we not, as I have already said, consider such cases as forming a peculiar variety of tetanus? This seems to me to be the more correct way of considering this subject.

When we reflect on the different results which have followed the same kind of treatment in different cases of tetanus, I think we are compelled to believe that authors have included under this term many forms of disease which differ so essentially from each other, as to require dissimilar modes of treatment. This would certainly be a natural way of accounting for the discrepancy which exists among reported cases.

Of the various Modes of Treatment

adopted, there are few that have afforded more discordant results than that by amputation. It is, in general, now never thought of; yet LARREY seems to have obtained advantage from the practice, and even from the division of the nerve leading from the injured part. I confess, that when I reflect on the facts connected with this subject, I am disposed to conjecture that the cases of tetanus in which this mode of treatment will be beneficial, are such as those we have been considering; and I have scarcely a doubt on my mind, that, if amputation had been performed at a sufficiently early period, or the irritating extremity of the fibula removed, or even if the injured nerve had been divided in some part of its course, between the spine and the seat of injury, the life of O'Neil might have been saved.

Should further investigations lead to the conclusion that there is a peculiar form of tetanic disease, which has for its cause an injury of a large nerve, and that these are the cases in which an early amputation, or the division of the nerve between the injured part and the brain, is likely to be useful, our attention will be directed to distinguish such cases from others; and I am induced to believe, from what I have seen, and for the reasons already advanced, that the situation or part in which the spasms commence will be a powerful assistance, as a

Means of Diagnosis,

if not of itself sufficient. It is to be regretted that in the recorded cases I have mentioned, and in which the symptoms were connected with an injured nerve, no notice has been taken as to the exact manner or situation in which the spasms commenced. They do not, therefore, afford us the assistance on this subject which we might otherwise obtain from them. RICHERAND says, that he has sometimes noticed in wounds which threaten tetanus, that a persevering extension of the limb during sleep often manifested itself before other symptoms were observed. Do such cases belong to the class of tetanic affections which arise from injured nerves of large size? To the same class most probably belong also three cases of tetanus recorded by Sir GILBERT BLAKE, in two of which the symptoms affected the side of the body in which the wound was

situated, and in the third, they were accompanied by a trifling and rather agreeable sensation in the part.

If there exists a form of tetanus dependent on a laceration of a nerve, and if such form calls for amputation, or the division of the injured nerve, or the removal of the irritating cause, it must be clear, from the facts unfolded by the case of O'Neil, and by the cases recorded by LALLEMAND, that such cases will not be benefited by such operations, unless they be executed early, or before the disease has extended so far as to cause inflammation of the central portions of the nervous system. This precisely corresponds with the rule of practice given by LARREY; he advises that they be performed before inflammation commences.

Mercurial treatment has often been supposed to be useful in tetanus; and in the case of Hagerly there could be little doubt, from the close connection observed between the improvement of his symptoms and the commencement of salivation, that material service was obtained from the action of the mercury. Will further experience sanction the conclusion, that it has been in cases of tetanic disease arising from the injury of a nerve, that mercurial treatment has been serviceable?

In conclusion, and as my only apology for having occupied so much of your time with this lecture, I have to observe, that should it turn out, that it is in cases of tetanus from injury of a large nerve, that advantage is to be expected from mercury, or from amputation, or from the division of a nerve, or the removal of causes of irritation; and that the diagnostic symptoms, which I have laid down, are sufficient to distinguish these varieties of tetanus from others; it will thus be admitted, that a step has been achieved in the study of the symptoms and in the treatment of a disease, respecting which every thing seems to be, as yet, in confusion. The facts which I have witnessed those which are on record, and the reflections which both have created in my mind encourage me greatly to endeavour on every opportunity to ascertain the distinguishing peculiarities of each case which may present itself to me. In short, I feel convinced, that one cause of failure in the treatment of this disease, has arisen from our great neglect of its varieties.

ST. GEORGE'S HOSPITAL.

CLINICAL LECTURE

ON A CASE OF

RANULA.

Delivered in the Session 1835-6.

BY MR. WALKER.

GENTLEMEN,—It is my intention to bring under your notice this morning the particulars of a very interesting case which presented itself a short time since amongst the out-patients under my care. It was one of sublingual tumour, occupying the usual situation, but differing in some points from that form of disease which is known and described to you under the name of "Ranula."

The patient, Elizabeth Holloway, an interesting healthy-looking girl, about 19 years of age, perceived for the first time, about two years ago, that a small tumour was growing under her tongue. At this time it was no cause of pain or inconvenience, either in swallowing or speaking, nor would she even have been aware of its existence had not her attention been drawn to it by a female relative who had herself a few years previously suffered from a tumour occupying the same situation, and who was, therefore, more sensible of a slight hisping in the speech of the patient. A few months since, the tumour, from having remained quiescent, began gradually to increase in size, and materially to interfere with the functions of the parts in the vicinity of which it was situated. Swallowing caused her inconvenience rather than pain, and her voice, from its natural soft tone, changed into a note much resembling that of a frog's croak. It is, in fact, from this peculiarity that the disease has obtained its name of ranula. Her voice was thick and reedy from the pressure caused by the tumour (which had now attained the size of a pullet's egg), upon the superior portion of the larynx. The living mucous membrane of the mouth moved easily over the surface of the tumour, and there appeared to be no impediment whatever to the natural flow of saliva. You may remember that at about this time I introduced a blunt probe into the ductus Whartoniensis. It did not enter into the tumour, but passed downwards to its under surface, a circumstance which led me to prognosticate that the tumour was situated in the cellular structure under the tongue, and altogether unconnected with and unattached to the sublingual ducts.

She was extremely anxious to have the tumour removed, and I accordingly operated

in the following manner:—She was placed in a window fronting the light; the head was thrown backwards and supported; the motions of the tongue were checked, and commanded, by its apex being pressed against the bony palate of the roof of the mouth. Whilst in this position, the mucous lining of the mouth, which was kept on the stretch over the tumour, was divided in that situation by the lancet, and the cyst of the tumour was exposed. That was next divided, and a considerable quantity of thick atheromatous matter immediately escaped. On examination I found the cyst to be much firmer and denser in structure than is usually attained in these cases, and of sufficient tenacity to bear some firm manipulation. I secured it by a pair of common dissecting forceps at the opening previously made through the mucous membrane, and dissected it out with a flat aneurysmal probe. At its inferior position it was attached to the mucous membrane by a small peduncle, of about the size of a crow-quill, which was divided by the scissors. The operation proved troublesome, from the escape of the contents of the cyst, and the inconvenient and awkward situation which it occupied, as the cellular structure at this part is loose, and but little force is required to detach or separate it from a tumour of this kind, and I should therefore always advise you to effect this by an instrument similar to the one which you saw me use—viz., a flattened aneurysmal probe. The use of a knife in operating on these parts is dangerous, from the chance you run of wounding any of the sublingual vessels, which are of a large size, and the little control which you can have over the movements of your patient, for I can safely promise you that you will find few so quiet and tractable as this patient was. After the tumour was removed, the situation it occupied was carefully examined, and finding that the whole of the cyst had been removed, and that there was no hemorrhage from the part, I ordered her to rinse her mouth out frequently with warm water, and to take a pill of calomel and antimony at night, and a senna draught on the following morning, and at her very urgent request I allowed her to return home to her friends in the neighbourhood of Coldbath-fields.

Thus much of this case, gentlemen, you were most of you enabled to witness, and I regret the more that I could not prevail upon the patient to remain for a few days in the house, as it is during that period that the most important part of the treatment in such a case as this is called for.

* On examining the tumour previous to its being placed in the Museum in Grosvenor-place, we found the above remarks fully verified.—*Rep. L.*

Twelve hours after the operation she was attacked with great difficulty of breathing and deglutition, which continued unabated until I saw her on the following day, about twenty-four hours after the operation. I found her tongue enormously swollen, rendering it impossible for me to examine the throat. Every attempt which she made to swallow produced symptoms approaching those of strangulation, her face was flushed and turgid; skin hot and parched; pulse 120, rapid and thready; and her countenance expressive of the greatest anxiety. Now, with symptoms such as these it may frequently be requisite, in full, strong, and plethoric persons, to abstract blood largely from the system, and produce a decided impression at once, but in more delicate subjects topical bleeding will be found quite sufficient to answer this purpose; but even this you must do effectually, and check the inflammatory action at once. Twenty-four leeches were ordered to be applied to the throat, followed by a linsed meal cataplasm; six grains of calomel and five grains of James's powder were administered immediately, and were followed in four hours by a strong senna draught. The leeches were re-applied on the following morning, for although the painful sensation of suffocation about the throat was materially relieved, there still remained sufficient difficulty in deglutition and respiration to render their re-application a matter of prudence. She took the infusion of roses with sulphate of magnesia and diluted sulphuric acid every six hours, for a few days, when she continued to go on without any further let or hindrance to her perfect recovery.

The Symptoms which sometimes follow an Operation on Parts near the Throat,

where there is required any force or violence to separate the morbid from the healthy structures, are frequently of a distressing, and sometimes of an alarming character, and the consequent restorative inflammation, if I may use the term, which is naturally set up in the part for the reparation of the injury, frequently affects the surrounding important organs of respiration and deglutition, in the manner which I have already described to you occurred in this case; the same symptoms occurred in the patient M'Donald, after I had removed the tumour, situated externally, near the region of the parotid gland, and dipping downwards and forwards under the angle of the jaw; but they were speedily and effectually relieved by the same means being employed as above detailed. In the treatment of these cases you must be active at the onset, and attack them vigorously; you must not be satisfied with putting on six or eight leeches, but you must apply a couple of dozen, and repeat the application of them very soon, if you do not find the symptoms speedily and

completely relieved; and, as I before told you, if your patient be young, vigorous, and plethoric, you may, with great safety and relief to him, take a large quantity of blood in a phlebotomy from the arm, and afterward repeat the depleting effect, by the abstraction of blood locally, bearing always in your mind the great importance of these organs in the animal economy which are to be thus preserved and kept free from inflammatory action.

The Disease in the present Case

(Holloway's) did not partake of the ordinary character which is usually obtained by the sublingual tumour denominated ranula, but came more properly and particularly under that class of tumours which is denominated encysted. It was unconnected with the sublingual duct, and was situated in the loose cellular tissue beneath the tongue. It is not very uncommon to meet with encysted tumours occupying this situation, the cyst, however, is generally found to be very thin and attenuated, and the contents are most commonly of an albuminous glairy character, resembling the white of an egg. Encysted tumours of this nature are frequently met with in other parts of the body; I have removed them from the labium pudendi, and from the inner surface of the lips; they seem to occur and form under surfaces covered by mucus membrane, and where glandular apparatus abounds, more frequently than in other parts. They seldom admit of removal by dissection, from the extreme delicacy of their texture, this circumstance rendering it very difficult, and almost impossible, to separate them from the surrounding parts without leaving some portion of the cyst behind; and when this happens, you may be pretty sure and certain that the disease will return again. The method of proceeding where extirpation is impracticable is the following; you must proceed in the first steps of the operation as I have already explained to you;—freely divide the mucous membrane of the mouth and the cyst itself, empty the cavity of all its contents, and allow all bleeding to cease. Then wipe out the cavity with a piece of lint, and rub over the whole of its inner cavity with a piece of caustic potash, so as completely and entirely to destroy the whole cyst. After this is done, you may if you please wash out the patient's mouth with some vinegar, which, by decomposing the caustic, will check its further action on the surrounding parts. The slough of the cyst will separate in a few days, granulations will spring up from the bottom of the cavity, cicatrization will take place, and the cure will be thus effected.

I will now detain you a few minutes by explaining to you the

Course, Nature, and Treatment of Ranula, that disease I mean which is more commonly

denominated "ranula." This, like the encysted tumour, generally occupies some part of the cellular space under the tongue, and between the rami of the lower jaw, and is gradual in its growth, and has a semi-transparent appearance. The origin of this disease can be dated from obliteration of the common orifice of the sublingual and submaxillary ducts; the discharge of saliva is thus checked and prevented, and there is a consequent accumulation in the duct, the secretion becomes inspissated, and mixed with the mucus poured out by the lining membrane of the canal, and in this way a tumour, sometimes of considerable magnitude, is produced. When it is practicable, some authors have recommended the introduction of a small probe into the mouth of the duct, and treat the constricted orifice by gradual dilatation, as in the cases of strictures of other mucous canals. In this way I have known the distended cavity to have become emptied, and a free exit established for the subsequent secretion of mucus to escape. When the orifice of the duct cannot, however, be re-established in this manner, the treatment of it by caustic potash is the best; or, if the tumour be a very large one, the excision of a portion of the mucous membrane, with the parietes of the cyst, may be substituted for simple incision. This is the method which I should advise you to adopt, but other plans besides these have been recommended. The nitrate of silver has been proposed, and will, I have no doubt, often succeed; its object is precisely the same as that of the caustic potash, that of destroying the cyst, but in this respect I rather believe that it is less to be depended upon than the kali purum. There is another mode of treatment which is sometimes adopted in these cases; it is one, however, which I feel it to be my duty strongly to caution you against - it is the introduction of a seton. A skein of silk, or part of one, is drawn through the substance of the tumour, and tied in a knot closely under the tongue. The object of this method of treatment is manifest; it is that of producing inflammation and consequent obliteration of the cyst. This is a very nasty mode of proceeding, independent of its being a very dangerous and inefficient one; I have seen it productive of great inflammation in all the surrounding parts, and attended with the severe symptoms which I enumerated to you in a former part of this lecture as occurring in this case, and I have never seen it cure the disease. The degree of feverish excitement and general disturbance of the whole system which I have seen attend this mode of treatment, would prevent my ever having recourse to it.

Besides the accumulation of saliva,

Earthy Deposits in the Salivary Ducts
under the tongue, principally formed of the

phosphate of lime, are often met with; they seldom produce any inconvenience, nor do they interrupt the flow of saliva, and perhaps they are not discovered until they become inconvenient from their size and magnitude in the mouth. I have removed several, and one a short time since from a girl who presented herself among the out-patients. This was of a larger size than any which has previously fallen under my notice, it was about the size of a horse-bean. There is of course no reason why they should not attain a much greater size than this. They may be removed by a very simple process. You have nothing to do but to divide the membrane of the duct with the point of a lancet, and you can then easily dislodge the calculus by means of the edged extremity of a probe; it will generally escape without any assistance, after the division of the parts. It, however, sometimes happens that the presence of a calculus in the ductus Whartoniensis is productive of considerable inconvenience to the patient, and escapes from the duct without operation. This occurred in a case (the preparation of which I now show you) which was given me by a friend some short time since with the following history. The patient had suffered for several years from pain and uneasiness at the inferior surface of the tongue, and from a painful spasmodic affection of the miglo-hyoideus muscle, the stone was discharged during the night from the duct, and all her former painful sensations immediately left her.

ON THE
LAWS OF SICKNESS,
ACCORDING TO AGE,

EXHIBITING A DOUBLE COINCIDENCE BETWEEN THE LAWS OF SICKNESS AND THE LAWS OF MORTALITY.

By T. R. EDMONDS, Esq., late of Trinity College, Cambridge.

THE law of mortality of any population, consists in the expression, for successive ages of life, of the number dying out of a given number living. Similarly, the law of sickness will express the number constantly sick at any age, out of a given number living at that age. The law of sickness, as will presently be seen, admits of a simple and precise definition; but it does not immediately inform us how many individuals at a given age are yearly attacked by sickness. This law has regard to the duration, and not to the number of cases of sickness suffered by a given number of individuals.

There have been published only two

observations on the law of sickness, one from returns collected by the "Highland Society of Scotland," the other from returns recently collected and just published by the "Society for the Diffusion of Useful Knowledge." In the former, 85,000 years of life, in the latter, 24,000 years of life have been observed. The period of life observed, extended from the age of 20 to the age of 80 years; but for ages above 60, the results are not deserving of much confidence. In both observations, the quantity of sickness suffered by a given number living, increases with the age according to the same rate. *This rate of increase is identical with the rate of increase in the mortality according to age; and is expressible by the number or "constant" which I have used in the construction of all my theoretical tables of mortality, between the ages of 15 and 55 years.*

According to this new theory, the mortality at any year of age, exceeds that of the preceding year by 52.991 per cent, which is the same as saying that the mortality during each decennial interval of age, exceeds that of the preceding decennial interval by one-third, or 33.3 per cent, so that the mortality doubles in 23½ years.

I now subjoin a table of the relative and absolute sickness at each age, as experienced in the Scottish and English benefit societies, together with the relative results according to theory. The absolute numbers for England have been extracted from an article in the *British Medical Almanac* for 1836, from the pen of the editor of that valuable work. The relative may be converted into the absolute numbers by using the common multipliers appended.

	Relative Sickness and Death.					Absolute number constantly Sick, & dying annually, out of 100 living.			
Between Ages	20-30	30-40	40-50	50-60	Common Multiplier	20-30	30-40	40-50	50-60
Sickness { Scotland	.57	.67	1.00	1.83	1.97	1.13	1.32	1.97	3.60
England	.60	.71	1.00	1.69	2.56	1.54	1.83	2.56	4.32
Deaths . . . England	.51	.78	1.00	1.61	1.85	.95	1.45	1.85	2.98
Theory . . . . .	.55	.74	1.00	1.43	—	—	—	—	—

On inspection of the above table of relative sickness and death, it will be perceived that for the three decennial intervals of age from 20 to 50, the coincidence between the theory and the observed facts is nearly perfect. Between the ages of 50 and 60 years there is an apparent, but no real opposition. For according to the theory of mortality, a new rate of increase begins, or a new constant comes into operation at some variable age between 50 and 60 years. The above theoretical numbers are founded upon the assumption that the new constant comes into operation at the age of 55 complete years. If an earlier age (say 53) had been adopted, the theoretical numbers would have agreed with the facts for England. In the case of Scotland, we have no information respecting the contemporaneous rate of mortality. In England, the elevated ratio of sickness between 50 and 60 years, coincides with the elevated ratio of mortality at the same age. The establishment of this coincidence between the law of sickness and the law of mortality is the main object of the present remarks.

The fact being acknowledged, that the sickness suffered by a given number living, increases with the age, according to the same law which regulates the increase of mortality, it necessarily follows—that there

exists a fixed proportion at every age between the quantity of sickness and the number of deaths. If there are two years of sickness to every death at any one age, the same proportion holds good for every age; at least between the observed limits of 20 and 60 years. According to the observation just made on English benefit societies, the constant proportion is that of one year and a half of sickness to each death at every age. From my own experience, I am inclined to the opinion, that two years of sickness to each death, is the proportion most generally prevalent. In the present inquiry, the exact amount of this proportion is a question of no importance; it is sufficient to know, that all observations (including a third unpublished extensive observation of mine) agree in showing this proportion to be constant at all ages.

Adopting as true the simple proportion of two years of sickness to each death, we obtain the following interesting consequences. If out of 100 living at any age, 4 are constantly sick, then it may be assumed as a fact, that the annual deaths will be two in number; and reversely. If at any age, the proportion of sickness to each individual, amounts to the 20th part of a year, the mortality in one year will amount to one in fifty. If at any age, the mortality

in one year is represented by one per cent of the living, the sickness due to each individual will be *one week*, which is nearly two hundredth parts of a year. The reader may easily trace similar consequences from adopting any other constant proportion than that of one year to one hundred.

Four years ago, I published some tables of health insurance, founded upon the principles above explained. The observation of the "Highland Society" was at that time the only one extant, on which the graduation of sickness according to age could be founded. I considered that great confidence might be reposed on the correctness of the relative results obtained from this observation, more especially as they were in harmony with the theory of mortality. But I entertained strong suspicions as to the correctness of the absolute results; and I felt persuaded, that the absolute sickness therein expressed, was very much less than that generally prevalent in England. In my published health tables, the scale of relation is that exhibited by the English and Scottish observations, or rather is that of the theory with which they so nearly coincide. But I have adopted for the base of my tables, a number which is more than 50 per cent greater than that of the table of the "Highland Society," and 20 per cent greater than that indicated by the English observation just published. The additional experience which I have since acquired, has served to confirm the opinion which I first hazarded respecting the absolute sickness most generally suffered by the English population. The results of my theoretical tables do not substantially differ from the results of Dr. Price's tables of sickness, which have been in universal use for fifty years. But every two successive numbers in my tables, bear the exact same relation to each other, which is not the case in Dr. Price's tables.

All my tables of life and health insurance

may easily be distinguished from the tables of any other person by the "constant" connecting together any two successive numbers. For example, at page 28 of my "LIFE TABLES," I have given the values at every age, of a life insurance of £100 for one year, deduced from the table of "Village Mortality," which is a theoretical table founded on Dr. Heysham's observation at Carlisle. At the ages of 20 and 21, the values are .6529 and .6724 respectively; at the ages of 30 and 31, the values are .8757, and .9018 respectively. The reader will easily perceive that the excess in each case is measured by the constant 2.99 per cent. Under the age of 55, for every ten years increase of age, the "Premiums for one year" increase *one third* part, very nearly.*

ON THE MORTALITY AT EACH AGE OUT OF A GIVEN NUMBER OF CASES OF SICKNESS.

Within the last few days, I have met with an extensive observation lately published by Dr. Southwood Smith, Physician to the *London Fever Hospital*, which brings the new theory of mortality, and the chief of its three constants, in close apposition with therapeutics and the practice of medicine. By means of this theory, when the number dying out of a given number living is known

* The reader may learn with some surprise that this new theory of mortality has been already extensively applied to practice, and has served as the basis of pecuniary engagements of great magnitude. For more than six years this theory has been the regulator of all the published lists of prices offered by a London Life Insurance Company, as may be seen by the annexed comparative table. The numbers in the first and second columns are in the exact proportion of 6 to 5 to the original numbers in the third and fourth columns:—

Age.	Annual Premium for Insurance of 100 <i>l</i> . according to			
	The Advertisements in 1830, and the Prospectus in 1836, of the same Life Office.		My Theoretical Table B 24, published in 1832.	
	For One Year.	For Life.	For One Year.	For Life.
20	£ s. d. 0 15 8	£ s. d. 1 11 9	.6529	1.3222
30	1 1 0	2 2 0	.8757	1.7493
40	1 8 2	2 17 1	1.1741	2.3776
50	1 17 9	4 2 0	1.5731	3.4159
60	3 5 4	6 10 9	2.7225	5.4459
70	6 18 4	10 18 6	5.7655	9.1041

at any one age, the mortality at every age of life is also known. By means of the same theory, as I have proved above, the relative quantity of sickness suffered at each age of life is also known. The constant of mortality is identical with the constant of sickness; the same number which measures the increase of mortality according to age, measures also the increase in the quantity of sickness suffered by a given number of individuals. The new observation proves that the same constant, in the case of fever, measures the increase of deaths according to age, out of a given number attacked. It appears in the highest degree improbable, that this number, of all others, should regulate the mortality in fevers, without being at the same time applicable to other extensive classes of disease. *The materials for the decision of this question abound or ought to abound in all public hospitals.

The observation of Dr. Smith is founded upon 6000 cases of fever occurring during the ten years ending in January, 1834. I subjoin the results in the form in which they have been published. I have added for comparison a column containing the numbers resulting from the theory, or from an increase of one third part (34.3 per cent) for every ten years increase of age.

Between Ages.	Out of 100 attacked by Fever, there die according to	
	Fact.	Theory.
5—16	8.3	—
15—26	11.5	12.5
25—36	17.1	16.8
35—46	22.0	22.6
45—56	30.5	30.3
55—66	40.7	40.7
Above 65	44.6	—

The coincidence between the facts and the theory is sufficiently close to prove all that is required. The small existing variations might have appeared, even if the coincidence had been perfect at intervals of five years of age. The theoretical numbers are founded on the assumption that the cases were equally distributed over each decennial interval of age, of which no evidence is presented. Dr. Smith has omitted to state the absolute numbers at each age on which his results are founded. The facts were probably very deficient in number at the beginning and at the end of his table; so that the results here are entitled to little confidence. The information would have been complete if he had given his materials distributed in quinquennial gradations of age. In the column of ages Dr. Smith has adopted an erroneous form of expression;

instead of "between the ages of 15 and 26," he evidently intended to say, between the ages of 15 and 25 complete years, which is the form generally adopted.

If it be admitted that the aggregate of severe diseases resemble fevers in their fatality according to age, we are led to the following novel but inevitable conclusions, applicable between the limits of 15 and 60 years of age. That a given number living at every year of age suffer the same number of attacks of sickness; and that the duration of each case of sickness at any age, is proportional to the mortality at that age. The deaths out of a given number living, vary with the age, in precisely the same degree as the deaths out of a given number attacked; consequently, the proportion between the number living and the number attacked is constant. The proportion of sickness (in duration) to the number of deaths has been proved to be constant at every age. And since the number of cases of sickness (out of a given number living) at each age is constant, the average duration of each case must be proportional to the number of deaths out of a given number living, that is, to the mortality. Assuming that one tenth part of the living at every age are yearly attacked by sickness, the facts above announced may be thus illustrated. If 1000 living at the age of 20 suffer 100 attacks of sickness, 10 deaths and 1000 weeks of sickness; then 1000 living at the age of 43, will suffer 100 attacks of sickness, 20 deaths, and 2000 weeks of sickness.

If it be confirmed by future observation, that diseases in general are subject to the same law as fevers, the knowledge of the new theory of mortality will form an indispensable branch of medical education. (This theory has been explained and applied in Nos. 605, 614, 640, 641, and 648 of THE LANCET.) Without this knowledge it will be impossible for a medical man to form any correct idea of the value of different remedies, when his patients differ in age. This theory will inform him that if he loses by death double the proportion of patients at the age of 43 than at the age of 20, the effect of his remedies in each case is the same.

46, Regent-square, London;
13th Feb., 1836.

HOPITAL DES ENFANS MALADES,
PARIS.

RESEARCHES INTO THE DISEASES
OF CHILDREN.

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND
PATHOLOGY.

TYPHUS FEVER IN THE YOUNG.

THE disease which French physicians are in the habit of describing under the various names of "typhus fever," "follicular enteritis," "dysenteritis," "intestinal exanthema," has hitherto been observed with care in the adult subject only. The facts on which the works of ANDRAL, LOUIS, CHOMEL, and others, on this affection, are founded, were exclusively collected in hospitals dedicated to the reception of adults. For many years, however, M. GUERSENT, during the course of his lectures, has been accustomed to point out the existence of this disease amongst children, and the researches which we have ourselves made, leave no doubt on our minds but that typhus fever occurs very frequently after the age of ten years. It may, we know, even occur so early as at four years of age, but we have never observed an example below the latter age, although we have examined more than 260 subjects, aged from twelve months to three years old.

The symptoms which characterize typhus fever in children, are nearly the same as those which are observed in adults. There are, however, in the former some peculiarities which depend on the age of the subject, and which we propose to illustrate in the following cases. We would also call attention to the points of resemblance which this disease is supposed to have with certain anomalous cases of hydrocephalus. For our own part, with all due respect to the opinion of some distinguished writers and practitioners, we must confess that we have never seen a case of typhus fever, however severe, which could be confounded with the symptoms of acute meningitis, or hydrocephalus. The distinctive characters of the two last-mentioned affections have always been so clearly marked as not to give rise to the least embarrassment or hesitation in the mind of the physician. Once indeed (and we shall report the case at length) we

saw a boy labouring under inflammation of the brain, in its most acute form. The physician diagnosticated typhus fever, and the error was not discovered before two or three days had elapsed, but here Mons. G. was led astray by a false history of the case, which he did not examine or in any way regard. The slightest examination of the patient would have been sufficient to reveal the true nature of a disease which was so little obscure as to be diagnosticated by the nurse.

The treatment pursued by the physicians of the hospital *Des Enfants* varies. MESSIEURS GUERSENT and JADELOT still continue BROUSSAIS' method, and employ sanguineous emissions. M. BAUDROUQUE prefers the purgative method, by Seltzer water in particular. Blisters to the legs and thighs are very frequently had recourse to, and bark is occasionally given, either by the mouth or in lavement, in the adynamic form. In cases of ataxic fever, baths, with cold effusion on the head, are a favourite remedy in the hospital.

CASE 1.—Louis Haquelle, 9 years of age, of a lymphatic temperament, hair light-coloured, skin white, &c., generally enjoys good health. He has been in Paris only five months, and lives with his mother and brother in a small chamber, ill ventilated, and unwholesome. On the 1st of September, without any known cause, he experienced a sensation of uncomfortableness, with loss of appetite and headache. These symptoms persist during the four days that follow: however, the child continues to go to school, but on the 5th he is seized with continued fever, excessive headache, accompanied by ringing in the ears, complete anorexia. The child was now confined to bed, and placed upon diet. On the 6th an abundant epistaxis. On the 8th the patient was received into the hospital.

On the 9th we examined the boy for the first time, and observed the following circumstances:—Position of the child is relaxed, he lies on his back; great prostration of force; immobility of the countenance; face pale; answers slowly, but correctly, if the attention of the patient be fixed by any particular question; frontal headache; ringing in the ears very troublesome; the lips are dry, and covered with a crust; the tongue red, smooth, and dry; thirst very great; no vomiting or nausea; the abdomen is sonorous on percussion, and tender when pressed upon, especially about the umbilical region; no stools since his reception into the hospital. We do not observe any rose-spots; skin warm and dry; pulse 108; inspirations 36; cough pretty frequent; the sonority of

the chest is normal. We hear a mucous rale on both sides.—*Acidulated water (syrup-mol) 2 jugs; 8 leeches round the umbilicus; emollient cataplasm to the leech-bites; lavement; diet.*

In the evening, exacerbation of the febrile movement; delirium, which continues during the night.

10. The agitation of the night previous has been followed by a deep prostration; somnolence; stupor; eyelids closed; the force and frequency of the pulse have fallen; pulse 96. The leeches have drawn a great quantity of blood; no active treatment is employed.

11. The evening and night have been found in a still higher degree of agitation; the patient left his bed several times, and it was necessary to employ the strait-waistcoat; in the morning, alternations of agitation and prostration; the child cries whenever the hand is applied to the abdomen, or any other point of the skin; two stools, one very liquid; we now perceive some lenticular rose-spots on the abdomen; the cough persists; pulse 112; respiration 36. *Remedies the same as before, except leeches.*

12. No remarkable change worthy of notice.

13. During the night a very abundant epistaxis, followed by excessive prostration. On the 14th, we find the patient still delirious at the morning visit; he is excessively agitated, and cries out constantly; it is with difficulty that we can count the pulse, which is 132; venesection was immediately practised at the arm, and about five ounces of blood taken away; the clot is soft; no trace of inflammatory crust.

15 and 16. The ataxo-adyamic symptoms are more prominent; the patient does not answer a single question, and is unable to recognise his mother. The lips are cracked, and furnish a sanguineous exudation; the tongue is dry, like a bit of parchment; pulse excessively feeble, varies from 112 to 120; temperature of the skin not much elevated; one liquid stool a day; the abdomen is tympanitic. *Tepid bath, with cold affusion on the head; four ounces of an emollient draught; sinapisms to the legs.*

17 and 18. The same remedies are continued. The patient is pretty calm; he answers some few questions, and does not seem to suffer any pain. Still the tongue continues dry and dirty, and the pulse frequent; the child has no diarrhoea.

20. The patient lies nearly in a state of coma; the eye is fixed and dull; the eyelids half open; the pupils dilated, but contractile; he does not answer when spoken to; emission of urine involuntary. The tongue and teeth covered with a dark crust; deglutition difficult; sensibility of the skin is now obtuse; pulse 118, small, irregular. *A blister to each leg.*

21. The stupor persists; the pupils are

now nearly immoveable. *A lavement of bark is ordered; two blisters to the legs.*

22. Tumefaction of the left parotid; somnolence as before; prostration the same; excretion involuntary. *Poultice to the tumour.*

24. The face of a yellow leaden colour; complete loss of consciousness; the patient utters a few feeble cries when he is changed in bed; excoriations on both thighs, on the sacrum, and over the right elbow; the arms are raised up from time to time; the extremities are cold; pulse weak and very compressible, 112. *Ether Draught; Lavement of Bark.*

From the 28th of September to the 2nd of October (the day of the patient's death), gangrenous eschars were formed on both thighs, and on the elbow, as also at the points to which the blisters had been applied. The leech-bites have become the seat of deep ulceration. The tumefaction of the left parotid has subsided, but a purulent fluid is discharged from the ears; the pulse remains feeble and compressible; the skin almost cold. The patient remains in a state of absolute silence, though on the 29th he seemed to recognise his mother. The diarrhoea is abundant, and the stools involuntary.

The wounds are dressed with a pomade containing bark; the ether draught is continued; a lavement of quinine given, and a few spoonfuls of claret wine by the mouth.

The patient died on the 2nd of October, in the most extreme degree of marasmus &c.

Examination of the Body Eighteen Hours after Death.

The body is extremely emaciated; large superficial ulcerations occupy the right elbow and both thighs. There are a few large sudamina on the anterior surface of the chest; cadaveric rigidity very well marked.

Skull.—Dura mater normal. The occipital fossa contains about two spoonfuls of fluid and clear serum. The arachnoid every where presents its normal colour, and is easily separated from the subjacent parts. The pia mater offers no other change than a slight serous infiltration; the substance of the cerebral hemisphere is moderately injected; when divided into three slices, we find no trace of ramollissement or other morbid change. The central parts offer their normal colour and consistency. The cerebellum is more pale and more firm than the cerebrum. The pons varoli normal.

Chest.—The larynx, trachea, and bronchi, are pale, and lined with mucus; the bronchial glands normal; the two lungs are pale anteriorly. The base of the right lung is united to the diaphragm by a pseudo-membranous exudation; in the upper part of the lung we find a portion, about the size of an ap-

ple, which has passed to a state of gray hepatization; the two other lobes are healthy; they contain but little blood; the left superior lobe is partially white, the inferior lobe normal. The heart is pale and flaccid, of a natural volume; pericardium healthy. The lining membrane of the lungs does not present any change of colour.

Abdomen.—The anterior wall of the stomach (internally) offers a patchy injection; the remainder of the mucous membrane is pale, and of normal consistency; the duodenum is tinged with bile; the jejunum and two upper thirds of the ileum are pale; in the inferior third of the latter intestine we observe no less than twenty-seven ulcerations, occupying indistinctively the glandulæ agminatæ and segregatæ; these ulcerations are superficial and merely involve the mucous tissue, which is soft and injected for the extent of about twelve inches near the cæcum; the ileo-cæcal valve is riddled with ulcerations; the mucous lining of the cæcum presents a livid colour, and is remarkably thickened; the glandulæ segregatæ of the colon are very apparent, and marked in the centre by a dark point; in the intervals the mucous membrane is pale and of good consistency; the mesenteric ganglia are not more developed than in the normal state; two or three are of a livid colour, and rather hardened than softened; the spleen, which offers its ordinary volume, is a little less firm than natural.

CASE 2.—François Chevalier, 4 years of age, was carried to the hospital Des Enfants Malades, on the 5th of November: he persons by whom he was conducted inform us that the child, who was convalescent from the whooping-cough only a few days, while on the route from St. Omer to Paris, was seized with vomiting, diarrhœa, and fever; these two latter symptoms persisted for five days following the attack, and on the evening of the fifth day were accompanied by prostration and some convulsive movements.

7th. Position variable; alternations of prostration and of agitation; stupor; low rires now and then; the child does not answer; the eyelids are half open, and the pupils are normally dilated; the sensibility of the skin is not changed; the lips are dry and cracked; the tongue dry and red; the thirst excessive; the abdomen tender and tympanic, painful every where on pressure; we do not observe any of the leucular rose-pots; stools frequent and involuntary; skin warm and dry; pulse very quick, about 40; cough rare, accompanied with a râle bilant at both sides of the chest. *Gum brought; sinapiens to the legs; diet.*

The same symptoms persist during the days of the 7th and 8th; we cannot observe any convulsive movement, or change in the

cutaneous sensibility; the child does not recognise his parents who come to see him, and continues to utter low cries from time to time; the sense of hearing is obtuse, and that of sight seems perverted. The evacuations are still frequent and involuntary. The pulse varies between 136 and 140. On the night of the 8th the child fell from his bed in an access of delirium; in the morning we find the right cheek blue and excessively tumefied; the lips and gums furnish a sanguineous exudation; the tongue is very foul and dark; the pulse is even quicker than yesterday; we count 160 pulsations; the tympanitis and diarrhœa persist. The little patient sank in the evening of the 9th in a state of stupor.

Post-mortem Examination.

Skull.—The vessels which run along the surface of the brain are evidently injected. The arachnoid membrane retains its normal transparency, and is easily detached from the convolutions, the sub-arachnoid cellular tissue is very slightly infiltrated with serum; the pia mater does not contain any granulations or purulent secretion. Three ounces of serum at the base of the skull; one ounce in the ventricles; the cerebral substance itself is quite free from injection. No trace of tubercles or ramollissement.

Neck and Chest.—Larynx and trachea normal. The bronchial tubes are gorged with mucus. The right lung adheres to the parietes of the chest for an extent of about two square inches. We observe a few gray demi-transparent granulations underneath the pleura covering the lungs. Both these latter organs are congested in the posterior part: the bronchial glands contain tubercular matter.

Abdomen.—The mesenteric glands are a little augmented in volume, of a rosy colour. The spleen is enlarged, but its consistence is normal. Liver healthy. The interior of the stomach is marked by numerous folds, whose edges are red. The mucous membrane, however, is free from softening; the membrane lining the interior of the duodenum is remarkably pale; the same decoloration exists in the jejunum and in two-thirds of the ileum; the glandulæ segregatæ are here very much developed. In the inferior third of the ileum, we count about twenty groups of an oval form, injected and prominent; three, placed near the ileo-cæcal valve, are ulcerated partially. The membrane lining the great intestines is furnished with a great number of follicles not ulcerated, but presenting a moderate degree of injection and slight diminution of consistence.

We will add some other cases, and attach to them some remarks in our next number.

CASE OF

ANEURYSMAL TUMOUR IN THE ORBIT

SUPERVENING INJURY OF THE HEAD, AND TREATED BY

LIGATURE OF THE COMMON CAROTID.

To the Editor of THE LANCET.

SIR,—I should feel obliged by the insertion of the following case in your publication. If not too long, I think you will consider it sufficiently interesting. Having omitted all details of treatment, which was that usually pursued in similar cases, and having confined myself to an account of the principal occurrences, I am not aware that the history could be advantageously curtailed. I have the honour to be, Sir, your obedient servant,

GEORGE BUSK,

Surgeon to the Seaman's Hospital.

H.M.S. Dreadnought, Feb. 19, 1836.

Richard Simmons, aged 20, a seaman, was admitted, July 13, 1835, labouring under the usual symptoms of concussion of the brain, with very considerable hemorrhage from the right ear, and a small wound behind the left. It was stated that he had received a very severe blow on the right side of the head, from the gaff of the vessel to which he belonged, by which he was rendered immediately insensible, and he was nearly so on admission, and could with difficulty be roused. At first he was very pale and cold, but in an hour or two he rallied. The hemorrhage from the right ear continued all night. On the following day he was quite sensible, but appeared dull, not complaining of any pain; pupils natural. On the 15th he was still dull, and completely deaf in the right ear. The eyelids, and the integuments around the left orbit, were swollen, apparently from serous effusion; they were not discoloured or painful. The pupil of the left eye was dilated and fixed, vision however was unimpaired, but he was unable to move the globe of the eye in any direction, and had slight paralysis of the facial muscles on the left side.

On the 18th some increase of inflammatory symptoms required attention, but was readily subdued. The pupil was observed to have become irregular, the irregularity consisting in an elongation downwards, and vision was not quite clear; there was occasionally a very partial rotatory motion of the globe, as if caused by the apparently involuntary motion of the superior oblique muscle. He had some headache, confined principally to the left side.

On the 21st his mouth became slightly

affected by mercury. On the 24th the headache was very trifling, but the left side of the face had become numb, and felt very uncomfortable. He complained of great dryness in the mouth, although his tongue was quite moist; there was also considerable purulent discharge from the right ear.

On the 25th the integuments of the left side of the face and head, extending to the vertex, were extremely tender to the touch, but without any morbid appearance. The pupils continued unaltered on the 28th, the conjunctiva of the left eye was much inflamed, and swollen from oedematous effusion, and on the 31st purulent matter was deposited between the lamellae of the cornea, at the lower part, with nebular opacity, but the eye was much less painful, and the headache gone; his health was now in most respects restored, and the functions were properly performed.

He began soon to complain of curious noises in the right ear, from which the discharge continued, and he was very deaf. The eye was not painful but the onyx was increased. In the beginning of September the paralysis and loss of sensibility were complete. The anterior lamellae of the cornea had given way, and a deep ulcer occupied the site of the abscess, of a healthy character. No change of importance took place until about the 29th of November, when he became affected with small pox, and was sent to the Small-Pox Hospital, whence he returned on the

1st of December. On his re-admission the state of the face unaltered; the eye generally was prominent and much inflamed, the ulcer on the cornea was large and in a very irritable state. The severity of these symptoms was soon pretty well subdued, and attempts were made by counter-irritation in every form, and other means, to remove the palsy of the face, without effect. Sensibility in some measure returned, preceded by anomalous painful feelings in the affected integuments. He continued in this state without any change in symptoms or appearance, except that the eye seemed to protrude rather more from the orbit than had been previously observed. The ulcer on the cornea filled up.

His general health being quite restored, and medical treatment not appearing to have any effect on the local complaint, he was desired and recommended to go to his friends in the country and trust to the efforts of nature. However, on the 1st of February, on making examination of the eye, I felt on pressing the globe a distinct pulsation, and, farther, found, deeply situated in the upper and inner part of the orbit, a firm pulsating tumour, which appeared about half an inch in its transverse and longest diameter; it was situated between the levator of the eyelid and the bone, and did not show itself externally, but when the

eyelid was raised, it caused some projection of the loose conjunctiva.

The pulsation of the tumour was accompanied by a very distinct whizzing sound, which could also be felt on pressing the parts in its immediate neighbourhood. Through the stethoscope a very loud aneurysmal whizzing sound was communicated, which could also be heard in applying the instrument over the inner canthus of the other eye, and on the left side of the frontal bone as high as the roots of the hair, and nearly as far back as the ear. He has very loud noises in the head in the right ear, resembling the sound of church bells, and in the left like the breaking of waves on the sea shore. He complains more of these incessant noises than of anything else.

Operation.—As pressure on the left common carotid put a stop to the pulsation and sound of the aneurysm, and to the noises in the head, it appeared to me that the placing of a ligature on that vessel presented ground for hope, and perhaps the only hope, of affording him relief or even permanent cure. As a preparatory step, he being very well able to afford the loss, twenty ounces of blood were taken in the evening, and, on the next day, February 2nd, the left common carotid was tied. Immediately on tightening the ligature, the pulsation and sound of aneurysm ceased, as also did the internal noises.

In the evening, four hours after the operation, obscure pulsation could be felt in the tumour, which, however, was not so large. The whizzing sound could also be plainly heard with the stethoscope, and over as large an extent. There was no pulsation in the temporal artery. The internal noises were at intervals nearly as loud as before the artery was tied, and at others nearly absent. He felt great pain on swallowing; pulse 110. He took ʒss of *Liquor. Opii Sedativ.*, and a wetted cloth was applied to the forehead and eye.

Feb. 3. In the morning, the pulsation was very obscure, and the sounds much diminished. The internal noises were also much less. He had had no sleep, and complained much of pain on deglutition, and on coughing, and of severe pain in the left hypochondrium. He has also a very troublesome cough, which he has had for some time. Pulse 120, sharp. He was bled to 16 oz. with immediate relief, and in the evening was much easier in all respects.

4. No remains of the tumour could be felt, and all pulsation was gone from the orbit, nor could any sound be heard with the stethoscope. The internal noises are quite absent, and his hearing is somewhat improved. Pulse 100, soft, skin moist, and tongue clean. The pain had left the left hypochondrium, but he felt some in the right when coughing. The wound was dressed, and the sutures were removed; union

had taken place to a great extent. In the evening the cough was occasionally severe, with mucous expectoration, and pain referred to the diaphragm. Pulse 120, soft, skin moist; bowels not opened. He had some calomel and compound extract of colocynth, and a mixture with sulphate of magnesia, and tincture of digitalis, and a linctus for the cough.

5. He felt very comfortable; has had several stools; countenance pale; pulse 100; eye less prominent.

6. Feels weak, but is quite free from pain; cough nearly gone. The conjunctiva is much less vascular than before the operation, and the cornea is clearer. Some grumous blood was discharged from the left nostril during the night. Pulse 90.

7. Pulse 80. The lips of the wound are opened, but it is filled with healthy granulations; sleeps well; appetite too good.

11. He sat up several hours, and on the 15th, the ligature came away.

18. The wound is all but cicatrized; he is quite free from pain or uneasiness; feels only hungry and weak; he is not yet allowed meat; pulse 70, soft. No remains of the aneurysm can be detected; the eye is returned wholly to its natural level; the upper half of the cornea is quite clear, the lower is occupied by a dense leucoma, to the centre of which runs a large red vessel from the conjunctiva. That membrane is hardly vascular, and vision is good through the clear part of the cornea when the lid is elevated; the pupil natural. The left side of the face is paralyzed, but sensibility is perfect except on the left side of the nose, where he feels pricking pains when touched. He has no power of motion whatever over the globe of the eye, and is still very deaf, and more so in the left ear than in the right, but has no noise in the head. His intellects have never been affected. Pulsation is very distinct behind the lower portion of the sternocleido-mastoid muscle, probably in the subclavian.

If any change of consequence takes place, while the man is under my care, I will take the liberty of communicating the particulars through the medium of this journal.

CASE OF

HEMORRHAGE FROM THE MOUTH.

By JULIUS WOLFF, M.D., Liverpool.

A. D., the commander of a vessel, twenty-five years of age, of robust constitution, being in good health, was attacked with a slight hemorrhage issuing from the mouth. In the beginning the saliva was only tinged with blood, but, soon afterwards, pure blood ran out uninterruptedly. Common remedies

were applied, without success. He then sent for his physician, who ordered astringent gargles, but ineffectually. Two days afterwards another physician was consulted, who ordered venesection, astringents to be swallowed, gargles, and warm foot-baths. Now and then the hemorrhage stopped for a few hours, but returned again, and so the patient went on for a fortnight.

January the 20th, 1835, at nine o'clock in the evening, I was sent for. I found the patient sitting in bed, his face flushed, and the pulse full, but not very frequent. The blood ran uninterruptedly out of his mouth, and I could not discover the source. The patient did not complain of any uneasiness besides, but was much alarmed at the great and constant loss of blood, and durst not move. I could not trace the hemorrhage to any cause. The patient was of a plethoric habit, and had frequently had bleeding at the nose, which was always difficult to be checked. I ordered a venesection, and a warm foot-bath, and during the bleeding the hemorrhage ceased, the astringent remedies being continued. About an hour afterwards it began again.

I now saw distinctly that the blood came from the roof of the mouth, and from a small spot of the gingiva, near the third lower molar tooth. I proposed to touch the part with nitrate of silver, and to extract the third molar tooth. The former proposal my colleagues accepted, but the latter they objected to. After the application of the nitrate of silver, the bleeding stopped, but a quarter of an hour afterwards it began again. The patient's face was pale, and the pulse small. Other complaints, which generally attend such great losses of blood, were not present.

I was now determined to extract the tooth; but on account of the blood which gathered so rapidly, I could not see the lower set of teeth. I caught a tooth in the region where I suspected the blood to come from, and after I had extracted it, the bleeding stopped. I filled the socket with wax, applied mustard plasters to the soles of the feet, and the before-mentioned medicine was continued.

The patient slept for a few hours, and recovered a little. Eleven hours afterwards the hemorrhage began again. My colleagues had by this time forsaken me, and the case being now left to my sole care, I had him placed in an arm-chair, and applied uninterruptedly every two minutes fresh ice to his cheeks, and let ice melt in his mouth, and soon afterwards the bleeding was checked. The room was kept as cool as possible, and the half-sitting position in the arm-chair and the application of ice were continued. From time to time the warm foot-bath was used. He was put on low diet, and I gave him decoct. crystal. tartar. c. syrup. rib., for a drink. The hemorrhage

stopped for thirty-six hours, and then began again with renewed violence. During this time the patient had recovered a little, but began now to complain of giddiness, noise in the ears, and dimness of vision. The pulse was trembling, and the countenance anxious. The last-mentioned remedies were continued. I filled the whole cavity of the mouth with wax in such a manner that the air could only go through the nose, and by means of a bandage which I applied, not the least motion of the jaw was allowed. The nourishment of the patient was beef-tea, with eggs, which was poured with teaspoons between the lips, and was swallowed very well.

After ceasing for ninety hours, during which time the patient recovered a little, the bleeding began again very severely. I now had recourse to the actual cautery, touching the socket of the tooth, and the whole roof of the mouth, until the bleeding stopped. In twelve hours it began again, but the cautery being repeated thirteen times, it was finally checked. The scab caused by the iron came off after the roof had obtained a new integument.

Mr. D. bore all this with admirable patience, though the frequent return of the hemorrhage dejected him sometimes. It had lasted now, with the interruptions stated, for more than five weeks, the shortest intervals occurring in the first fortnight. The patient was kept during more than six weeks in the half-sitting position in an arm-chair in a cold room, where uninterruptedly the application of the ice and the astringent medicine were continued.

After these six weeks, I allowed him to sleep in his bed again, but in a very cold room, I gave him *acid. sulphur. dilut.*, and, afterwards, *serum lactis alumin.* (consisting of *lactis vaccini*, libram unam, ebulliat in vaso figulino; dein adde *aluminis* drachmam unam; colatura D. S., for a drink); ordered proper diet and rest; afterwards, proper exercise in the open air, and on the eighth week of my treatment Mr. D. visited his friends again, after having been reported frequently to be dead. A few months after he recovered the red bloom of his face.

In such a case I should like to consult a Hahnemanist. What an effect would the 24th dilution of a grain of aconit. napel have produced here? or the quintillionth or the decentillionth part of a grain of *nux vomica*, *arnica montana*, *ignatia*, *belladonna*, *chamomilla*, *cafeia arabica*? The diet alone, I think, would have been ~~hahnemanically~~ of the same use as the doses of *cafeia arab.* For in the choice of the diet I was very particular. He took at first water-gruel, peeled barley, cooling drinks, and afterwards beef-tea, with an egg, which, I suppose, could, hahnemanically also, not increase the hemorrhage.

I do not think it improper to add to this

subject the following remarks:—The mother of Mr. D., 62 years of age, of robust constitution, experienced the cessation of menses 6 years ago, but was until that period always regular, and not copious. When young she frequently suffered from hemorrhage of the nose. In the month of February she suffered from a very severe inflammation in her throat. I ordered leeches, but the surgeon refused to apply them. (There is in Germany a lower class of surgeons, who apply leeches, bleed, etc.) When I asked him the reason, he told me that he was "afraid that he might not be able to check the bleeding, because he knew from experience that it was not an easy matter to check a bleeding in this lady. But he did not object to a venesection. He opened a vein, and I applied two leeches on the sternum, in order to convince myself of what the surgeon had stated. The wound of the vein bled for many hours after a bandage was applied, and I was obliged to make a strong compression before the desired effect could be produced. To the leech-bites constant compression, and many other remedies, were applied, yet eight days afterwards a little blood was now and then yielded.

Mr. D.'s sister, about 30 years of age, tall and stout, had had three children, and suffered, when young, frequently from bleeding at the nose. Her menses were regular, and not copious. When brought to bed, her loss of blood was not uncommonly great. She assured me, that a few years ago she cut her finger, and lost such a quantity of blood, that she fainted several times, and the hemorrhage was stopped only with very great difficulty.

Mr. D.'s younger brother, who frequently suffers from hemorrhages of the nose, had a molar tooth extracted. The bleeding was not stopped until the third day arrived, and repeated application of the actual cautery had been made.

Neither Mr. D.'s father, nor his elder brother, was liable to hemorrhages, but this tendency existed in the family of his mother, several of them having suffered from it, one of them a few years ago really dying from hemorrhage. The disposition is therefore inherited from the mother.

94, Duke Street, Feb. 1st, 1836.

REMARKS ON MR. OSBORN'S ANALYSIS OF BLOOD.

To the Editor of THE LANCET.

SIR,—In THE LANCET for Feb. 20th there is a paper by Mr. Osborn, chemist, of Southampton, on "Petroleum in the Blood." The alleged detection somewhat surprised me, as petroleum really means a spirit or

oil of rock, and was so called because it was distilled from a mineral. Mr. Osborn, however, calls it a peculiar kind of petroleum, but fails, I think, to show that it in the least resembles petroleum in its character and properties. The first test which he made use of was that of touch, the second that of smell; the one was disagreeable, the other adhesive. If this be precision, then indeed chemistry is a superficial science. He next says, "it is soluble in alcohol, and turns of a thick brownish white colour, when well mixed with water. By evaporating the spirit, the tar again floats on the surface." Of what? He does not say, neither does he tell us, whether it is the alcoholic solution of the tar or the tar itself which turns of this strange colour. He says very little else about its chemical and physical properties, except that "it burns like common tar (not like petroleum), leaving a smell not unlike that of burnt feathers." The smell of burning animal matter is much alike in all cases. He then ("the quantity obtained being too small for redistillation") heats a little in a bulb glass, to the temperature of ebullition, when a spirit was given off, which took fire when brought in contact with a lighted taper." What the temperature of "ebullition" is he leaves us in the dark, and how he can call that a "spirit" which might have been a gas (for he never condensed it, even if it were the vapour of a spirit), I am at a loss to determine.

The process made use of is most incompatible with any correct mode of searching for a minute quantity of matter in any body, and at the same time shows a want of knowledge of chemical equivalents which is quite at variance with his title of "chemist." He begins, without any visible object in view, by adding "an ounce of concentrated sulphuric acid to each pound of blood (of which he takes eight pounds) before separation;" which he allows to stand four-and-twenty hours, being frequently stirred; to this he adds for each ounce of sulphuric acid, two ounces of carbonate of lime, but why he was so liberal of chalk does not appear, as equal weights, or at any rate a very slight quantity more in weight of chalk than of acid, would have formed a perfectly neutral salt, forty-nine parts by weight of oil of vitriol uniting with fifty of carbonate of lime, they being as nearly as possible equal weights.

Now as Mr. Osborn was working for proportions, as he afterwards states he was, he appears to me to have gone in a very clumsy way to attain his object: he makes use of "an earthenware retort" (capable, of course, of holding eight pounds of blood) having its beak lengthened with "a tin tube three feet long, the extremity of which was introduced into a quart bottle, the bulk of the retort into a sand-bath, which was placed in a charcoal furnace." When ana-

lyzing for proportions, it is customary to use apparatus of glass to prevent contamination or loss. That Mr. Osborn cannot have had sufficient practice to entitle him to make and publish an analysis of the blood, is, I think, from these statements, apparent; and as far as I am capable of judging, he appears to have obtained nothing but the well-known animal oil of Dippel, as the substance, so far as can be gathered from his description, appears to resemble it in its characters and properties.

I should not have intruded myself on the notice of your readers, but that I have observed lately a great number of persons, attempting an analysis of the blood, who have no pretensions to a scientific or practical knowledge of chemistry. Hoping that this analysis of Mr. Osborn's paper will obtain a place in your valuable and equitable journal, I remain, Sir, your obedient servant,

W. C.

Brompton Square;
February 22nd, 1836.

REMARKS

ON

DR. WILLIAMS'S RECLAMATION

RELATIVE TO DR. HOPE'S LATE EXPOSITION

OF THE

SOUNDS OF THE HEART.

To the Editor of THE LANCET.

SIR,—The perusal of some remarks by Dr. Williams on the newly-adopted opinions of Dr. Hope, in the *Medical Gazette* of September 12, 1835, to which my attention has just been directed, has induced me again to request of you the favour of a place in THE LANCET for a few observations on the heart's sounds.

In 1832 I forwarded to THE LANCET a paper containing an explanation of the heart's normal sounds, the correctness of which has been partially, and, I have little doubt, will, sooner or later, be generally adopted. Very similar views had, I have since found, a short time before been advanced by M. Rouanet, at Paris, in an inaugural thesis, and, previously to this, brought forward by Dr. Billing, when President of the *Hunterian Society*, in a paper read at the annual meeting of that Society in 1832.

These views were then new, and opposed to the opinions of all other writers on this subject. The views of M. Rouanet and myself with regard to the heart's second sound, have been quoted and adopted by Drs. Hope and Williams. The explanation of the first sound, however, as given by M. Rouanet, has been adopted by Dr. Hope

with an important modification, which modification Dr. Williams asserts, in the paper above mentioned, is nothing more than less than his own original explanation, first published in his *Lectures on diseases of the chest* in 1828, and to establish the point in favour of his former view, that the heart's sounds were muscular sounds, Dr. Williams makes, amongst others, the following remarks:—

"Dr. Hope, in his work published in 1832, ascribed both the first and the second sounds of the heart to the collision of the particles of fluid; and, until the publication of the 'Appendix' in April last, he had not, in his several writings on the subject, expressed any distrust or qualification of his original opinion."—(These views, he it remembered, were, at one time, adopted by Dr. Williams, but they met with a complete and unanswered refutation by me, in a paper in THE LANCET of Sept. 23rd, 1833.)—Dr. Williams continues,—"Here, however, he comes to the conclusion that the second sound is caused by the closure of the sigmoid valves, and that the first is compound, 'consisting, first, possibly, of a degree of valvular sound: secondly, of a loud smart sound, produced by the abstract act of sudden jerking extension of the muscular walls, in the same way that such a sound is produced by similar extension of the leaflets of a pair of bellows; to avoid circumscription, he calls this the sound of extension; thirdly, a prolongation, and, possibly, an augmentation of this sound, by the sonorous vibrations peculiar to muscular fibre.'"

The same experiments which led Dr. Hope to adopt and modify the opinion of M. Rouanet as above, led Dr. Williams to the following conclusions:—"That the first sound is not dependent on the closing of auriculo-ventricular valves is evident, from five observations in which the closure of these valves was partially or completely prevented, yet the first sound continued."

I have here to remark that the experiments referred to, as detailed by Dr. Williams, were not conclusive in favour of his view, but the contrary; for we have it on the authority of Dr. Hope, that the partial impediment to the action of the valves produced an equivalent alteration in the intensity and clearness of the heart's sounds.

These remarks are also at variance with the following, which occur in the next page:—

"If some of these circumstances be removed, as in my experiment, where the resistance of the valves, or the mass of blood, was taken away, the sound of the heart will be heard in the duller and more subdued character of common muscular sound. Probably, in common pulsations, the ventricles do not attain the degree of tension that is sonorous until the closing of the auricular valves; this closure, as the consequence of the resistance, brings about its sound."

ic muscular tension, which continues until the contents of the ventricles are sufficiently expelled. This accounts for the sudden snapping commencement of the first sound, and suggests how the due action of the valves contributes to its clearness. The auricular valves, the chordæ tendinæ, and the internal fibres of the ventricles, if they train the same degree of tension as the exterior of the ventricles, may have an equal share in the production of the first sound; but I am disposed to think that what we hear proceeds chiefly from the contracting business of the external walls of the heart, both because they are nearer to the ear, and because, in one observation, the contraction of the left ventricle upon my finger within was by no means so abrupt or strong as that of the exterior, as felt by the other hand, and still heard through the stethoscope."

I cannot conceive how Dr. Williams can question, whether or not the valves attain a degree of tension equal to that of the muscular substance of the ventricles. In a paper, in *THE LANCET* of Jan. 12, 1832, I have demonstrated that the valves must attain a *more abrupt* and a *greater tension* than the substance of the ventricles, and I feel confident that Dr. Williams's acquaintance with physics would, after a short consideration on the point, lead him to the same conclusion. Dr. Williams should remember, that his finger trammelled the action of the very valve whose degree of tension he assumes to have measured. The ingenious arguments, in the latter part of the above quotation, appear to me to involve a *petitio principii*; they certainly do, if Dr. Williams would wish to infer that the first sound is not of valvular origin, because the sound heard by the ear, is that occurring in the internal fibres of the ventricles; for, the question is not, *Where* are the vibrations? but, What is the *cause* of those vibrations?

Again: "The *cause* of sound is resisted and on; and the strongest and quickest motion, most abruptly and forcibly resisted, will give the loudest sound. Hence the ventricles, rapidly contracting from their flaccid state, give most sound when their motion is *first resisted* by the mass and weight of the blood within them, which is confined within the auricular valves."

And when, I would ask, is the motion "first resisted?" Why, when the valves close. And when is the blood "first confined?" Why, when the valves close. *Ergo*, Dr. Williams concludes that his explanation, given in 1832, of the first sound is a muscular sound, is correct. Really, this appears to me to be a decided *non sequitur*. Dr. Williams further argues, that the above three explanations of Dr. Hope are all contained in "one simple principle,"—that of sudden tension. This, I think, is perfectly correct; but I cannot allow that this principle is

contained in any of Dr. Williams's previous expositions of the heart's sounds, nor that the above explanations are applicable to muscular sound; but I think the reader will perceive that all the above explanations are resolvable into that given by me in *THE LANCET* of Sept. 23, 1833, in a paper to which Drs. Williams and Hope have referred, and from which the following quotation is taken:—

"Any flexible solid, suddenly brought from a state of relaxation to a state of tension, vibrates, and its vibrations are sonorous or not—i. e. audible or not, according to its physical structure. At the commencement of the systole of the ventricles, their auricular valves are flapped into play, and, at the instant of their closure, the whole substance of the ventricles and the valves are suddenly brought to a state of tension, and then, consequently, they vibrate. I leave it to the reader to determine whether the vibrations of the valves, or of the muscular substance of the ventricles, would most contribute to the formation of the first sound."

The objections advanced by Drs. Hope, Williams, Boulland, and other writers, may be valid, and may apply to the theory of M. Rouanet, but they do not apply to mine. I remain, Sir, your obedient servant,

F. L. BRYAN.

Stowmarket, Feb. 23, 1836.

GERMAN JOURNALS.

Press of matter prevents us from passing in review all the articles contained in the last numbers of the German journals which we have received; we shall, therefore, content ourselves with an enumeration of their contents, and a brief notice of the most important papers to be found amongst them.

Hecker's Annalen, Vol. II. Nos. 3 and 4; and Vol. III. No. 1.

1. On the Influence of Trades and Professions on the Health and Mortality of a Population. Part I. By Dr. FUCHS. We shall wait until the second part is published before giving an account of this interesting memoir.

2. On Gastro-enteritis. By Dr. KOHLER of *La Charité*.

3. ON SCARLATINA.

By Professor LICHTENSTADT of Berlin, St. Petersburg.

This is a long memoir, containing an account of the epidemic scarlatina which prevailed in St. Petersburg in the winter 1834-35. The author, agreeing with most writers, considers scarlatina as a disease which

is eminently contagious; he cites several cases, where it was transmitted from house to house through the medium of visitors, who themselves remained unaffected; however, by using proper precautions, he was always fortunate enough to avoid the danger. The period of contagion is often protracted to a very considerable length of time; the professor was accustomed to consider six weeks as the maximum, but during this epidemic the disease was evidently transmitted from one individual to another, at the distance of eight weeks from the commencement of the attack; a long-continued exfoliation of the epidermis seems to favour the prolongation of the contagious period. The only method of checking the disease, is to avoid as much as possible all circumstances by which its contagious property may be propagated. Dr. Lichtenstadt has experimented with belladonna—a remedy much praised latterly as a preventive, but without any good effect.

The march of scarlatina may be divided into three periods; that of invasion, that of eruption, and, finally, the period of desquamation. The first rarely lasts beyond twenty-four hours; as a general rule, it may be laid down that the disease is dangerous in proportion to the shortness of the first period; however, this admits of several exceptions.

The second period, or that of eruption, lasts usually from seven to nine days, unless it is cut short by the child's death. In the latter case it may terminate in eighteen hours (one example of which kind the author observed), or in thirty-six hours after the commencement of the period. The colour and extent of the eruption are very various. Some writers advance that a deep-red colour, uniformly spread over the whole body, is a favourable sign; on the contrary, the author thinks the danger is always increased in proportion to the intensity of the eruption.

The pulse, as is usual in this disease, was always quick, and not reduced by the appearance of the eruption; at 100, it was not an unfavourable symptom; the pulse often rose to 120, and this also without indicating any great danger; but the disease was always the more grave and fatal, in proportion as the pulse exceeded this latter degree of frequency.

Bloody evacuations were sometimes observed during the course of this period, but they did not seem to exercise any remarkable influence in its march or termination; several children were seized with epistaxis, some recovered; others died. One patient, who died on the fourth day after copious loss of blood from the nose, was seized thirty-six hours later with violent hemorrhage from the vagina. The indications drawn from an examination of the urine, or alimentary excretion, do not present anything remarkable. The state of the tongue has always been considered of great import-

ance, especially for the diagnosis of scarlatina. We have almost invariably observed the red, developed papillae, at a very early stage; however, the author says, in the present epidemic, for the first few days after the appearance of the eruption, the tongue was covered with a whitish, or a yellow-white fur, by no means characteristic of scarlatina, and not differing from that observed in common fevers; however, the anterior portion and edges of the tongue gradually assumed a reddish colour, which soon acquired the true scarlatina tint.

Some cases of gangrene of the fauces were observed, but the author saw hardly any example of the diphtheritic inflammation described by BRETONNEAU as extending to the pharynx and larynx. In one case this gangrenous inflammation was complicated with croup. In several cases also, especially towards the end of the epidemic, the author observed a ringing cough excessively like croup, but all these terminated favourably. The duration of the desquamating period is various. In some cases the desquamation was not completed six weeks after the commencement of the disease; in others it was still more protracted. The complication of this period was, as usual, anasarca; general anasarca and abdominal dropsy often occurred, but never in a fatal form: one case of fatal thoracic effusion presented itself in the case of a child four years old; the cavity of the chest contained two pounds of clear fluid. No case of acute effusion into the cavity of the skull was observed.

The treatment pursued by the author seems very rational, and does not differ in any remarkable manner from that which would be adopted in this country. He justly condemns the antiphlogistic method, when pushed to too great an extent, preferring mild cooling regimen, and a moderate use of blood-letting when absolutely necessary. The experiments which he made with cold affusion do not seem to have given very favourable results, and he prefers rubbing the skin with warm oil. The inflammation of the throat did not appear to be alleviated in the least degree by leeches, and purgatives with emetics had not a much better effect. In a word, the result of the author's observations on the treatment of the second period is, "that medicine is only of negative value, and that when a cure does take place, we are indebted to nature for the fortunate result."

THE MOTOR AND SENSITIVE NERVES.

4. De Differentia et Nexu inter Nervos Vitæ Animalis et Vitæ Organicæ. By J. VAN DEEN. Lugd. Batav. 1834.

THE fourth article has the above title. After a short description of the difference

and relations existing between the nerves of animal and organic life (the motor and sentient nerves), the author proceeds to distinguish these nerves according to the difference of their functions. The first chapter contains a rapid history of the experiments hitherto performed on the anterior and posterior branches of the spinal nerves, and a description of the manner in which the nerves are distributed in the posterior extremity of the frog. The first and most external of these nerves (*nervus inguinalis*) passes out between the 7th and 8th vertebra, and is distributed to the muscles and integument of the inguinal region and upper part of the thigh. The second branch (*nervus cruralis*) passes to the muscles and skin of the thigh. The third (*nervus ischiaticus*) is lost in the integuments and muscles of the leg and foot. These three nerves have each a double root, while the fourth, or pudic nerve, distributed to the skin of the perineum, has only a single posterior root. The latter is furnished with a whitish oblong ganglion situate outside the coccyx, while the ganglia of the sensitive roots of the other nerves are placed in the vertebral canal; these four nerves anastomose with each other and with the sympathetic nerve. The author repeated the usual experiments on the anterior and posterior roots of the nerves in frogs, and obtained results exactly similar to those described by Müller and Panizza. He next endeavours to ascertain the nature of the connection between the several nerves just described. After dividing both roots of the inguinal nerve, the frog was unable to draw up the foot towards the abdomen. Division of the crural nerve produced paralysis of the thigh and leg. Division of the three branches was followed by paralysis of the whole extremity; when the inguinal nerve was divided above its connection with the crurals, the motion of the foot towards the abdomen was equally destroyed. After division of the united branches of the inguinal and crural nerves, the animal could no longer move the thigh to the abdomen, and the same result was sometimes obtained by cutting through the inguinal nerve above its junction with the crural. The author explains this latter phenomenon by the fact that the inguinal nerve is often very large, and contains some of the primary filaments of the crural. When the superior part of the anastomosis between the inguinal nerve and the crural is cut through, the whole limb is paralyzed, just as if they were divided below the point of union; and hence the author concludes that the primary filaments of these nerves here not only lie in juxtaposition, but decussate each other. If the ischiatic nerve is divided above its junction with the crural, the toes, foot, and the greater part of the leg, are paralyzed, but the animal can still jump. On the con-

trary, when the crural is divided, this motion is lost, although the action of the foot and leg remains.

In order to verify the experiments of Flourens, both hemispheres were removed in a rabbit; the animal lay in a state of stupor, but when the extremities were stimulated it moved: three quarters of an hour later the cerebellum was removed, and on dividing the corpora quadrigemina, violent convulsions came on, and death followed in an hour. The removal of the right hemisphere in another rabbit, did not produce any external signs of pain, nor did the division of the olfactory or facial nerves of the same side give any sort of effect. The animal lay quiet, but moved when the extremities were pinched. Touching the corpora quadrigemina, caused rapid motion of the limbs. An hour after the experiment, the animal closed the eyelids when light was passed near the eyeballs; the pupil contracted; during the night it lay quiet, and died in thirty-one hours after the operation. A portion of the cerebellum was removed in another rabbit. The animal gave no signs of suffering: on cutting down deeper, some lateral motion was produced: after some time the motions ceased, but the animal was unable, with all his efforts, to raise himself up. Resection of an hemisphere in another rabbit, produced a rotatory motion that lasted six hours, and did not reappear, although the animal lived for seven days. From the above experiments the author concludes that the cerebrum is the organ of volition; the cerebellum that of co-ordinating motion; the spinal marrow the conductor; and the nerves the exciting agents of motion. In the second chapter, the author endeavours to show that the lower an animal is in the scale of creation, the less difference do we find between the nerves of animal and organic life. When a simple nervous system exists, it serves equally for motor and sensitive functions: he regards the recurrent nerve of insects as the *nervus vagus*, which possesses no evident sensation, according to his experiments; it has the peculiarities of an organic as well as an animal nerve. The independence of the *vagus* and sympathetic nerves is proportioned to the elevated scale which the animal holds (as Weber first proved), and this fact is confirmative of the opinion advanced by our author in the connection between the nerves of animal and organic life. As a proof of its truth, the author quotes a discovery which he made while observing the larvæ of the rana paradoxa. He found a lateral branch of the *nervus vagus* (similar to that in fishes) which anastomoses with the branches passing to the branchi, with one distributed to the head, and with one for the intestines.

The sympathetic nerve is altogether absent in the beginning, and only makes its

appearance in the course of the animal's development. The vagus at first grows in proportion to the growth of the tail and anterior extremities. When these are fully developed, and the animal assumes more the organization of a land animal, the vagus declines. The formation of the vagus and the sympathetic nerve are in inverse proportion, and the animal and vegetative nerves are the more independent of one another in proportion as the animal holds a higher rank in the scale of creation. The author distinguishes three classes of nerves, according to the independence or non-independence of the animal and vegetative nervous systems: viz.,—1st. In the lower classes of animals we find only one nervous system, both being united to form this one. 2nd. The distinction is imperfect in those cases where the vagus, detached from the central nervous system, possesses animal and organic functions. 3rd. Here there is a distinct sympathetic nerve, which is the more perfect and independent as the animal is placed higher amongst the mammalia.

The mutual connections between the organic and animal nervous systems has a double object. On the one hand it endows the organic nerve with motor and sometimes even with sensitive properties. On the other hand it gives organic force to the animal nerves, without, however, interfering with the sympathetic affections.

The sensorial nerves consist, 1st. In the chief nerves of the senses which have no connection with the other animal nerves, nor any direct or indirect anastomosis with the organic nerves. (The *nervus centralis* perforates the optic, and probably a similar state occurs in the so-called double anastomosis of the facial and auditory nerves.) 2nd. The nerves which convey not only the qualities of things, but also their effects on our bodies. These comprehend the nerves of taste and feeling; all these nerves, in addition to their peculiar function, are possessed of sensibility in general. 3rd. The remaining sensitive nerves, which seem simply to possess the power of sensitiveness.

The motor nerves are, first, nerves that do not anastomose with the sensitive nerves: to those belong the third, fourth, and sixth nerves; and, secondly, those that unite with sensitive nerves. The motor power of the organic nerves is derived from the motor cerebro-spinal nerves; every one knows that this property continues a long time after the central nervous mass has been removed. On the other hand, the animal nerves possess certain organic properties, viz. the nerves which accompany the arteries. Neither the brain, nor the spinal marrow, nor the sympathetic nerve, can with propriety be regarded as the centre of nervous actions. Were the latter the case, for example, for the celiac plexus, an

animal would die immediately when it is removed, and not gradually, from peritonitis, as the author has found. We can only discover a centre of this kind in inferior animals, where the animal and organic systems are united together, but in higher orders if we seek this, we must look for it in a point where the animal and organic powers are united, and from which they act upon the other nerves. This point is the medulla oblongata, which gives origin to the *pervus vagus*. This is possessed of a power intermediate between that of the animal and organic nerves. Its animal function cannot be destroyed (as in animal nerves) without injury to its organic functions; it is developed before the sympathetic. Respiration, the function over which it presides, is a mean between the animal and organic functions, and, besides this, it exercises an evident influence on the digestion and circulation, and is the first which enters into activity in the new-born child.

PAROCHIAL MEDICAL CONTRACTS.

"DA DENTRAM MISERO."

To the Editor of THE LANCET.

SIR,—In the concluding part of my last communication (which you did me the honour to insert in THE LANCET of the 2nd ultimo), some of the errors of the Poor Law Commissioners are briefly recorded. I pointed out the increase produced in the number of medical monopolies; the still further reduction of the late wretchedly low rate of medical pay; the inhumanity of farming out the care of sick paupers to the lowest bidders, by advertising for tenders, and the impropriety of employing young men, immediately from the schools of medicine, to attend in difficult and dangerous cases of midwifery &c. I observed also, that by paying the surgeon a fixed price per patient, while the power of granting orders for his aid was limited to the relieving-officer, severe and dangerous cases only would be committed to his charge, and often not until it would, under Divine Providence, be too late to save the lives of paupers. And, lastly, my tears were expressed as to what might become of those unhappy patients, for whose medical care nothing was to be paid. Certainly a most unaccountable method of providing medical aid for a portion of the sick, to leave the surgeon that he is not to receive any remuneration for his remedies and services. In the Commissioners' Report to Lord John Russell (Aug. 8, 1835) are the following words:—"In some Unions, as in the Wexcombe Union, it has been provided, that the terms of the contract should be a remuneration, at

a given sum per head, on the number who receive medical aid; but with the proviso, that the gross charge shall not exceed a given amount;" and again, "that the aggregate charges for medical relief within the new Unions, shall not exceed the aggregate of the former expenditure for medical relief in the separate parishes now included in the Unions." The old salary was fixed at 10*l.* per annum; the new charge is 2*s.* 6*d.* per patient; the number of patients 100; of which the first 80 are to be paid for (eighty half-crowns being equal to 10*l.*), and the last twenty are to be attended and provided with medicine gratis.

In this letter, Sir, allow me to comment on some other points, introduced in the above-named Report, concluding with remarks on the scheme proposed by your ingenious correspondent "RURICOLA," in the course of which his strictures on my plan, it is to be hoped, will be sufficiently answered.

The advantages of the Commissioners' system of medical contracts are singularly illustrated in their Report, by the evidence of a medical witness. "I approve of the system," says the witness; "but the amount in the present contract is inadequate. I think I shall lose a guinea a-week by it. In some of the parishes it is at present only one-third of what I have received in former years for the same time. But I approve of the system for these reasons; it is a self-acting check upon the relieving officer in giving improper orders, or withholding proper orders, upon application for medical relief, in making the patient feel that, in receiving it, he is a pauper, and causing the parish a specific charge for him; and upon the medical man, by causing an inquiry into each case, so that none can escape attention, and by that means also securing proper attendance to the patient." Certainly no relieving officer, in the *honest* discharge of his duties, will give improper orders in favour of medical men. But, according to the Report, "the inferior officers" (under the old system) "have been fed by the medical officers, to search out, and give them information of, cases, under the expressed, or the implied condition, that they should be allowed to charge whatever they pleased for attendance and treatment of non-parishioners, under suspended orders of removal, or orders of medical relief given by the overseer." Now, suppose the relieving-officer to be fed for granting as many orders, during a healthy year, as would not otherwise have cost the amount of the old salary; or suppose the surgeon to be his son, or his nephew, or his bosom friend, what becomes of "the check" on giving "improper orders?" On the other hand, imagine them at variance with each other, while the relieving officer is anxious only to prove his zeal for economy, and to curry

favour with most of the guardians; where is the check on "withholding proper orders?" And, lastly, how is "proper attendance to the patient secured," under a system which entails on surgeons a heavy pecuniary loss?

The Report speaks of the "credit of the appointments," "the wider fields they offer for the display of care and skill, leading to more profitable practice,—the inducements differing in degree, but being similar in kind, to those upon which men of the most eminent skill find it to their interest to give their services to the chief medical institutions of the country." *Credit* in receiving an appointment from guardians as the reward of a medical contract, entered into by letters of tender, through public advertisements, in precisely the same way as that in which bakers and butchers are appointed to serve the Unions with bread and meat!!! It is admitted, by implication, that these enviable fields for the display of practice (and horse-nauship) at half-a-crown, or three shillings, per patient per annum, are *unprofitable*; which circumstance, together with the degrading condition of the paltry pay annexed to those appointments, will sufficiently explain why many of the most respectable surgeons in the provinces are at issue with the Commissioners.

If medical men are to be paid so much per patient, I would humbly request the Commissioners' attention to the following rate of pay, founded on the scale already constructed by me, and the relative number of sick annually occurring among a given number of paupers.

Without quoting Dr. Rees, and other able writers, on this point, and without pointing out causes which must ever produce variations in calculations of the above kind, perhaps I may be permitted, at once, to set down the number of sick as one in every three persons throughout the year. More than this proportion occurs in the parochial medical practice of this town, and less in the adjoining rural parishes; but, as a general average, the proportion of sickness to health, occurring annually, is not over-rated, considering that paupers consist of persons of all ages, and of both sexes, and that they are exposed in a degree beyond all other classes of the poor, to the evils of poverty. My former scale of prices, per pauper, begins with 2*s.* for the care of from 50 to 300, and thence descends through fractions, as the scale ascends by single hundreds, to 10,000 persons; the price, per pauper, at that number, being 9*d.* and a fraction. For patients, therefore, I would suggest a scale, beginning with 6*s.* (per patient) for 100, and below that number descending in price, in like manner, as the scale ascends, by every 33 patients, up to any number attended by the medical officer, thirty-three and a half being the proportion of sickness among 100 paupers.

urged in favour of parties finding their own drugs, another reason occurs to me, viz., that those surgeons who do not dispense medicine, will thus have it in their power to accept of medico-parochial appointments. I am, Sir, your obedient servant,

J. C. YEATMAN.

Frome, Somerset, Feb. 12, 1836.

THE LANCET.

London, Saturday, February 27, 1836.

THE public mind has once more received a terrific shock in consequence of the fatal catastrophe which has just followed another infliction by the cat-o'-nine-tails, on the back of a marine in the barrack of Woolwich.

But was the flogging the cause of death? The medical witnesses who were examined at the inquest think that it was not. Eight of the jurymen were, in the first instance, of a contrary opinion, but a majority of that body ultimately decided, that "the unfortunate man died by the visitation of God, and not by the hands of any person or persons whatsoever." This is the verdict. But whom will it satisfy? None but the advocates of human torture. None but the admirers of a brutal system of treating the soldiers and sailors of this country.

Some of the facts of this case we can state from personal observation. When it was stated in the *Weekly Dispatch* of Sunday the 21st instant, that another unfortunate criminal had been flogged at Woolwich under very distressing circumstances, and when we farther saw, on Monday last, that the victim of cruelty had ceased to exist, and that an inquest was to be held on the body on that day, the Editor of this journal considered that as a member of the medical profession, and as the occupier of a seat in the Legislature, it was his duty to see the body of the deceased, and to inquire personally into the circumstances of the case. Accordingly he proceeded to Woolwich,

on his arrival at two o'clock, he was not a little astonished to hear that the inquest after the jury had been sitting for about an hour and a half, had adjourned to the following morning, to be again resumed at nine o'clock. On repairing from the *Ship Tavern*, where the coroner and jury had met, to the Infirmary of the barracks, we were at once admitted to a view of the body. No attempt was made at concealment, no desire was manifested to misrepresent the details,—none to withhold the knowledge of a single fact from any inquirer. The conduct of Mr. PARKIN, the chief-surgeon of the barracks, was not characterized by the slightest reserve, and his conduct clearly manifested that he had in all respects discharged his duty to the sufferer. The advocates of the flogging system cannot, in this instance, cover the disgrace of the fatal event by accusing the surgeon of neglect, or the absence of a knowledge of his profession, or of unkindness of heart; and both the relatives of the unfortunate soldier and the public may be assured, that all was done in the Infirmary of the barracks, that could be accomplished by medical skill and humane attention, to divert the catastrophe which followed the flogging.

As the young man had died only on the previous morning, the body was perfectly fresh, and no sign of disease appeared upon it, from head to foot, except in the remains of the cruel blood-red wounds (which were situated immediately over the spinous processes of the dorsal vertebrae), and in the inflamed surface by which those wounds were surrounded. So far, therefore, as external appearances were concerned in viewing the body, the only evidence of disease was observed when the treatment of torture had been applied. It was prudently determined, therefore, by the jury, that an examination of the internal organs should be instituted, and the inquest had adjourned a short time before we reached Woolwich, for the purpose of having the body executed.

It was agreed, we understood, that the examination was to be conducted by the barrack surgeons, by Mr. BURRIS (the parish surgeon), and Mr. GRAINGER, of the *Fleet Street School of Anatomy*. Unfortunately, we were prevented from attending the adjourned inquest, but a brief report of the proceedings was published in the *Times* of Wednesday. As no contradiction of any portion of that report has since appeared in the journal in question, we may, we suppose, take it for granted that the abridgment of the testimony has been correctly given. On looking at the list of medical witnesses, however, we find no mention made of Mr. GRAINGER. We are the more surprised at this circumstance, because, on returning from Woolwich, we met Mr. GRAINGER travelling in the direction of that place, and his private residence is situated within a very short distance from the barracks. We ask, then, was Mr. GRAINGER present at the post-mortem examination, and if so, why he was not questioned in reference to the comparatively inexperienced and unknown Mr. SAMUEL SOLLY? and who were the medical witnesses on the occasion? Mr. PARKIN, surgeon of the barracks; Mr. JAMES LAWRENCE, a naval surgeon, who was sent down by the head of the Navy Board; Mr. BUTLER, the parish-surgeon, of whom we have heard it said that he is not unfavourable to the punishment of flogging; and Mr. SAMUEL SOLLY, a young person employed in the dissecting-room of *St. Thomas's Hospital*, whose reputation as a pathologist has yet to be tested.

After the medical testimony had been given, eight of the jurymen declared that they were of opinion that the death was produced by the flogging, but the other nine jurymen, after returning a verdict of acquittal upon the medical evidence, and at last the verdict which we have above written was recorded.

As the medical witnesses may allege that their evidence has not been correctly re-

ported, we shall not insert any portion of it on the present occasion; but shall wait until we can procure an official copy of the testimony, through the instrumentality of a motion in the House of Commons, and an order from the Crown. As the report, however, in the *Times* agrees throughout in stating that the medical witnesses all concurred in declaring positively, that the flogging was not the cause of death, but that the man died from the effects of a fever, and that the fever was the product of some foulness of the air, or of the earth, or of the waters under the earth, we cannot refrain from saying a few words on this part of the subject. We must tell these gentlemen, therefore, at once, that their opinions are unsound and unphilosophical, and utterly at variance with those of every esteemed writer on morbid anatomy, and if such evidence—if such nonsense can be termed evidence—were generally received in our courts of judicature, the science of medicine, and even medical practitioners themselves, would be converted into objects of scorn, derision, and disgrace.

Observe. The only apparent cause of the fatal calamity,—the only cause which was subjected to the operation of the senses,—is discarded by these acute practitioners and witnesses, in order that, like so many ghosts, they may spirit themselves into the air, earth, and water, to discover, in absurd conjectures and wanton hypotheses, a reality which they have not the sagacity to detect in a plain matter of fact. What was the state of the health of the man when he was flogged? It was sound and excellent. Nay, it was alleged by all who knew him, that he was in rude and robust health. He was in this state on the 8th of February, the day on which his back was lacerated. On the 20th he was a corpse. Now mark. The medical witnesses are not content with merely saying that they cannot discover the cause of death on inspecting the body, but they take upon themselves to say that the flogging was not the cause of death! Ab-

surdity can go no farther. If in such a case they be incapable of maintaining the affirmative proposition, how can they prove the negative? We will not say that such conduct is dishonest, but we cannot refrain from alleging that it is most mischievous. Ah, had there been a medical Coroner in this case, we will undertake to say that the public mind would not have been shocked by such a verdict as has been recorded by the non-medical Coroner for Surrey.

On the 8th of February, then, the day of the flogging, WILLIAM SAUNDRY was in a sound state of body, and when we saw the corpse, on the 20th instant, the day after his death, the blush of health was still apparent on his cheeks, and, as we before stated, there was no emaciation, no sign of disease or injury, except upon the back where the horrid punishment had been inflicted. The cat, as is well known, consists of nine strings of cord, with knots in each string, and a hundred strokes from this infernal machine, would necessarily produce nine hundred cuts on the skin. And on what part of the body was this dreadful punishment inflicted? Why within a few inches of the brain, the great centre of the nervous system, and directly over the spinal marrow, whence so many nerves essential to the existence of life originate. Good God! The shock which the whole system must receive from the infliction of such torture would be enough to kill the hardiest, the least sensible, of the brute creation. Now, did the medical witnesses cut down through the skin at that part? Did they cut through the bodies of the vertebræ and examine the spinal chord and the membranes immediately under the wounds in the back? If they did make such an examination, how is it that the report in the *Times* makes no mention of it? And if they did not, how can they dare to allege, in the face of the profession and the public, that the flogging was NOT the cause of death? If they did not examine the state of the spinal marrow,

we tell them that their investigation was worse than useless. It was only calculated to delude. Do these gentlemen believe that the skin covering the spinal marrow may be cut, bruised, and lacerated, with perfect impunity? Do they think that there is no sympathy between the skin and the nervous system under such torture? Impossible! Their own every-day treatment of affections of the spinal marrow proves directly the reverse. They cup, blister, leech, and canterize the skin immediately where the scourge was applied in the instance before us, to relieve inflammation and other affections of the spinal marrow, and the membranes of that important structure. The bite of a leech, or a bit of blistering fly, can operate on the spinal marrow, but nine hundred cuts and jags in the same situation cannot produce trembling in a single fibre of the nervous system! Oh this monstrous mockery of the unerring principles of the science of medicine! Will these medical practitioners deny that the prick of a pin in the finger, that a fibre of wood in the same part, will often so affect the nervous system as to produce locked-jaw and death? But there is a case, of recent occurrence, quite to the point. What was the cause of death in the case of the unfortunate Miss CASHIN? The application of a stimulant lotion to the skin in the very situation in which this poor soldier was flogged. There was no wound in the back of that young lady. Yet she was literally stung to death by the caustic lotion, and the stings which the soldier received were scarcely less poisonous or severe.

When we are placed in possession of an official copy of the evidence taken at the inquest on the body of William Saundry, we shall return to this painful subject, but in the meantime, we do trust that the English nation will call, as loud and true, for the abolition of the brutal system of flogging, as it is practised in the British army and navy.

CONTRARY to the expectation of the Ministers themselves, the charter for founding the Metropolitan University was not completed by the 24th inst. The arrangements, however, are sufficiently advanced to admit of the choice of a Chancellor, and Lord BURLINGTON, who was a senior wrangler at one of the English Universities, and is distinguished for his literary and scientific attainments, will be the first individual appointed to fill that high and distinguished office.

SINGULAR CASE OF DOUBLE VISION.—At the *London Medical Society* on the 22nd inst., Mr. FIELD related a remarkable case of double vision, which in some particulars differs from the usual symptoms of such affections. The patient is a young man, aged 22, of abstemious habits, and so studious in playing and writing music, as frequently to lose a great portion of his night's rest. He first began to see objects double about two years ago, but he did not pay any attention to the circumstance. Since then the affection has continued to increase, and he now sees two distinct objects, one a few inches above the other; that which he takes to be the real object, appearing rather the brighter of the two. It is only at a certain distance that he experiences this phenomenon. When near, objects are not doubled. There are no symptoms of disease of the brain. The eye is dark, and the pupil does not contract to the usual extent of healthy action. What is most remarkable in the case is, the fact of both eyes being similarly affected; so that if the patient closes either, the same result follows as when they are both open. Various opinions were expressed in the Society with regard to the cause. Mr. KINGDON thought that the habit which the eye had acquired of looking at two bars of music at once, together with the abstemious habits of the patient, might have had considerable influence in the production of the disease. Mr. PILCHER considered it either to be the result of incipient amaurosis, or an irregular action of the muscles of the eye. Mr. DUNN, the President thought that the cause must exist in the ball of the eye itself, some alteration, perhaps, in the humours. It was the general opinion of the Society, that the great application to music should be at once dispensed with by the patient.

DETECTION OF ARSENIC.

After an operation at the *Westminster Hospital* on Saturday last, Mr. W. LYNN exhibited to the students a new process designed for detecting arsenic in "the smallest possible quantity." The fluid supposed to contain the poison is put into a phial containing a small quantity of metallic zinc. Some diluted sulphuric acid is added, and hydrogen, with the arsenic, should any be present, is evolved. A small glass tube, inserted into the cork of the phial, gives exit to the gas which is ignited, and a glass receiver is held over the flame. The hydrogen mixes with the oxygen of the atmosphere, and forms water, while the arsenic is deposited in its metallic state on the sides of the receiving vessel.

[Might not this test in many instances be fallacious, from the fact of zinc frequently containing arsenic?—*REP. L.*]

ANTIDOTE FOR THE POISON OF MORISON'S PILLS.—At the close of an eloquent and excellent expostulation on the folly of yielding credence to the falsehoods promulgated by the dealers in quack medicines, for which, however, we are unable to find room, a correspondent adds the following statement:—"I wish to make known generally, for the use of those who are guilty of the folly of habitually taking the Morison's pills, that the best means to be adopted to relieve the distressing vomiting and purging which frequently follow their employment, consist simply in taking copious draughts of lukewarm water (in the case of sickness) to assist the stomach in its attempts to dislodge the poison, and mucilaginous and gelatinous drinks, such as barley-water, linsced-tea, mutton and chicken-broth, will mitigate the severity of the purging, and afford some protection to the internal coat of the intestines from the acrid and irritating effects of the gamboge, aloes, and colocynth, which are found in the pills." Our correspondent most justly remarks that until the practices of quack doctors and the use of patent medicines are interdicted by Parliament, medical science can only be a by-word with the public, as astronomy formerly was disgraced by the connection of astrological conjuration with its observations and study.

ANATOMY IN IRELAND.

THE following official letter has been lately addressed by the Inspector of Anatomy in Dublin, to the Right Hon. Lord MORPETH, Secretary for Ireland:—

Office of the Inspector of Anatomy,
Dublin, Feb. 1st, 1836.

MY LORD,—As Inspector of Anatomy I have the honour to submit the return and report for the quarter ending this day. During the last three months the number of subjects sent to the schools, exceeds that sent during the entire of the year before last.

An attempt was lately made to revive the revolting practice of exhumation. Two of the party were sent to Newgate. Afterwards thought it prudent to permit them to join the Queen of Spain's troops, with their ringleader Malone (whom I had formerly convicted). Thus has this gang of desperadoes been transported with their own consent.

I am happy to acquaint your Lordship that the advantages presented to the Students of Anatomy in Dublin, are now equal to those of any other part of the world. The supply of subjects is regular without conflict, and abundant without outrage to public feeling, as formerly. The gratifying testimony to that effect of the Professors of the eight schools of Dublin was published in *THE LANCET* of March 14, 1835.

The approbation expressed by the Dublin Professors has been further confirmed by the annexed testimonial from a very influential public body. The Inspector has only endeavoured to carry into effect the enlightened intentions of our liberal Government. I have the honour to be, my Lord, your obedient servant,

JAMES MURRAY, M.D.,
Physician to the Lord Lieut. of Ireland.

ROYAL BELFAST ACADEMICAL INSTITUTION; Joint Boards of Managers and Visitors, Feb. 2, 1836; Extract from the Minutes.

Resolved Unanimously,—"That the thanks of the Joint Boards are due to Sir James Murray, Inspector of the Schools of Anatomy, for his uniform attention to the interests of the Anatomical class of this Institution.

JOSEPH STEVINSON, *Secretary*."

MEDICAL CORONERS IN IRELAND.—*To the Editor*.—Sir,—In compliance with a desire expressed in a late number of *THE LANCET*, I herewith send you a list of the Irish medical coroners, with their places of residence, taken from Pettigrew and Oulton's "Dublin Directory" for this year. I am, Sir, your obedient servant,

JOHN BROWNE, M.D.
25, Holles-st., Merrion-sq., Dublin;
20th Feb. 1836.

Cavan, John M'Fadden, M.D. (and another), Cootehill.

Down, George Tyrrell, M.D. (and two others), Banbridge.

Dublin, James M'Carthy, Apothecary (and another), Amberg-street.

Leath, Henry M. Blackwell, M.D. (and two others), Danier.

Monaghan, Robert Murray, M.D., Beech-hill, Monaghan.

Wexford, James Hamilton, M.D. (and two others), Gorey.

MR. MORGAN OF GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I shall feel obliged, as will the rest of Mr. Morgan's hearers, by your giving insertion to the following statement, though it is with extreme reluctance that I make any complaint on the subject. I do, however, most justly find fault. The apathy, disrespect, and apparent indolence, of Mr. Morgan towards his pupils, compel me to adopt this mode of troubling you for a small space in your valuable publication. Mr. Morgan announced at the beginning of the session that his lectures on ophthalmic surgery would be delivered on every Thursday evening, but after the first three lectures Mr. M. seldom has appeared for any two weeks consecutively. Consequently, he lately had to announce that, unless he lectured three evenings a week, it would be totally impossible for him to complete the course ere the middle of June, but if the pupils would listen to three lectures per week he could terminate the course by the end of March, and, as he did not feel particularly anxious to lecture to empty benches, he hoped that some gentleman present would take the sense of the meeting and communicate it to him in the museum, where he would await the proceeding, which ended by a great show of hands in favour of three lectures being given a week. Yet Mr. Morgan has not given a lecture on a Thursday evening since, which will be three weeks up to Thursday, February the 4th. Mr. M. cannot have had the interest of his pupils in view by this neglect; he evidently has thought that he might neglect them at his pleasure. I shall forbear saying more at this time, awaiting some apology from Mr. M. at his next lecture, or the strict deliberance of the three as arranged. Mr. M. must be well aware that his pupils have had to arrange their time for the three evenings, and most likely have some other lecturer, in order to attend according to his new arrangement. My name and address are at your service. I am, Sir, your obliged servant,
H. D. E.

February 1, 1836.

COLLEGE OF PHYSICIANS

THE LAST HALIFORDIAN LECTURE.

To the Editor of THE LANCET.

SIR,—On Monday evening last I was introduced as a visitor at the first dinner for the season, of the College of Physicians, and as I am but little accustomed to such proceedings—at all events have not been made insensible to their improprieties by habit—and being, moreover, personally uninterested, and, therefore, it may be presumed, an impartial observer, you will perhaps favour me with an opportunity of stating what impression was made upon me by the scene. In doing this, if any one should think me an uncourteous guest, I would simply say, that I make no scruple in sacrificing courtesy to justice and professional usefulness, when both happen to be incompatible. There were present, as I am told is generally the case at their first meeting, a number of distinguished individuals,—the two archbishops, several bishops, the premier, and some other leading political characters. Two things, above all others, awakened my reflection, viz.—the conduct of the President as an individual, and that of the College as a body. The president delivered an oration on the death of some individuals who were distinguished for their attainments in science, Bacon, Boyle, Newton, Locke, Addison, Johnson, and Sir W. Jones. It contained a brief account of the circumstances attending the death of those eminent men, and a more particular description of their moral and religious characters. They were held up as examples to stimulate our virtue, and to strengthen our confidence in the faith we have adopted. From this account the discourse would appear to be sufficiently appropriate,—for I think on such an occasion it should not be wholly unprofessional, nor on the other hand so technical as to be uninteresting to the non-medical guests. But the mode of its execution removed from my mind every favourable impression made by the plan, and substituted in its place a feeling, deep and unmingled, of disgust and abhorrence. My object, Sir, is simply to express my feeling, not to prove it to be just, for that could not be done to one who did not witness the exhibition, and as those who did, I am sure it need not. The manner of this discourse then convinced me, that what the president did not care to say to the students, he was determined to mix with the public about it with every sentence he uttered, and that he therefore made a parade of religion for unworthy worldly purposes, as one who professes to respect real religion. I was almost choked with disgust at this apparent mockery of a sacred theme. I think it an indelible stain

upon the religious character of this age and nation, that any man should dare to deliver such a discourse in the presence of the leading men of the church, and of a liberal and learned profession. Yet all this is done by the nominal head of the medical profession in England, the chief official medical attendant of the monarch. Can it be true also that he has acquired this station more by this and similar practices than by the exercise of any solid, to say nothing of sacred, attainments in his profession?

The second matter which arrested my attention was the separation of the fellows from the licentiates. The upper part of the room was barred off, for the exclusive use of the president, the fellows, and the titled guests. Over the other parts wandered the licentiates and the minor attendants! To argue that the fellows were thus set apart for their merit, is to outrage truth most grossly. If a man has been at Oxford or Cambridge, though he may have spent his time in every species of hypocrisy, blackguardism, and debauchery, he may become a fellow of the College. It is useless to allude to individuals, the principle being the important thing; but on this occasion I saw, amongst many other men equally worthy of being mentioned, the vice-president of the most learned society in Europe, thrust as a licentiate among the lower ranks, like a boy in a booth, to stare at the show prepared for view in another part of the room. How can such an impudent and degrading system be tolerated even for a single moment. Finally, Sir, I am astonished that the licentiates will go to the College at all. They should stay away in a body, and thus diminish the number of gazers. I am, Sir, your very obedient servant,

OBSERVATOR.

London, Feb. 23, 1836.

DR. W. CUMMIN.—MR. EDITOR,—However contemptible your opinion may be of those individuals who contribute to a journal whose main object ever has been to traduce the character of the general practitioner, and to libel the students, it is monstrous to suppose that Dr. Cummin should come forward and publicly deny that he was not the coadjutor of Dr. Rod. Macleod. Permit me to ask if it be not a fact that the papers read before the Medical and Chirurgical Society are instantly sent to Dr. Cummin for the sole and avowed purpose of enabling the said Dr. C. to make such extracts and abstracts from them as he may, in his wisdom, think fit for insertion in the Gazette. Should you have any doubt of the truth of this statement, let me refer to Messrs. Glendinning and Partridge, the present Secretaries of the Society, or their predecessor, who has himself become so expert in mak-

ing "Elegant Extracts," and by whom these arrangements with the Gazette were originated. I am, Sir, your obedient servant,
A FELLOW OF THE SOCIETY.
Feb. 22, 1836.

with a coronet upon it, and livery servants behind, whose outer coats showed much better than other portions of their dress. I am, Sir, your obedient servant.

OBSERVER. •

Dr. W. CUMMIN.—To the Editor.—Sir,—Something more ought to be made known with regard to the expostulatory letter addressed by Dr. Cummin to you respecting the secret editors of the Medical Journal. Notwithstanding the statements therein made and conjointly testified, I understand that the gentleman who questioned Dr. Cummin, positively declares that Dr. Cummin did deny to him in explicit terms that he had any thing to do with the editing of the Gazette. Dr. Cummin it is thought was alarmed into telling this story by the momentary fear of avowing the connection, but having gathered courage afterwards when he saw the statement in print, he denied that he had ever disavowed the connection, because his acquaintances would have thought worse of him as denying what was so notoriously true, than they even did for his hiring his time and services to Dr. Macleod. This is the report. The student, I understand, was warned not to question Dr. Cummin without having by him an independent witness, but he was too unsuspecting to take the advice. However, he came straight out of the room and told to every one around exactly what appeared in the letter in your journal. I am, Sir, yours obediently,

W.

St. Bartholomew's, Feb. 19, 1836.

QUACK PILL ADVERTISING.

To the Editor of THE LANCET.

SIR,—You mention that you shall speak further respecting the late murder by Morison's pills. I was induced the other evening to visit Exeter Hall for the purpose of hearing a Dr. Lynch lecture on hygiene. Morison himself, I believe, was on the platform. Between two and three hundred supporters of the system were present, and applauded to the echo the attacks of this "Doctor" on the profession. His subject was apoplexy, and he misquoted a number of great authorities to prove that they decided on condemning bleeding under any circumstances in that affection. His lecture was a tissue of absurdities and abuse. He spoke of the late murder, and said the victim was doing well until the "Doctors" were called in. He afterwards left the Hall in a carriage, which had, evidently for effect, been placed at the door for a long time before,

LATE ADDRESS TO APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR,—From the zealous and able manner in which you have uniformly advocated the rights of students, I feel it a duty to apprise you of any circumstances connected with the subject.

I see on the cover of the last week's LANCET, a number of names of students at the London University, who affirm that they were opposed to, and had nothing to do with, the meeting at the Crown-and-Anchor; at the head of the list is a Mr. LEGGATT, who is a pupil of that very courteous functionary, Mr. Secretary WATSON. Doubtless this Mr. LEGGATT will be recompensed for the pains he took, during three or four weeks, in endeavouring to collect a tolerable list of names for the support of his master's interests. I need hardly say, Mr. Editor, that the greater part of these honourable and liberal minded students, in a short time, intend to present themselves for examination at the Hall in Blackfriars; and I have no doubt that this mean-spirited publication of their names, is designed to act as a demulcent on the surly growl of a WHEELER, or a RIDOUT, or to restrain the annoying gesticulations of a MERRIMAN. I am informed, on the authority of a student who was present at the first meeting at Anderton's Hotel, that not a few of these celebrated gentlemen took a prominent part at that meeting, and even wished to become proposed as members of a committee for conducting the succeeding meeting at the Crown-and-Anchor. A Mr. BRIGHTMAN was very conspicuous on the occasion. So much for the firmness of the students at the London University. I consider this proceeding a most unjust one towards all those gentlemen whose names have not appeared in the list (many of whom have taken neither side of the question), inasmuch as of course they will be considered at Apothecaries' Hall as having approved of, or taken a part in, the meeting. I am ashamed of such conduct in medical students, and regret that the character of the London University has been tarnished by the selfish feelings of a few interested persons, operating on the fears of their fellow students. I remain, Sir, your obedient servant,

A STUDENT OF MEDICINE AT THE LONDON UNIVERSITY.

February 23, 1836.

LATE ADDRESS TO APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR,—I entreat you to extend your kindness to me who earnestly desires to make known the fact, that there are yet many scores of medical students at the London University, who have not disgraced their names by signing the cringing indirect petition to the Apothecaries' Company, allowed by you to be advertised last week. The professed object of the advertisement is perhaps without parallel in the way of *excuse* for its appearance. The petition is said to be got up to negative a *pretended* report, that the students of the University organized the late meeting at the Crown-and-Anchor. But it is really designed to furnish the Apothecaries' Company with a list for reference in case its favour should be necessary during some future examinations. How disgraceful thus to follow the example of the agents of the Apothecaries' Company at *King's College*! And, worst of all, to attempt to betray those fellow students who, from motives of conscience, refused to place their names among those of the frightened memorialists. When I entered my name as a student in medicine at the *London University*, I did so partly in consequence of the liberal principles on which the school is founded, thinking to enjoy the society of students whose minds and actions were far above those whom I had lately quitted. I sought the companionship of independent men, men with higher characters and objects than might be cherished elsewhere. How miserably am I disappointed on finding, in a moment, that I am among so many who profess liberal principles only as a *matter of convenience*! The petitioners, too, have prostrated themselves at an age when the mind is more usually moved by generous and bold impulses. The proceeding might have been excusable in weak old age, whose long experience too often brings timidity, but for men who are beginning life, it is a sad commencement. You, Sir, whose constant kindness to the *London University* can never be repaid, are willing to ascribe this silly act to the fears of youth, but there is an armour which students may put on that is proof against intimidation, and he who wears it need not be a veteran.

If the students of the London University hold opinions which are adverse to the present medical regulations, whether agreeing or not with the *Medical Register* at the Crown-and-Anchor, they should, without resort to other schools, to declare them frankly, and not merely say, "We disclaim, &c." what others have done. How poor and how feeble is the declaration, and the more so from the great length of time which has elapsed, before these feeble sentiments could be forced

to an announcement! Change of individuals alone can change the public opinion of the students of the London University, so fouled by this advertisement. Allow me, Sir, in conclusion to add, that the advertisement has completely marred the expectations of those who watched with pleasure the increase of our *liberal* school. The ignominious stain time alone can remove. Your obedient servant,

A STUDENT IN MEDICINE AT THE
LONDON UNIVERSITY.
London, Feb. 22, 1836.

LATE ADDRESS TO APOTHECARIES' HALL

To the Editor of THE LANCET.

SIR,—The document published on the wrapper of the last LANCET, is remarkable from more causes than one. The first name that appears in the list is that of Mr. LEGGATT, the late apprentice to Mr. WATSON, the secretary of the Society of Apothecaries. The fourth name, that of Mr. AYRES, is that of one who is already known to the Court of Examiners as being connected with a botanical prize, and who thus expresses his gratitude for the gift. The name of Mr. A. TIBSON, a little lower down, is that of a student who received a similar honour. He, too, thus repays his gift. Several other names are those of apprentices of Examiners at the Hall, or of persons who are particularly interested in the welfare of the Company, and these gentlemen have been the indefatigable agents and promoters of the address. They have left no stone unturned to get names to prove—that it is time that the examinations for diplomas were made public! I am, Sir, your obedient servant,

AN UNIVERSITY STUDENT.
Feb. 23, 1836.

To the Editor.—Sir,—Permit me through the medium of your valuable journal to respectfully recall to the recollection of Dr. Quain, an assertion contained in his prospectus, issued precedent to the publication of the first division of the series of "Anatomical Plates illustrative of the Structure of the Human Body;" viz. "The work is in such a state of forwardness, as to ensure a regular publication; a fasciculus will be ready for delivery every fortnight on the 1st and 15th of the month." Need I add that the promise has not been fulfilled? It is not the opinion of one individual, but the united opinion of many, that the future fate of the work mainly depends on a speedier publication, for this reason,—that numerous per-

women have relinquished the work, fearing that the several divisions will never be completed, and that dependent on its present slow publication, by hastening which Dr. Quain would confer a great obligation, not only on the numerous class of medical students, but on medical men generally. I am, Sir, your obedient servant,

A MEDICAL STUDENT.

London, February 23, 1836.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Feb. 13, 1836.

Dr. ADDISON in the Chair.

THE amount of the Society's funds was announced this evening, and it appeared that they were at a low ebb compared with the funds in hand in the preceding year, the difference arising from the small number of new members this session.

Dr. JOHNSON detailed some further particulars of the case of affection of deglutition and articulation reported in a late Number. The patient was better to-day; the stomach can receive, without much inconvenience, double the former quantity of broth. When injections of broth were administered, although opium was mingled with them, attempts at vomiting had generally followed, but not when the broth was passed into the stomach. The system still, as before, retained the nutritious portions of food, and when vomiting took place, all but the nourishing parts were ejected. The pulse, however, gets weaker, and her strength decreases. He proposed to pass the electro-galvanic shock from above downwards, in front, along the course of the eighth pair of nerves, which he believed were implicated in the disease.

Mr. STREETER inquired whether apoplexy during pregnancy was likely to affect the child, and whether utero-gestation proceeded after an attack.

Dr. UWINS supposed that apoplexy was of rare occurrence during pregnancy. He regarded the pregnant condition as desirable to the female who was predisposed to apoplexy.

Dr. RYAN related a case of pregnancy, accompanied with apoplectic symptoms,—the pregnancy eight months advanced; but the patient was predisposed to cerebral affection, and the attack was induced through taking twenty-five drops of laudanum, which led him to regard it not as a genuine case of apoplexy occurring during pregnancy. A practical point, of considerable interest in a medico-legal sense, was that the delivery was accomplished during the state of insensibility.

Mr. STREETER said that he also thought

that genuine apoplexy during pregnancy was rare. The following case happened within the last five weeks. The apoplectic seizure was followed by hemiplegia; the woman was three months advanced, and in the thirty-third of her age. The influence of these attacks in bringing on delivery he believed to be considerable. This woman had had three miscarriages and two premature labours. Notwithstanding the present attack of apoplexy, gestation was proceeding normally. The paralysis of the left leg, which was complete, has in some degree subsided, but the arm of the same side remains permanently affected. Consciousness existed up to the time of the attack. The approach of the fit was manifest to a child, by an alteration in the voice, and a particular appearance of the eyes. The sufferer said she felt cold and faint, and experienced a deadened state of the left side. She returned home from a short distance, and ascended a few stairs, but shortly after was found by the servant in a state of insensibility, in which she had remained from ten to fifteen minutes. When somewhat rallied she was bled, and leeches were applied, as she complained of pain over the temples. What was the proper treatment in such a case. Should delivery be encouraged?

The members preferred discussing Hahnemanism, and the question of Mr. Streeter remained unanswered.

Dr. JOHNSON here made some remarks on Hahnemanism, which we reported last week.

Dr. UWINS acknowledged his total ignorance of Hahnemanism, but as some men of acquirements and good character had embraced the doctrine, he thought it ought to be examined before condemnation. No doubt, Dr. JOHNSON recollected when he (Dr. J.) condemned phrenology, which he now advocated.

Dr. JOHNSON replied that he did not advocate phrenology until he had studied it.

A discussion ensued between Mr. STREETER, Mr. KING, and Dr. JOHNSON, with regard to the administration of large doses of tartar emetic, which the two former gentlemen characterized as very dangerous, much mischief being ascribed to the extent to which it was often prescribed. Indeed, remedies in general (Mr. KING thought) were given in much too large doses, and especially those of which we could not pronounce the exact effects and mode of operation. Mr. KING said that he was fully satisfied that more success had resulted from the Broussais treatment than was ascribed to it, and that it was far wiser to act by the milder than on the more energetic plan of treatment. As to Hahnemanism, though it might be safe sometimes, it was not adapted to the treatment of diseases of a grave nature.

At the conclusion of these remarks, which were more interesting to the audience than

we can make any report of them profitable to the reader, Dr. Addison delivered his opinions on Hahnemannism, but of these we have not at present any account before us.

WEBB-STREET SCHOOL.

PRESENT TO MR. GRAINGER.

ON Wednesday last the students at the above school assembled in the Theatre for the purpose of presenting to Mr. GRAINGER a token of their personal regard, and their high opinion of his zeal and abilities as a teacher. The proceedings commenced at one o'clock, when the benches were crowded with pupils.

Mr. CHALDECOTT having been unanimously voted into the chair, briefly and appropriately stated the object of the meeting. Two very highly-finished silver salvers were then brought into the theatre, and exhibited as the intended gifts. Upon the larger was engraved the heraldic arms of Mr. Grainger, with the following inscription:—

“RICHARDO D. GRAINGER,

Viro Humanissimo, præceptori anatomie peritissimo, hoc argentum in diturnum, tum virtutis, tum ingenii, testimonium dono dederunt alumni

A. D. MDCCCXXXVI.”

Upon the other was engraved, “Presented in the Theatre of the Webb-street School of Anatomy and Medicine, to Richard Dugard Grainger, Esq., by his pupils, as a very sincere expression of personal attachment and respect, and in especial testimony of his very high sense they entertain of his zeal and ability as a teacher. Feb. 24, 1836.”

The Committee then waited upon Mr. Grainger to request his presence, which was accordingly acceded, amid the loudest shouts of applause. When the cheering had subsided, Mr. Grainger was addressed by

Mr. BICKERSTETH* as follows:—“Sir, often as you have been welcomed into this theatre, the occasion was never, perhaps, attended with such a thrill of delight on the part of the welcomers. I approach you on behalf of the pupils, to present you with a memorial of their esteem and regard; but honourable as is the task I have to perform, it is one which is attended with no ordinary degree of difficulty. I have myself not had the gratification of knowing you so long as many who are present, but yet long enough to entertain the warmest esteem for your character and exertions in this school. We are met, sir, to offer you a demonstra-

tion of our attachment and respect. I do not refrain from saying much on this occasion because I do not feel much, or because my breast throbs with less intense feelings than move the hearts of those who have deputed me to represent their sentiments. Your presence prevents me from adverting to many things which I should be anxious to say in evidence of my regard for so excellent a teacher, while assuring you of their esteem and respect. Recollecting the circumstances under which this school was formed, and remembering the unparalleled difficulties it has had to encounter, we are persuaded that the undaunted resolution, indefatigable perseverance, and resplendent talents, exercised by your late lamented brother and yourself, could alone have raised it to the eminence which it enjoys, after having crushed the thralldom of monopoly and oppression. (*Loud Cheers.*) Long may it flourish, sir, under your skill and protection, and ever retain its character for industry and independence. It is not my intention, on the present occasion to enter upon a lengthened review of the peculiar difficulties that at one time impeded the onward progress of our profession, but I may perhaps be permitted to remark we are aware of them.—that we are sensible of the extraordinary impediments which were opposed to the exertions of the late respected Edward Grainger, before he succeeded in gathering round him a larger body of pupils than ever flocked to the prelections of any anatomical teacher in this metropolis. But not only did he found a school, which soon became marked for the acquirements of its scholars, but to him may be ascribed the credit of having raised the standard of medical education to a height which it had never before attained in this country. (*Cheers.*) Individually, as a scholar, I feel a debt of gratitude towards him. As a member of the medical profession, I feel it infinitely increased. Would that he could be present! But there is among us one who has confirmed that success which it was to be hoped would crown his labours,—one of his earliest associates in the school,—one who now upholds its reputation with remarkable energy. (*Loud cheers.*) To him, on behalf of the pupils of this school, I beg to express the fervency with which the impression is entertained, and to him,—to yourself, Sir,—our warmest thanks are due. Your unremitting efforts for the welfare and advancement of your pupils demand this from them. The merits of the school do not consist in the magnificence and stateliness of its walls. (*Hear, hear, hear.*) To its internal arrangements are the honours which attend superiority due; and, in this respect, the school of Webb Street may proudly lift up its head as high as that of any school in the metropolis, and no title among students

* This gentleman is, we believe, the nephew of Lord Bessborough, the lately appointed Master of the Rolls.

can rank higher than that of being under the instruction of a Grainger, a pupil of this school. (*Loud cheers.*) With the earnest hope, sir, that you may long be spared to enjoy the success of your exertions in the growing advancement of the institution, and that it may be an important place of instruction in the new Metropolitan University, I now, on behalf of your admiring pupils, solicit your acceptance of these memorials of our esteem, attachment, and respect. (*Great cheering.*)

Mr. GRAINGER, amid a repetition of the cheering, then addressed the class.—Although, gentlemen, he said, I cannot plead the excuse that I am unaccustomed to address a public assembly, and still less an assembly in this theatre, where, at all times, I have been received with the strongest proofs of attachment from my pupils, yet, the present occasion, I assure you, finds me at a loss to express to you the feelings of gratification under which I labour. But I will not, with the vanity which is so inseparable from our nature, attribute all the kindness you have this day manifested, to mere personal motive, but to higher and more distinguished objects. In this institution I have aided in the establishment of a system in which the teachers, trusting solely to their own merits for success, have met with the reward which usually attends indefatigable industry, and to the influence which this school has consequently had in promoting the general welfare of the medical students in this metropolis, and the improvement of medical education generally, do I chiefly ascribe the possession of those honours which have been conferred upon me to-day. This theme is to me more grateful than that of my own humble talents. Few who are now here can tell the condition of the metropolitan schools, or the condition of medical education, when this school was first established. At present it must afford us the greatest satisfaction to see that, in every school in this metropolis, the only rivalry among the teachers is who shall most efficaciously discharge their duties, but there was a day in which the medical student had to look rather to his own unaided and unguided exertions than to any benefit he could hope to receive from his instructors. (*Hear, hear.*) There was not then, in this great metropolis, probably more than one teacher employed in communicating a knowledge of practical anatomy to a class of from three to four hundred students, and you who are employed in the active study of your profession must be aware how utterly incapable one individual would be to afford instruction to so multitudinous an assemblage. The students were entirely thrown upon their own resources to obtain that acquaintance with the human body which is so indispensable to the safe practice of their profession. You will judge, then, what medicine owes to the

founder of this school (and in the benefits of which I myself have greatly participated), who sunk into an early grave, the victim of industry in the cause of science. I gladly avail myself of the opportunity of thus publicly recording the debt of gratitude which I myself owe to my lamented relative, and to point out the claims he had on your admiration as the founder of this school. I can hardly describe the difficulties which he had to meet—offered to his progress by opponents who ranked among the first men in the profession, and his competitors were no less in station than a Cooper and an Abernethy. Yet not only did he establish the school, but he acquired for it in five years the highest reputation, and he had assembled around him, unaided by the slightest extrinsic agency, a larger class than had ever before attended the most celebrated teacher of this or any other metropolis. I lately had occasion to send to his Majesty's Government an account of the number of students who attended his lectures, and I confess to you, that although I was aware that their numbers were very great, yet, so many years having elapsed, upon referring to the book in which these, in some degree, sad memorials, were recorded, I was surprised to see the immense number to which they reached. Gentlemen, my only claim upon your kind feelings arises from the circumstance that I have, in some degree, with the assistance of my able colleagues of that and subsequent periods, maintained the success and reputation of the school. (*Hear, hear.*) I mentioned to you, gentlemen, that when this school was first instituted, the profession of teacher was in a very few hands, and the system allowed them all to be appointed through the means rather of family connection and influence with powerful corporations, than any intrinsic merit of their own. Not that I wish in the least degree to reflect upon individuals. I speak of the system, and say, without the fear of contradiction, that the plan at one time was to adopt only those teachers who had the strongest recommendations from relations, and who could catch the ear of those who had the bestowal of the honours of the profession in their hands. (*Hear, hear, hear.*) Observe the contrast now. It is not from the name of an institution; it is not on the score of its wealth that success is to be found. The present age looks more to acts than to professions, to men than to institutions. (*Hear, hear.*) I would ask those who have watched the progress of medical education, and attended to the gradual improvements which have been introduced into the several schools of this metropolis, whether they have not originated from the talents, the services, and the unabated exertions, that were employed in the founding of this school? Not that my brother was the creator of those

principles which are now in operation. He was merely their representative. With regard to myself, gentlemen, at the time when I was called upon to fill the office which I now hold, I was in many respects unfitted for its duties. I was unprepared by previous education; but I studied unabatingly to enable me to contend against that opinion which my brother experienced in all its virulence. I make no personal reflections; but when we are considering the acts of public bodies, we are justified in employing the utmost scrutiny, and if they deserve it, in visiting them with our reproach. It has been for years my object to avoid every thing like personal reflection on the conduct of my competitors, but I will boldly assert that some of the corporate bodies of our profession left no efforts unturned to suppress this school, and, gentlemen, the attempt was energetically made by the College of Surgeons against myself. Through me they wished to suppress freedom of instruction, and the independence of the medical student. Yet you, who are the junior members of our profession, have as great a right to choose who shall be your instructors as the first persons in the land. (*Great cheering.*) The attempt, however, was made to suppress every private medical institution in this metropolis, and so to limit the choice of the student as to where he should receive his education. Within six months from the period of my brother's death—aye, within three months—the Council of the College of Surgeons of this metropolis issued a series of regulations, in which they stated that they would not receive certificates of attendance upon lectures delivered in any private school, unless that school could obtain the recognition of one of the metropolitan hospitals, thus throwing the guardianship and the rights of our profession into the hands of the hospital surgeon and physicians of this metropolis. Ought the College of Surgeons to have bestowed the power of crushing private institutions on rival bodies in the public schools? Governing bodies should retain to themselves those discriminating powers which, when justly and honourably applied, no one could complain of. I will just state how far these regulations were aimed at myself. The College of Surgeons not only would not recognise any private school, unless it had previously received the recognition of one of the hospitals; but they held a discussion, whether they should receive the certificates of my lectures, although I had already delivered a whole course of lectures in the winter, the certificates of attendance on which had been received by the College of Surgeons, thus intending, by means of this *ex post facto* law, to put me and the school down. I am perfectly justified in alluding to these acts of a public body (*cheers*); but I will make one grateful acknowledgment

to an individual to whom I feel deeply indebted in those transactions. I allude to a highly-distinguished surgeon, who enjoys an European reputation, who advocated my claims when the question came to be considered at the College of Surgeons, and by which means this school was preserved in existence. I allude, gentlemen, to Sir Astley Cooper. (*Loud cheers.*) There was a great discussion in the Council as to the reception of my certificates, and Sir Astley Cooper, as I have heard, strongly advocated the justice of my claims, and it was represented to me that had it not been for that advocacy, in all probability my certificates would have been rejected. This is the only allusion, gentlemen, that I shall make to any individual, and I make this public avowal of the high sense I entertain of his liberality on that occasion with the greatest pleasure. Fortunately the time has now gone by when the acts of a self-elected Council can suppress those principles of medical education which have since extended with such rapidity and power, not only in London, but in almost every considerable town in the kingdom. This opportunity of gaining medical instruction in the country is most valuable to the student. I conceive it to be a point of immense importance that as soon as the whole routine of compounding, and so forth, is understood, the medical student should be initiated into those principles upon which the successful practice of his profession must rest. There is no fear of medical education again retrograding. Gentlemen, for myself, I have been enabled to take but a trifling share in the work, and the difficulties which I have had to overcome have been balanced by many pleasures. I have ever received the warm support of the students of this school in my efforts, and not only in a public point of view, but I am proud to acknowledge that some of the most valuable friendships I have ever formed I owe to my connection with students as a private teacher. I am, too, most ably supported by the talents of my colleagues, and not only by that, but by the strong feeling which has existed in the profession generally, that to support this school was to maintain a great principle. These advantages were quite sufficient aid to my laudable efforts. (*Hear hear.*) Gentlemen, amid so much, which both retrospectively and at present is highly gratifying to me at this moment, there is one circumstance which I confess throws a shade of gloom over this occasion. I am sorry that among my excellent and worthy colleagues I do not observe one here who is as dear to you as he is to myself (Mr. Millard). I have had the opportunity of watching his rising worth, and the happiness of seeing him placed in a situation where his excellence could be esteemed on a larger scale. And I regret that we are

deprived by a melancholy cause of his presence. Gentlemen, I will not trust myself to speak further on this distressing subject. Enough, gentlemen, has been said of myself; too much for the ordinary influence and habits of my mind. I am not accustomed, nor do I wish, to intrude myself on the ground of my own personal value. I would rather look on this costly present as a proof that you admire the system of which I in some measure have been the representative, than as the reward of any exertions of my own. Yet if any labours of mine have in the least degree contributed towards advancing the welfare of the pupils of these schools, if in short I have deserved, as I have this day received, so ample an expression of your approbation, believe me my utmost ambition is gratified.

Mr. Grainger then withdrew amidst loud and long-continued cheering, and votes of thanks were unanimously given to the chairman, and to Mr. Davis, the Hon. Sec., for the able and satisfactory manner in which they had discharged the duties allotted to them.

Those gentlemen having returned thanks the assembly dispersed, apparently with feelings of great gratification at the proceedings of the day.

COLLEGE OF PHYSICIANS.

THE *Soirees* at this medical show shop, inside of which we have once a year just such a display as is made to the gaping multitude outside of Richardson's booth at Bartlemy-fair, were resumed on Monday last, and every exertion was made at this eventful moment to produce such a display as would strike the licentiate populace with admiration of the extent of the worldly connections and influence of Sir HENRY HALFORD, and convince them what folly it was to try to reduce the professional power of a man of genius in the strong hold of a Royal College. The populace came, and we believe were fully convinced both of the absurdity and the impropriety of directing the battering-ram of reform against the walls of a citadel which contained within it such an army of archbishops, lords, lawyers, artists, and eminent fellows, as were found in array on the present occasion. The Emperor NICHOLAS, at Kalisch, had not more cause for, nor found better success in, exhibiting his troops to the view of Europe, than had Emperor HALFORD in

Ball-Mall on Monday night. In fact, the licentiates and subordinates having attended at the review, had the opportunity of scup of tea, and departed with resolutions to abandon the siege. Indeed, what could men even of superhuman courage do in the field against the Archbishops of YORK and CANTERBURY, LORDS BOURNEMOUTH, LANSDOWNE, WESTMORELAND, and MARROWBY, the PRIMATE, LORD SEFTON, SIR MARTIN ARCHER SHEE, MR. GODWIN, and other such powerful medical warriors?

Some considerable time, of course, was allowed to the licentiates, and the top-apothecaries and the top-apothecaries' apprentices who were mixed with the army of licentiates, to contemplate the enemy, and that period was occupied by an oration from his little Majesty, who took the field in person, and occupied the centre of the troops. The subject was wisely and discriminately chosen. *Death* and *immortality* formed the theme. In times of war the hosts of battle need encouragement to fight to the death, unless immortality is the reward. With extreme delicacy and tact, however, the orator avoided a direct selection of illustrations from the military manseums of antiquity, and as the institution to be defended was one of science, he drew his inspiring examples from the last scenes of the illustrious philosophers of the two past centuries,—from the deathbeds of Bacon, Boyle, Locke, Newton, Jones, Addison, Dryden, Johnson, and Pope, who all died "in the purity of the gospel, by whose light," &c. &c. The oration produced its full effect. The orator had taken the pains to learn the oration by heart, for he pronounced it with one eye on the bishops and the other on the ministers of state, wisely watching in their countenances the impressions which his theological topics and his natural eloquence were producing, as the sentences rolled in a beautiful Mosaic stream of mingled English and Latin, from his lips.

Those licentiates who deposited their helmets and coats of mail with the sutlers of the camp, while looking on in the sultry atmosphere, had better luck with them at the retreat this year than in 1835, when such a number were stolen that a great portion of the retiring troops went home almost naked. On this occasion better care was taken, and only a few suits of upper armour were lost.

It is said that the licentiates found the enemy so strong, that in a council of war held the same night at the Athenaeum, it was resolved to make application to a foreign power for intervention in their favour, and that the famous General, BERTIE RICE, of the kingdom of Westminster, has signified his intention to come immediately to their aid with an overwhelming force.

LATE ADDRESS TO APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR,—Your remarks on the advertisement of the medical students of the *London University*, inserted in your last Number, were—“That you regarded it as an aid of the prayer of the great meeting in the Strand, and as a proof of the iniquitous power and influence possessed by those secret tribunals which can, by exciting the terror of some candidates for examination, exhort such a declaration from so great a number of students.” But, in another part of the article, you stated that these gentlemen formed no part of the meeting at the Crown-and-Anchor. This is a mistake, for a number of the students who have signed that document were present at that meeting, and voted in favour of the resolutions. I have asked some of them, why they signed a paper which stated that they had not had any connection with the meeting, its originators, or its proceedings, when the reply was, “Because I am going to the Hall.”

But, Sir, the advertisement is not solely signed by the medical students of the University. In the list there are the names of gentlemen who are merely general students in the University, and also of many ex-medical students who are now surgeons and apothecaries, having passed both College and Hall. The originators of the document are admirers of the present system of examination, and they used every endeavour to obtain signatures to it, not scrupling to get gentlemen to sign it, who, as I have before stated, are not medical students.—The originators of the document not wishing to pay the expenses of advertising it themselves, and wisely thinking that if they asked for a subscription at the time of asking for the signatures, they would get very few of either, they had recourse to the following manœuvre:—they said not a word about the subscription until they had got all the signatures; then they placed a paper in the beadles room, stating that it was necessary for each gentleman who signed the paper to pay one shilling for advertising it. And by this method they have got a considerable number of shillings. What they intend to do with the surplus I have not. I remain, Sir, yours in haste,
SCRUTATOR.

NORTH LONDON HOSPITAL.

OSTEO-SARCOMA.—OPERATION.

Mr. LISTON removed an osteo-sarcoma-tous tumour from the lower maxillary bone of a little boy aged ten years. The tumour was first noticed about three months since,

after the extraction of one of the temporary teeth which was in a decayed state, and which had given rise to gum-boil. The tumour was on the increase, and being evidently of a malignant nature, it was thought expedient to remove it without delay. It filled the situation of the second temporary grinder, but in its growth had displaced two of the adjacent teeth, occupying about an inch and a half of the alveolar process on the right side. The operation was performed in the following manner:—An incision, commencing a little above the point of the chin, and being carried along the base of the jaw to the angle, in a semilunar direction, the flap was dissected up, so as to expose the bone, and open the membrane of the mouth freely; the mylo-hyoides and other parts connecting the tongue with the inner side of the jaw were then detached, the knife being introduced from without, and guided by the finger of the left hand, introduced into the mouth. The full extent of the tumour being then distinctly ascertained, the first temporary grinder, the permanent lateral incisor, and the first permanent molar teeth, were immediately extracted. A small saw was applied in front and behind the tumour, in the spaces from which these teeth had been extracted, so as to divide the jaw to some extent perpendicularly. A pair of strong cross-cutting pliers were then employed, so as to embrace the portion of the bone to which the base of the tumour was attached. This was easily divided, and the tumour was extracted. The wound was then brought together by two or three points of interrupted suture. The whole proceeding occupied a very few minutes. Mr. Liston afterwards remarked that it might appear to be a severe operation; the suffering, however, was not so great as would be supposed, but all operations upon the jaws had a frightful appearance. He had made the incisions in such a way, that had the tumour been found to involve the jaw more extensively, the whole thickness of the bone, to any extent, might have been extirpated. It was impossible, before the incisions were made, to know the exact extent of the tumour, and he considered it proper to proceed in such a way, in order that, under any circumstances, the whole disease might be removed. Fortunately it was found possible to preserve the base of the jaw. Consequently there would be little or no deformity. The disease he added, was very rare in young subjects, and he never before, out of a number of cases which he had witnessed or treated, had seen it follow any decay of the temporary teeth, or disease of their sockets. The tumour seemed to the touch to be composed partly of soft matter, and partly of bone. It was a “veritable osteo-sarcoma.”

THE

REFORMED MUNICIPAL CORPORATIONS
AND MEDICAL CORONERS.

Mr. GEORGE ROGERSON, Surgeon, of Liverpool, acting on the hint which we lately put forth in *THE LANCET*, has just published "A Letter to the mayor, aldermen, and councillors of the reform corporations, on the necessity of electing medical coroners," in their respective boroughs.

"This," says Mr. Rogerson, quoting from Junius, "This is not the cause of faction, or of party, or of any individual, but the common interest of every man in Britain."

The example set by Mr. Rogerson is excellent and most timely.

GOWER-STREET.—*To the Editor*.—Several students in the dissecting school beg to express their regret (in a form which will perhaps lead to a remedy) that the time of the demonstrator should be so much occupied with pursuits which prevent him from giving to the instruction of the pupils all that attention which he formerly devoted so exclusively to his important duties. [Our correspondents should have stated the name of the demonstrator. Complaint should be made in the quarters whence the appointment is obtained.]

SIR CHARLES CLARKE, we are happy to be able to state, is one of those distinguished individuals whose name is to be placed on the list of Metropolitan University Commissioners. His liberal principles and his being altogether unconnected with any school or intriguing faction, eminently qualify him for this distinguished honour.

(*From a Correspondent*).—Dr. W. CUMMIN, in deference to the exasperated feelings of the students and general practitioners, is about to relinquish his connection with the Aldersgate-street school.

A Report on the Medical Management of the Native Indian Jails throughout the Territories subject to the Governments of Fort William and Agra, with some Observations on the Principal Diseases to which Native Prisoners are liable. By James Hutchinson, A.M., M.R.C.S.L., and Sec. to the Med. Board of Bengal. Thacker, Calcutta; and Parbury, London; 1836, 8vo., pp. 107.

An essay on the Laryngismus Stridulus, or Croup-like Inspiration of Infants, with Illustrations of the Principles of the Pathology of Nerves, and of the Functions and Diseases of

the Larynx and its Principal Branches. By John Ley, M.D., Lect. on Mid. at St. Barth's Hosp. &c. 4th edition. London: John Churchill, Princes-street, 1836, 8vo., pp. 484.

The Anatomy of Melancholy, what it is, with all the Kinds, Causes, Symptoms, Prognostics, and several Cures of it. In three partitions. With their several Sections, Members, and Subsections, Philosophically, Medicinally, Historically, opened and cut up. By Democritus Junior. To which is prefixed a satyricall preface, condescending to the following discourse. 16th edition. Printed from the authorized copy of 1651, with the author's last corrections, additions, &c. &c. London: B. Chidley, 1836. 8vo. pp. 744.

The Naturalist's Library,
Sheep, &c. With colour
don: Highbly.

CORRESPONDENT.

The letter respecting the meeting at *St. Thomas's Hospital* reached us, and it was designed to be inserted, but on receiving a copy of the following resolution, in which the students at that institution express their strong opposition to the proceedings of the Apothecaries' Company, we saw reason to doubt the correctness of some of our correspondent's inferences. The resolution says,—"That this meeting regrets there does not exist a second examination for medical pupils, and that second examination a public one, to which any rejected candidate might appeal, as this would at once silence the murmurs of incompetency, and destroy the possibility of private injustice. That this meeting also strongly disapproves of the principle of self-election and irresponsibility in medical corporations.

"W. WEGG,

CHARLES EDWARD BLAIR, Sec."

Mr. Samuel.—It is not on Friday week, but on Tuesday next. There will be no speechifying on the occasion.

Anti-Humbly should favour us with his name and address confidentially.

Q. in the Corner may be assured that the College of Surgeons will not discharge its duty to the profession.

The letters of Dr. McCarthy, Mr. Eekley Pattison, Mr. J. C., and Medicine Dumfriess, have come to hand.

Such a mass of communications have reached us relative to the proceedings of the late inquest at Limington, that we are obliged to postpone for a week a further account of them.

The communications of Dr. Bow, Mr. Fisher, Dr. Kelso, R. E. L., &c., have been received.

ERRATUM.—Page 867 of the present No., line 6 from bottom, read *St. Petersburg*.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 5, 1836.

[1835-36.]

LECTURES ON DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and
Professor, and Lecturer on the Principles and
Practice of Medicine, in the Faculté de Médecine
of Paris.

LECTURE XIV.

RAMOLLISSEMENT OF THE NERVOUS CENTRES.

GENTLEMEN,—The lesion now well known under the name of "ramollissement," or softening of the nervous pulp, is characterized by the following

Anatomical Appearances.

The first and essential character is a diminution of the normal consistence, in which the nervous pulp seems to have taken a tendency to pass from its solid to a liquid state. The lesion, thus characterized, may, as you can readily conceive, present itself under a great variety of degrees. Sometimes the normal consistence of the nervous pulp is very slightly diminished, and the latter, though softened, retains its accustomed form and organization; the change is appreciable to the touch, but not to the eye. Thus if the lesion occupy the corpora striata, we can still observe the medullary bands in the interior of this portion of the brain, and the several anatomical peculiarities of its normal state. If the optic thalami be the parts affected, we can recognise its several parts, and, in fact, although softened, they exist separately, and are not confounded together. In a second degree of ramollissement, the consistence of the nervous substance is still more considerably diminished, and the softening is appreciable on simple inspection of the part. In a third

degree, texture, hitherto unchanged, is more or less modified. The cerebral substance is broken down into a soft homogeneous mass, of the consistence of "stir-about." If water be poured upon the brain in this state, the nervous matter is easily separated from the membrane which envelops it, and forms numerous flocci that are suspended in the fluid. These fine, minutely-divided portions of the nervous pulp give a lactescent colour to the water, which might be mistaken for the effect of an admixture of pus; but it is not pus. The floating whitish flocci do not depend on the presence of purulent matter, because exactly the same appearance is produced when a portion of putrefied brain is deluged in water. Lastly, the nervous pulp may disappear altogether; we find no trace of medullary substance, which has become altogether liquid, without the slightest consistence or texture. Of the cerebro-spinal substance, nothing remains but the vasculo-cellular web, which in a normal state is masked by the nervous matter, and of which it seems to be the primary rudiment. In a few cases the softening is carried to such a degree as to produce an actual solution of continuity: not only the nervous pulp has disappeared, but the cellular tissue just alluded to. M. Rullier has described a remarkable case of this latter kind, where the cervical portion of the spinal marrow was completely separated from the dorsal, nothing being left but a few fibrous filaments suspended in a fluid. M. VELPEAU records a case, still more remarkable, in the *Archives Générales*, t. 7, p. 52. Here the medulla oblongata was separated from the pons in the most perfect manner; not a trace of fibre existed between them, and even the membranes themselves had disappeared.

Thus you see how the lesion whose history we now study, may present itself with various degrees of intensity, from a slight modification of consistence, where the original form and texture of the nervous substance remain unaltered, to that extreme degree in which it has returned to its primitive and liquid state—to the homogeneous fluid that fills the membranes in the earlier period of fetal existence. In some cases

the change from its normal consistence is so perfect, that it would seem as if the different acts of nutrition had retrograded, and led back the nervous substance by insensible modifications to its primitive condition of a liquid. Ramollissement of the nervous centres may present itself with the simple character of loss of consistence, unaccompanied by any other lesion; but at the same time that the nervous pulp is softened, it may be attended by various modifications of colour, which we can arrange under three distinct heads.

In the *first* place, ramollissement may exist with a normal coloration of the nervous substance. The softened portion is neither more pale nor more injected than is natural.

In the *second* variety, we find the nervous pulp deprived of its normal colour, and of a dull white tint, and, as it were, affected with anemia. The colour sometimes resembles that of milk, or is more bright and resplendent; this is particularly the case when the lesion occupies the gray substance of the brain or spinal marrow. It is a circumstance which you should take particular care to remember, that softening may present itself, not with injection and other characters of inflammation, but with a perfect decoloration. On the other hand, if the ramollissement be confined to the medullary substance, we more frequently find it of a normal colour.

In the *third* variety, ramollissement is attended with an increased injection of blood, with an exaggeration of normal vascularity, giving rise to various shades and tints, from a slight rose to deep red or mahogany brown.

Ramollissement is also from time to time accompanied with certain lesions which we shall briefly enumerate. Thus we sometimes find the softened nervous pulp more or less infiltrated with serosity. In other cases ramollissement coexists with sanguineous effusions, which are sometimes very considerable, in proportion to the softened mass, at other times insignificant and disseminated through the altered pulp. The lesion however is by no means a necessary, though it may be a frequent consequence of ramollissement; it depends on an irritation of the nervous substance, or sometimes on a cause purely mechanical. The softened mass is no longer able to support the finer vessels; these latter become over-distended, their parietes give way, and the blood is effused in greater or less quantity, according to the importance of the injured vessel.

Finally, we may meet with purulent matter, either infiltrated, or collected into an abscess, in the centre of the softened nervous substance.

Thus you see a variety of cases presenting to our view, not only different degrees of the same lesion, but an assemblage of lesions differing widely from one another in essen-

tial characters. These necessarily constitute several varieties of the disease, and we must consent to refer ramollissement with injection, and ramollissement with decoloration, to one and the same state. Undoubtedly the conditions are different, and so are the causes which produce them. Observe, there are cases, where not a single organ has been found in a state of softening, but where all the organs and tissues of the body have been more or less ramollified, where all the organs present a diminution in their normal consistence. Are we to attribute this state to an universal inflammation? Are we to say here that the whole body is but one phlegmon? Absurd. Every rational physician, instead of pushing the doctrine of inflammation to this ridiculous extent, will frankly avow that there are lesions of whose nature and cause we are still completely ignorant. I call to mind, on the instant, an example which may serve as an illustration of what we have just advanced. A student of the Polytechnic School was seized with symptoms of the disease which nosologists are agreed in calling "typhus suraigue" (the worst form of typhus fever). The disease was very rapid in its course, and after death we found all the organs, particularly those abounding in parenchymatous tissue, reduced to a state of perfect bouillie, so soft that the least touch crushed them in pieces: the different muscles were softened in the same way. The muscular tissue was crushed down on pressure, like a portion of brain. Are we to suppose that all the muscles, all the viscera of the head, chest, and abdomen, in the present case were affected with acute inflammation? Are we gratuitously to adopt this latter idea, in the case now alluded to in order to please those who see nothing in ramollissement but an effect of inflammation?

Having thus endeavoured to lay before you a concise history of the anatomical characters that distinguish ramollissement from all other lesions of the nervous centres, we shall now point out the different

Seats which this Lesion may occupy.

Ramollissement may have its seat in any one point of the nervous centres, either in that portion which is contained within the cavity of the cranium, or in the prolongation, without the skull, which is denominated the spinal marrow. This ramollissement may be partial or general; the former lesion is much the more common; indeed we do not yet possess a case of general softening of the cerebro-spinal axis, although the totality of the parts constituting the brain has been found softened in a greater or less degree; however, this latter lesion is rare, and presents itself only in a few exceptional cases; partial ramollissement may, as we have just said, occur either

in the brain, or in the spinal marrow; here is the first great distinction according to the seat of the lesion. In the cranium we may find any part affected; ramollissement attacks without distinction the convolutions, the deeper seated parts of the hemispheres, the mesencephale, or the cerebellum; and we may lay it down as a general rule, that the parts in which it is most frequently observed are the same where hemorrhage also is most common; for example, in the corpora striata, the optic thalami, and the neighbourhood of those two ganglionic bodies. Let us first examine ramollissement when seated

In the Hemispheres of the Brain.

Here the lesion may be confined to a small point of the convolutions, attacking either the superficial layer of the cerebral substance, or having its seat in the deeper parts, immediately beneath the convolutions; either of the two layers now mentioned may be engaged in the disease, independently of one another. When the superficial layer alone is softened, it requires some attention not to overlook the existence of the lesion, which may easily escape your notice; in these cases the cortical substance is raised up with the pia mater, which cannot be detached from it; it is generally more injected than natural, but sometimes the softened nervous pulp adherent to the membranes is very pale, and colourless.

Ramollissement may, on the other hand, respect the superficial substance, and attack the nervous mass situate immediately beneath the convolutions; or we may find it still deeper, in the centrum ovale, or in the nervous substance which forms the roof of the lateral ventricles; this latter mass may be softened in totality, or the ramollissement may occupy merely a few isolated points of small extent, and it is remarkable that this latter lesion, though apparently so insignificant, may sometimes give rise to symptoms just as grave as when a whole lobe is softened.

In some cases we find the softening confined to the optic thalami, the corpora striata, or one or both of the medullary protuberances contained in the anterior horns of the lateral ventricles (*cornua anteriora*); the optic thalami are sometimes softened on the surface only; the white medullary layer by which they are enveloped, no longer exists, or is reduced to a kind of fluid pulp, and the gray substance beneath is exposed. At other times the ramollissement is more particularly in the interior of the gray substance; the same remark is applicable to ramollissement of the striated bodies and the horns of Animon.

Again, we find, occasionally, softening of other parts of the nervous centres; thus, it is not uncommon for ramollissement to oc-

cupy the nervous pulp which forms the parietes of the lateral ventricles; in many cases we have found a layer of nervous matter, softened, and quite diffuent, spread all over these parietes, and at the same time a quantity of serous fluid shed into the ventricular cavities.

The central white parts of the brain (the corpus callosum, septum lucidum, and fornix) are also the seat of ramollissement, and this not unfrequently. Here, as in the other parts we have enumerated, the softening may be either general or partial; in some the ramollissement is so extensive, and carried to such a degree, that all these central parts are reduced to a fluid state, and nothing remains in their place but a substance of a homogeneous nature, little more consistent than jelly. The septum lucidum and fornix are more frequently found softened and reduced to this "bouillie," than the white mass constituting the corpus callosum; this latter body often preserves its normal consistency when the fornix is reduced to a mere pulp, and breaks down under the slightest touch, and we may remark that the pillars of the fornix, especially the anterior, are commonly less softened than its body.

Ramollissement of the septum lucidum and fornix coincides in a very great number of cases with an effusion of serous fluid into the cavity of the lateral ventricles; the nervous substance is then sometimes reduced to such a degree of diffidence that we find nothing but a number of flocci, floating here and there in the serum which distends the ventricles.

Behind the parts we have just mentioned there are others that occasionally are the seat of ramollissement, but not so frequently as the brain, strictly so called. Thus we have examples on record where the mesencephale (pons varolii), the peduncles of the cerebrum and cerebellum, and, lastly, the cerebellum itself, have been seen more or less softened.

The Cerebellum and Spinal Marrow.

In some cases the whole mass of the cerebellum has been found in a softened state, in others the disease is less extensive, and we observe only a partial ramollissement, occupying one or more points of its substance.

Finally, ramollissement may exist in that part of the cerebro spinal axis which is placed out of the cranium; several cases of softening of the spinal marrow have been described: sometimes in its whole extent; at others, and much more frequently, in a limited portion. The two substances which compose the spinal marrow may be softened, either together or separately. Thus, for example, it may attack the gray substance alone, which occupies the interior of the chord, reduce it to a liquid pulp, and hollow

out the artificial canals of which we have spoken when treating of atrophy of the nervous centres.

Instead of being partial, a lesion which is by far the most common, ramollissement may occupy the whole of the cerebro-spinal axis. The whole brain and spinal marrow are simultaneously reduced to a liquid pulp, in which all trace of organization is lost. M. BILLARD has described ten cases of this kind, where softening of the whole brain coincided with a similar state of the spinal marrow. Finally, in the totality of the cerebro-spinal axis we may have only a single point softened, or the lesion may affect several distinct points at the same time; it is thus single or multiple. In the hemispheres it is often double, and it may be formed, either at the same time or gradually, in the brain, properly so called, and in the other parts of the nervous centres.

What are the Causes of Ramollissement of the spinal marrow and brain? To complete the history of any disease we must endeavour to ascend to the causes which produce it, with the same care that we investigate its symptoms or point out its treatment: but the causes which give rise to softening of the cerebro-spinal axis are very little known. Indeed, the only one whose existence we can consider as actually demonstrated, is external violence, and in these cases the ramollissement is an immediate effect of irritation or inflammation. In cases where we can find no trace of irritation, where the nervous pulp, far from being injected, is, on the contrary, decoloured, and where the whole lesion consists in a simple diminution of cohesion, in these cases we must acknowledge that the present state of the science does not permit us to explain the cause of ramollissement.

Softening of the nervous centres exists at all

Periods of Life.

It has been observed immediately after birth, even before birth, as a disease of the fetus *in utero*. Cases of ramollissement in the adult are not rare; in old persons they are frequent, and hence we may conclude that this lesion attacks individuals of all ages, from infancy to extreme old age, from the child of one month to the decrepid invalid of 80 or 90.

Is ramollissement the same at all ages, does it present itself more frequently at one period than another? We have just shown that the existence of ramollissement at all ages is a fact placed beyond doubt by the observations of LALLEMAND, ROSTAN, BILLARD, and ourselves. However, we cannot but admit that it is a lesion more frequently found at an advanced age than at any other period of life; but if you ask on what data we establish this proposition, if you desire to know in what proportion the different

ages are attacked, we cannot give you a satisfactory answer. In examining the various works which have been published on ramollissement of the nervous centres, you will find a great majority of cases occurring in old persons, but do not conclude from this that the disease is almost exclusively confined to old age. The cases of ramollissement hitherto published concern principally individuals advanced in life, because their authors were attached to, or studied in, the hospitals appropriated to the aged and infirm. Thus, in M. ROSTAN's work on ramollissement, you will certainly find the majority of cases reported belonging to old people, because M. ROSTAN was attached at that time to the *Salpêtrière*, and all his cases were taken from that hospital. Indeed, we have no extensive collection of cases observed in any other establishment. The work of M. LALLEMAND is an excellent one, but his observations and deductions are chiefly founded upon cases reported by various authors which he has assembled together. It is probable, then, that if the physicians of other hospitals were to make this lesion the subject of special research, we should soon have as many cases recorded of softening in the adult and the child, as we now possess of cases in the aged. Thus, while attached to the hospital of *La Charité* (which receives patients of all ages indiscriminately), I observed several cases of softening of the nervous centres in individuals from seventeen to twenty years of age. At the hospital *Des Enfants Malades* the disease is frequently seen, though we have no statistical report on which we can determine the proportion of cases. Finally, as we have already remarked, M. BILLARD shows that ramollissement may exist to a very great extent within the first few days after birth. Let us now turn to a consideration of the

Symptoms which accompany Ramollissement of the Nervous Centres.

Here, indeed, our task is a difficult one. To convert particular signs into a general description, to follow up the connection of cause and effect through a series of accidents, succeeding each other at every instant, replacing one another, or connected without any apparent order and regularity: to separate the various modifications of function which depend upon the complication of ramollissement, from the phenomena really produced by the lesion itself; to seize the traits of resemblance scattered through a multitude of different points, to throw them together, and form of the whole a faithful resemblance. These are points which, however difficult, we must now endeavour to attain.

The symptoms of ramollissement present themselves with a certain degree of difference, as the lesion may happen to occur

different portions of the cerebro-spinal axis; and hence, according to the practice we have hitherto followed in the present course, we shall follow the disease as it exists in the cerebral hemispheres, in the central parts of the cerebrum, in the cerebellum, and in the spinal marrow. And first, for the brain; how are the great functions of the brain modified by ramollissement? What

Lesions of Intelligence

do we observe in this disease? The state of the intellectual faculties is far from being the same in all cases of ramollissement of the brain; in the first place, we observe a certain number of examples, and they are by no means rare, in which the intelligence does not suffer any trouble whatever: the reason, judgment, memory, imagination, &c., and, in a word, all the faculties of the mind, are in a perfect state of integrity. In a second series of cases the intelligence is suddenly lost at the moment of invasion of the disease; this takes place when ramollissement commences by a sudden loss of consciousness, or by coma, as in apoplexy. At the termination of a few days the intelligence is restored, either perfectly, which is rare, or imperfectly, the patient remaining more or less dull up to the moment of death.

In a third series of cases the intelligence is modified from the beginning to the end of the disease, but the mental faculties are never completely lost, as in the former cases; here the intelligence is obtuse, dull; the various acts of the mind are performed with slowness and difficulty; the patient has that oppressed and stupid air which often marks the presence of typhus fever; when spoken to, they answer slowly and uncertainly; the memory is weakened, and their ideas are somewhat unconnected, or they fall into a state of constant sleepiness, which is sometimes one of the most striking phenomena of the disease.

Finally, in a fourth variety, the intelligence is so far disordered and troubled that delirium results. This is particularly observed when ramollissement commences as an acute malady, or is accompanied by any of the symptoms that characterize encephalitis, or acute inflammation of the cerebral meninges. This delirium may exist in a constant manner, or only manifest itself at intervals, the intelligence remaining quite sound during the intervening periods. In some cases it makes its appearance at the very commencement of the malady. In other cases it comes on at a later period, and occasionally alternates either with a state of reason or with coma. Finally, it may exist in a form sufficient to constitute a true mental alienation.

The different conditions of intelligence now pointed out may exist by turns in the same individual, and we have seen cases where the mental faculty has suddenly re-

turned in a perfect state a few hours before death, although it had been previously troubled, or even lost, during the whole course of the disease. Thus you see by what a variety of lesions of intelligence ramollissement of the brain is accompanied,—lesions so different and so uncertain that they cannot in any way serve to aid us in our diagnosis of the disease. Perhaps they may depend on the seat of the lesion; perhaps they are modified by its intensity, or by individual dispositions of constitution; perhaps various troubles of intelligence may be caused by different degrees of congestion which coexist with ramollissement, or can only be explained by a special disposition of the nervous centres, which, though suffering under one and the same organic lesion, yet are capable of manifesting the effects of this lesion by functional modifications of the most various kinds. However, as we have already said, it is not rare to find ramollissement passing through all its periods without having once given rise to any trouble of the mental faculties. We have frequently seen examples of this kind, but, on the other hand, it is more common to find the intelligence more or less obtuse.

Lesions of Motility.

The movement is injured in a much more frequent and constant manner than the intelligence. Exceptions do, indeed, exist where we find no lesion of motility; but these cases are very rare, and we may lay it down as a general principle that modification of motility is the lesion which characterizes most specially, softening of the brain. What is this modification? In what does it consist? How does it manifest itself? Nothing would be more convenient for the practitioner, nothing would contribute in a greater degree to render medicine an easy science, and to smooth down the difficulties which now beset us, than the discovery of an invariable and constant connection between certain symptoms and certain lesions. Thus, some authors contend that ramollissement always gives rise to muscular contractions; others contend that contraction ends in paralysis. But, unfortunately, nature does not always follow the same route; if we have contraction of the muscles in many cases of softening of the brain, there are certainly a few in which this phenomenon never existed.

The motility, then, like the intelligence, may undergo various modifications as a result of ramollissement of the cerebral hemispheres. The lesion may be gradual or sudden. First for those cases in which loss of motion comes on in a slow and gradual manner. Some patients are seized with a weakness of the limbs on the side of the body opposite the lesion; the hand, for example, has lost its accustomed force, and cannot grasp an object so firmly as before.

The whole arm seems heavy, or the leg drags along in walking. This comencement of paralysis gradually augments, until at length the patient is completely deprived of the power of motion on one side of the body. We have frequently had opportunities of witnessing this ourselves, and in cases of this kind we may distinguish this weakness of limbs produced by ramollissement of the cerebral substance, from the loss of motion which supervenes in consequence of hemorrhage, for in effusion of blood into the substance of the brain, the paralysis is generally brusque, sudden, instantaneously produced, whereas in ramollissement we observe quite an opposite fact; we first have simple weakness, and it may take a series of years before this terminates in perfect loss of motion.

In other cases the paralysis appears suddenly, and does not pass through the different degrees we have mentioned; the patient suddenly loses the power of moving his limbs, which are completely paralyzed in a few moments after the commencement of the attack. Here ramollissement bears the greatest resemblance to cerebral hemorrhage, and it is absolutely impossible to distinguish the two diseases at first from one another. In the state just mentioned, several cases present themselves; thus, sudden paralysis may seize the patient, without being accompanied by any other morbid phenomenon: the patient is simply deprived of the power of motion in one or more limbs, but no other function is deranged or modified. In other cases this simple paralysis is replaced by convulsive movements, which persist for a greater or less period of time, and then terminate in paralysis. The convulsions generally occupy the side of the body opposite the softened hemisphere; they sometimes mark the commencement of the disease, then cease, and give place to contraction or paralysis. In other cases they manifest themselves at a later period, alternating with paralysis. The convulsions, instead of being confined to one side of the body, may be general; both sides are equally affected, and in these cases you will often find the cause explained by a double lesion of the brain, both hemispheres being softened at the same time. Finally, instead of occupying the side of the body opposite to the injured hemisphere, the convulsions may affect the limbs on the same side as the lesion in the brain. It is not now the place to enter into the considerations to which this latter fact is calculated to give rise; we can only observe, that in all cases where these convulsions exist, or where convulsion, alternating with paralysis, presents itself, we may have reason for thinking that another disease than simple hemorrhage exists; we may be justified in attributing the lesion of motility to ramollissement of the cerebral hemispheres.

CLINICAL LECTURES

SURGICAL CASES

DELIVERED IN 1836, AT THE

JERVIS-STREET HOSPITAL, DUBLIN,

BY

WILLIAM WALLACE, M.D., M.R.I.A.,

Surgeon to the Hospital, and to the Infirmary for Diseases of the Skin, including Venereal Diseases, and the consequent Diseases of the Urinary and Genital Organs, &c. &c.

INFLUENCE OF THE HYDRIODATE OF POTASH IN MALIGNANT FUNGUS AND CANCEROUS DISEASES.

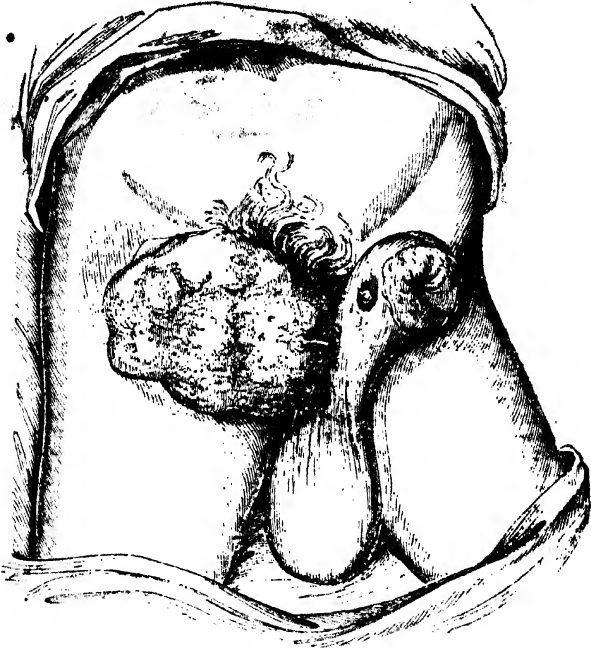
I beg your attention this morning to the case of the servant man Keogh, who lately died in Ward No. 6. It is, in many points of view, full of interest. It affords a good example of one of the most malignant diseases to which we are subject, of the insidious manner in which such diseases may commence, of the difficulty of distinguishing them at their origin, and of the sad consequences that may result when their nature is misunderstood; but above all, it seems to demonstrate, as far as one case can, that a remedy, the hydriodate of potash, with which we have been only of late years made acquainted, is capable of exercising on such diseases a most remarkable influence. The general power of this medicine is, in my opinion, as yet underrated, and, perhaps, because its mode of administration is not understood. I shall have many opportunities of demonstrating this to you as soon as I enter on my clinical lectures on the venereal disease, when I shall give you the result of nearly three years' clinical investigation on the power of this medicine in syphilis. Whether the remarkable change which we witnessed in the case of Keogh was owing to the influence of the hydriodate of potash, I allow, admits of a doubt. A single case is quite insufficient to establish a fact of this kind, but it is amply sufficient to induce us to investigate the subject further; and if it should turn out to be a fact, that this remedial agent possesses the power which I have reason to believe it does possess, there will open to our view a vast field of hope, that the period is not distant when we shall be able to control by medicine one of the most horrible, and hitherto most irremediable diseases, which in these countries come within the observation of the surgeon.

Case of Keogh.

You can scarcely have forgotten the state of this poor man when he fell under my care. Although very many fungous and malignant diseases have recurred to my observation, I

shall never forget it. I have never seen one more remarkable, whether we consider the peculiarity or the malignancy of its aspect. Here is a drawing of the disease, well executed, and by an admirable artist, Mr. O'Neill, yet it affords but a very inadequate idea of the disease. You may form from it, however, a correct notion of the extent and

figure of the diseased mass, or picture to yourselves the head of an immense cauliflower seated in the right groin, and a smaller one on the side of the penis, this organ, as well as the scrotum, being proportionably enlarged, and you will have an ideal representation of the seat, extent, and form of the diseased parts.



The tumour in the groin was, as the drawing represents, of a rounded or oval form, fully seven inches long and five inches broad. It extended, as you observe, from within two inches of the spine of the ilium to the front of the pubis, and from three inches above to two inches below Poupart's ligament. Its surface, which was in general extremely irregular, or full of knobs and depressions, presented about its middle part a deeper excavation, which, as well as the smaller depressions or cavities, always contained a quantity of a thin, clear, yellowish fluid. This fungus, for I may well call it by that name, rose in many parts fully three inches higher than the surrounding skin. The general appearance of its surface was by no means unlike that of the growth which often protrudes from a suppurating testicle. Its colour was whitish, broken up by brownish red patches, by patches of a

paler red colour, and by spots of a brighter red. Some of the brown patches felt soft and elastic. The redder were comparatively firmer, many of the whiter patches had a yellow tinge, particularly in the middle of the tumour, and these seemed to have less vitality than the other parts. The discharge was very copious, and was partly serous or ichorous, and partly puriform. These discharges seemed to come from distinct parts. The former, or the thick puriform discharge from the surface of the fungus, and the latter, or ichorous, from the edge of the skin, and from the subjacent subcutaneous tissue. In fact, the one seemed to exist, to a certain extent, distinct from the other. The border of the tumour overhung considerably the integuments, and, hence, the edge of skin, which surrounded the neck of the mass, could not be distinctly seen, except at the side next the pubis. The gra-

mulations in the inside of the edge, when this could be seen, had rather a healthy appearance, and seemed to secrete puriform matter. The skin, for several inches at the outer or right side of the tumour, was of a deep purplish red colour, not uniformly so, but in streaks. In all other parts, the surrounding skin presented a healthy appearance, excepting between the tumour on one side, and the penis and scrotum on the other, and there it was livid and very much thickened.

The fungus, or tumour on the penis, was seated on its right side and under part, and was not less than three inches in diameter. It resembled in its form and colour, in a very striking manner, the larger tumour in the groin. It was, however, of a firmer consistence and paler colour. It was rounded, and its circumference overhung the edge of the skin. Its surface was irregular, presenting numerous depressions of a small size and a larger hollow in its centre. All the depressions were filled with a clear ichor.

There were, also, as you may remember, on the common integuments of the penis, two other diseased spots, of a smaller size, one on the right side, of the magnitude of a large pea, of a whitish pulpy appearance, considerably elevated, and the skin mounting at its side, so as to reach the level of its surface. The second was on the left side of the penis, and of the diameter of a farthing. One portion of its surface was sloughy, or pulpy, and another was covered by apparently healthy granulations. This diseased patch was continuous, at one side, with the larger fungus on the penis, and in every other part it was surrounded by skin which had a healthy colour, but was raised into a kind of welt, which thinned down as it approached the immediate edge of the sore.

The integuments of both penis and scrotum were greatly thickened, and of a crimson colour, with a tinge of lividity. The scrotum was elongated and lax, and was kept constantly bathed with the discharge which flowed down from the fungous masses. The spermatic cord at the right or diseased side was as thick as a finger, but the same part on the left, as well as the lymphatic glands of the corresponding groin, were free from enlargement. Besides the discharge which was effused from the surfaces of the tumour, and from their circumference, there was a copious puriform discharge from an opening or slit in the front of the scrotum, which led into the cellular tissue, as well as from the orifice of the swelled prepuce.

He was very pale and much emaciated. His pulse was upwards of 100, and very weak. He had well-marked paroxysms of hectic. A rigor commenced each night about nine o'clock, at which time he was in the habit of rising to get his bed made, and this was followed by a perspiration, pretty much confined to his head and

breast, more copious on some nights than others. His tongue was rather clean, his bowels had primary secretions regular; no thirst, and some appetite; no cough, and respiration good. There was scarcely any sensibility in the diseased parts, or in the surrounding skin, when handled, yet he was always moaning, as if he was in much pain. He described the pain as a dead heavy uneasiness, with an occasional darting sensation through the parts, which distressed him

from the time he entered the hospital about ten days, I believe, before he fell under my care, and I have been informed that when he was admitted the tumours were not more than half the size which they were when I first saw him; that the skin surrounding the one in the groin was of a livid colour, very tender, and presented numerous small varicose veins distributed through its structure; that the surface of the tumour was insensible and tubercular, or very much of the form of a bunch of hydatids. I have been also informed, that it presented (probably in consequence of the manner in which the edge of the skin was hidden by the overlapping fungus) such an appearance as to lead to the supposition that the disease was seated in the integuments rather than in the subcutaneous parts, and that it did not resemble either fungus hematodes or cancer, but was, in appearance, like the fungus which often grows from a testicle which has undergone chronic inflammation and suppuration.

It is, in general, very difficult to obtain a satisfactory account of the origin and progress of a disease which has been some time in existence; but as all the circumstances of this case were such as to make me very desirous to ascertain with accuracy its history, I took considerable trouble on the subject. I interrogated the patient and his wife separately, and made some inquiries from persons who had seen him in an early stage of the disease. From these sources of information it appeared that up to about sixteen months ago, at which time he was thirty years of age, he had a perfectly healthy constitution, that he never had contracted any venereal disease, except one about five years ago, and that was not followed by any secondary symptoms, that since then he had been married, that his habits had been very regular, that he never gave any disease to his wife, although he had intercourse with her long after the present disease commenced. I further learned, that about sixteen months ago a small elevated sore, or livid spongy wart, was observed on the right side of the inner surface of the prepuce, near the corona glans, which was soon followed by another, of a similar kind, and seated on a part very near to the former. They united in a short time. They were not painful, nor did he

give any attention to them, and until about seven months ago they made little progress. At this time he was thrown from a horse, dragged for some way on the ground with his foot in the stirrup, was rendered insensible, and, on the whole, experienced at the time a great shock. Soon after this his attention was attracted to his right groin, where he felt a small firm kernel. This gradually increased to the size of a pigeon's egg. He now applied at an hospital, where he got black wash and pills, which gripped him very much, and made him much worse. He next consulted an hospital surgeon, who saw him at his own house, from whom he got pills, which he believes were mercurial, but they did not make his mouth sore. Not finding himself improved, he went into an hospital. Even at this time he could denude the glans penis, and the tumour was neither very large nor discoloured. He was now, unfortunately, put under a mercurial course, which excited much inflammation, and phymosis in consequence ensued. The tumour in his groin increased, and became red. An ulcer now formed on the outside of the inflamed prepuce, opposite to where the wart to which I have alluded was placed, and through this ulcer a fungous mass quickly protruded. The tumour in the groin soon after increased to the size of a goose-egg, and was still remarkably hard, but after a time it became irregularly soft, and of a livid or crimson colour. At this period, finding himself much worse, he solicited his discharge from the hospital, and, soon after, the skin covering the tumour in his groin gave way, and a fungus protruded. He now placed himself under a country peasant, who gave him "herbs," and he remained under this treatment until he was admitted into this hospital.

When I first saw this patient, I asked, "What has been done for him since he came into our hospital?" "The parts have been covered with a common poultice, and creosote has been administered internally," was the reply. That no advantage had resulted was evident, for the disease had doubled its dimensions since his admission; his hectic symptoms had rather increased; he seemed miserable in his feelings; his nights were restless, and his pain was great. I contented myself, on my first visit, with directing the poultice to be omitted, and fine linen to be put on the part wet with a weak solution of the chlorate of lime. I also directed that there should be given an antispasmodic draught, and, during the day, my favourite cordial mixture, carbonate of ammonia and compound tincture of cardamom, with a minute quantity of tincture of opium, made grateful with sirup of orange-peel, and some aromatic distilled water.

These changes in his treatment seemed to add to his comfort, and greatly diminished

the stench which was about him. He still, however, looked wretched, and appeared in great misery. "Can anything now be done?" I asked myself. Now, gentlemen, this was precisely one of those cases in which we may be justified in trying any remedy which affords a ray of hope; a kind of case which demands, in fact, from every man anxious to extend the boundaries of his art, a trial, within proper limits, of empirical treatment; that is, of remedies which we know to possess the power of influencing the system to such a degree as to afford a possibility that they may by their action influence the disease. We are often, indubitably, obliged to act in this manner. How frequently are mercury and arsenic given upon no better foundation! I had, as you know, been trying for a long period, and in various cases, with remarkable success, the hydriodate of potash. Come, said I, let us try it in this case. I ordered it, but with scarcely a ray of hope that it would in any way control or influence the morbid actions going forward. It was given to him in the dose in which I commonly administer this medicine; that is, seven grains three times a day, in an aqueous solution. He commenced on the 9th of October; on the 12th I observed, on going round the wards, a decided alteration in the style of his countenance. He looked, comparatively speaking, tranquil. He told me he had had a better night than any since he had come into the hospital, and that the pain in the parts was much diminished. Could these changes be owing to the hydriodate of potash? I reflected with myself. I could not, I confess, feel that they were. This medicine was, however, continued. I saw him daily, sometimes looking at the tumour, and sometimes not, but I did not notice any remarkable change further than that which I have just mentioned, that is, in the state of his pain, until the 18th, or nine days after he had commenced the hydriodate of potash, when he complained very much of soreness of his throat. On the 20th he complained still more. I examined his throat, but could not observe anything to be the matter. Presuming that it was a state of throat analogous to that which not unfrequently occurs from the employment of the hydriodate of potash, I directed him to discontinue this medicine, and to take a mixture containing the sulphate of quinine. On the same day I examined the state of the tumours, and they appeared to me to be a little smaller. Of this, however, I had not more than a suspicion, for the decrease was, if any, not remarkable. There was, however, an evident change in the appearance of their surfaces; they had become more dead and crumbly, and particles of them could be removed by the forceps. His urine on this day was loaded with the hydriodate of potash.

On the 24th of the month, or fourteen days after he had commenced the hydriodate of potash, the alteration in the state of the tumour, as you may remember, excited the greatest surprise. It was evidently not one-half its former magnitude, and the surface was rapidly crumbling away. There was no pain in the part, no surrounding inflammation; the dull heavy sensation and the shooting pains had entirely ceased; he appeared quite tranquil; his nights were spent comfortably; his appetite continued, and, on the whole, there was so remarkable a change, that I was nearly vain enough to suppose it possible he might recover. I now directed the hydriodate of potash, a trace of which was still visible in his urine, to be again given, but in half doses only; and to prevent the return of that state of throat of which he complained so much, and which had, in a few hours almost, been controlled by the quinine, I directed that he should continue his quinine mixture, taking it before, and the hydriodate of potash after his meals.

Under this treatment his throat continued easy, the decrease in the size of the fungi progressed, their middle portion crumbled away more rapidly than the circumference, and the diseased mass in the groin now assumed strikingly the appearance of an ordinary carcinomatous sore. The comparatively happy and tranquil state which I have already remarked, persisted, and his appetite remained sufficiently good. But, notwithstanding these pleasing circumstances, his weakness increased, his pulse became more debilitated and thready. In short, the disease seemed to be going off, and his strength to be, in the same proportion, declining.

On the 10th of November, at which time he was still continuing his medicine, the diseased fungous mass had totally disappeared from several parts, and at these parts the surface had acquired the aspect of a phagedenic or sloughy sore, yet there was scarcely a blush of surrounding inflammation, and no pain.

The hydriodate of potash was now omitted, the sulphate of quinine was continued, and the diseased surfaces were covered with hot dressings of oleum and turpentine.

On the 22nd of November there was not a trace of the fungous masses; the penis seemed as if it had been amputated exactly between the fungus and the comparatively sound part. It, as well as the scrotum, was no longer either swelled or red. The size and inflammation of these parts had declined with the decrease of the tumour. The fungous mass in the groin had also disappeared, and a deep and dark excavation, of the size of a plate, occupied its place.

He was now sinking rapidly, yet he still presented an appearance of remarkable contentment, and exhibited an extremely

tranquil countenance; his pulse sank to a thread, his voice became so weak and scarcely that he could scarcely be heard; he did not, however, complain of his throat. In four days after, that is, on the morning of the 30th of November, he died, without a groan or complaint; the progress of his dissolution was so tranquil, that he seemed to have gradually passed from sleep into eternity.

Autopsia.

I examined the body six hours after death and made at the time a note of the dissection, which I shall read to you:—

“Extreme emaciation; no oedema of the lower limbs; the transparency and thinness of the skin covering the arms and thorax, allows a tint of colour produced by the subjacent muscles to be observed, which gives very much the appearance, on the surface, of incipient putrefaction. The lower limbs are slightly stiff, but the muscles of the upper part of the body are quite free from rigidity.

“The diseased surface, which had the groin for its centre, is fully seven inches long, and six inches broad. It is covered by a thick stratum of pulpy brown matter, which is easily scraped off with the back of a knife. In thus clearing away the pulp, a portion of the anterior wall of the femoral vein has been removed. The internal surface of this vein, extending up and down for an inch from this part, is of a dark-brown colour, like the pulpy mass which covered the diseased surface, and is softened in its texture. At this part, and for some inches above and below, the vein is imperfectly filled with a coagulum, devoid of colouring matter, as far as the vein is discoloured; but above and below this, it presents the usual red appearance of such coagula. The femoral artery seems sound, yet the parts covering it are scarcely less diseased or softened than those which covered the vein. The cellular texture on the lateral and posterior aspects of these vessels, has, when divided with a knife, somewhat of a cartilaginous appearance. The femoral nerve does not appear diseased. The aponeurotic expansion of the external oblique muscle, as well as the fascia lata, are exposed, upon the removal of some soft brown matter which covered them, and their structure seems softened. This extensive diseased surface does not appear to have any base, or, in other words, the more subjacent parts do not appear diseased. The extremity of the penis has been removed, and the end of it is covered with the same soft or pulpy matter as was observed in the groin. When this softened matter is rubbed off, the orifice of the urethra, the extremities of the corpora spongiosa and corpus cavernosum, appear softened at their ends, but without the slightest aspect of thickening, or as if there had

been any inflammatory action. The spermatic cord is quite insulated from the external ring to the testis, and its covering feels thick and firm. Its component vessels and nerves seem sound; both the testes also seem sound, although the right side of the scrotum has been destroyed by an extension of the disease from the right groin. The lymphatic glands of the left groin are very slightly enlarged, but their section does not present any remarkable appearance. Neither the iliac nor the lumbar glands, nor any of the lymphatic glands in any part of the body, are diseased or enlarged.

"There is a remarkable degree of anemia of all the viscera. The blood, wherever observed, is so watery as to be nearly void of colour. The serous membranes all feel dry and sticky, yet there is in the head a slight sub-arachnoid effusion. I collected in the pericardium a dessert-spoonful of a yellow serum; none could be obtained in either cavity of the pleura; about a dessert-spoonful is found in the pelvic pouch of the peritoneum. There is no other diseased appearance in any of the internal parts, if we except two white patches, of old formation, on the heart; one small, on the left ventricle, and one larger in the right." The lungs were remarkably collapsed.

I detected a trace of the hydriodate of potash in a small quantity of urine which was found in the bladder, but could not detect any in the serum collected from the head, pericardium, or peritoneum.

Remarks.

I have now detailed to you all the facts that have come to my knowledge respecting this interesting case. Suppose you asked me what was the disease, I should feel some hesitation in answering your question. Was it fungus hæmatodes? Was it cancer? Was it a disease compounded of those two morbid states? Or was it a disease of a peculiar kind, differing from both? Some who saw this case said it was cancer, some that it was fungus hæmatodes, and others said it was neither, that it was a disease analogous to lipoma of the testis. In some respects it resembled cancer; in some fungus, and in others it differed from both. The period of life at which it occurred gave as great a right to cancer to claim it, as it did to fungus. The one seldom appears earlier than the age of this patient, the other seldom later. The wartlike aspect which the disease presented on the prepuce, was more with cancer perhaps than with fungus. The tumour in the groin had also, before the skin gave way, so far as I could learn, much more the hard or stony character of cancer, than the soft elastic feel of fungus. The granulations which formed during the progress of the disease, and which showed a disposition to cicatrize, had

an appearance which belongs much more perhaps to cancer than to fungus. It is indeed considered, by a good authority on this subject, Sir E. HOME, to be one of the strongest characters of carcinoma, if taken in conjunction with the fungous state and destructive actions in other parts of the sore. The insulated character of the disease was very remarkable. Neither the lymphatic system nor any other part or viscus of the whole body, seemed to have suffered beyond the immediately engaged parts. The roots of the disease did not even ramify at all among the subjacent or surrounding parts. In both these respects it differed from the course which cancer, as well as fungus, in general, pursue. Although there was some discharge of blood from the fungus in the groin, it was by no means in such quantity as often occurs in both carcinoma and fungus, but particularly in the latter. Before the diseased mass began to shrink away, when the dressing adhered to any part, a small drop of sanguineous fluid would sometimes exude, but not perhaps in greater quantity than would occur from a common granulating sore, if there was an adhesion between its surface and lint which had been placed on it; and the hemorrhage which occurred on one or two occasions, when the disease was in its more advanced stage, was not from capillaries, but from vessels which had been opened by the destructive process. On the whole, I should be disposed to say, that we must either consider it specifically different from both cancer and fungus, although it certainly belonged to their genus, or else we must extend our views respecting the characters of these diseases, so as to make our definition include the case which we have been considering.

The more important practical points connected with the subject relate, however, to the diagnosis of the disease in its early stage; and to the cause of the changes which occurred while the patient was under the action of the hydriodate of potash.

There can be no doubt but that when the disease commenced, it was mistaken by more than one person for a venereal affection; nor do I wonder at this when I reflect on the

General want of Accurate or Scientific Knowledge of the Appearances of Venereal Diseases,

and how much our education tends to induce us to suppose that every sore on the penis, particularly if accompanied by a tumour in the groin, is venereal. If the disease on the inner surface of Keogh's prepuce had at all the appearance of either of the small diseased spots or patches which were on the outer surface when I first saw him, no person who was not versed in the nicer shades of distinction could have been certain

of its nature. The more minute spot was like the venereal sore which I have described in my treatise on the venereal disease, by the name of "fungous syphilis following excavated ulceration;" and the large patch equally resembled the sore called by me "white phagedenic syphilis." Can any case show in a stronger light the necessity of giving attention to the diagnosis of primary venereal affections? I could detail to you numberless cases in illustration of the great ignorance which prevails even among otherwise well-educated medical practitioners, respecting these diseases. Here is a drawing of the penis of a patient sent to me from a distant county, and represented as a case of obstinate venereal sore. It is a case of well-marked incipient cancer. Within the last week I was consulted by a married lady, for an eruption. She had been under the care of several practitioners. The eruption was a well-marked venereal eruption, which she had contracted from her husband, to whom she had been married about a year and a half; but its nature was never suspected, and the treatment adopted had been of no use to her. You will not feel the importance of a knowledge of the venereal disease until you go into practice, and then such of you as have not attended to it will regret the opportunities you have lost. "Oh! we are not examined on these subjects for our degree; what is the use therefore of taking up our time with such things?" I have been hearing this kind of remarks, on various important subjects of medical study, for several years. I vainly hoped that such a change would long ere this have taken place in medical education as would have led pupils to give sufficient attention to practically useful subjects, but that change has not as yet occurred. I am convinced I do not exaggerate when I say, that not one third of the stuff with which pupils are, for the sake of their examination, called upon to cram themselves, will be of the slightest use to them hereafter, while they often neglect those subjects which they should attend to, and that because they are not the subjects of examination. Time will no doubt bring a remedy for this crying evil, and I hope the time is not far distant. I admit that the objects which require the attention of the medical student are very numerous and complex, but I am convinced that by a proper system of education, vastly more may be done than is done, and with vastly less trouble. But to conclude, What was the cause of the

Extraordinary Change which took place in Keogh's Case?

Was it a change brought about by the natural progress of the disease, or was it the result of the action of a remedy, the extent of whose power we do not as yet know? In my opinion the latter was the case, and I will

tell you why I have formed this opinion. In the first place, from my knowledge of the powerful influence of the hydriodate of potash in many forms of disease, I do not feel surprised at its producing a change such as occurred in Keogh's case. Look at the case of a woman in No. 8, the whole surface of whose body was, as it were, riddled with foci, or ill-conditioned ulcerated excavations, under which she had laboured for many years, and for which she had been treated in all the hospitals in Dublin. See the change which has been produced in her state by this medium; but I shall forbear enlarging on her case now, as I propose to make it the subject matter, with many others, of future consideration. In the second place the change in the disease of Keogh was quite synchronous with the action of the remedy. Very soon after the medicine was exhibited, the painful condition of the fungus subsided; and as soon as the system was saturated with it, the diseased mass began to melt away. In the third place, the destruction of parts which occurred was quite different from that which not unfrequently occurs in malignant fungous diseases, as well because it happened at the same time in every part of the diseased surface, in both groin and penis, as because it proceeded in a most gradual manner. It was much more a process of softening than a process of sloughing.

If the change which occurred in this case was owing, as I firmly believe it to have been, to the hydriodate of potash, a great field for hope, and for investigation in the treatment of these malignant diseases, is, as I have already said, opened to us; and I shall certainly lose no time in investigating the subject upon every proper opportunity. You are aware that within the last few days I have admitted into the ward No. 8, a woman, Mary Hudson, who labours under a most extensive and malignant ulcerated disease of the breast, accompanied by enlarged axillary glands. If we credit her statement, and the appearance of the part fully justifies it, the torture that she suffered for the two years before her admission has been of the most insupportable kind. This case has appeared to me well suited to a trial of the plan which I adopted in the case of Keogh. I consequently ordered the hydriodate of potash a few days ago, and I have experienced no small gratification by finding that her pain has been already much diminished. Sincerely do I hope that this change has been produced by the action of her medicine. A short time will decide the question. I hope you will attend closely to the phenomena which may occur. To excite your attention to her case has been one of my objects in choosing the case of Keogh for the subject of this morning's lecture.

It was my intention to have made some

remarks this morning on the necessity of avoiding in the employment of the hydriodate of potash, and on the cautions which have restricted the therapeutic applications of iodine, and more particularly on the impropriety of employing internally either free iodine, or the ioduretted hydriodate of potash,—the preparation so strongly recommended by Lugol. But, as our time has expired I shall reserve what I have to say upon these points for a few days, and leave my intention to commence a paper on the Skin Infirmity, a review of more than one hundred and twenty cases of syphilitic disease, which have occurred between the two institutions, and the treatment of which, by the hydriodate of potash, I have made the subject of investigation. Let me add that I have derived results which I have much reason to expect will excite great interest. It was a desire on my part to complete this investigation, in which I have been now engaged for more than two years, which has hitherto delayed the publication of the second volume of my work on the venereal disease.

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND
PATHOLOGY.

TYPHUS FEVER IN THE YOUNG.

(Concluded from page 861.)

CASE 3.—Zoe Guilbert, 14 years of age, of good constitution, and apparently strong, was received into the hospital on the 4th of December, 1834; her disease dates ten days; the patient, who was born in the country, has lived at Paris for the last twelve months only; she works in a large shop and sleeps in an airy room; during the first year of her arrival at Paris she did not experience the least disturbance in the digestive organs; however, at the end of November, without any appreciable cause, she was seized with headache, and pain in the abdomen. These symptoms were soon joined by an unusual sensation of fatigue, a remarkable diminution of the appetite, nausea, and loss of sleep. The patient has not had any epistaxis, but she frequently observed some blood when she blew the nose. On the 2nd of December, constant fever; prostration; exasperation of the headache; pain of the abdomen; she child was now confined to bed, and placed on diet; no remedies of an active nature employed. On the 5th of

December the patient presented the assemblage of symptoms which constitute what is commonly called the inflammatory fever; face red and animated; eyes brilliant; headache; pulse hard and accelerated, 120; skin hot; abdomen painful; no diarrhoea; the only remedies ordered were an emollient drink and strict diet. In the evening the patient was seized with violent delirium; this persisted all night: the child got out of bed continually, and traversed the wards uttering loud cries; it became necessary to confine her in bed with the strait-waistcoat.

6. Dorsal decubitus; stupidity without prostration; the hearing is dull; the headache persists; the conjunctivæ are injected; she answers shortly but correctly; the tongue is covered with a sort of clammy fur of a grayish colour; breath foul; deglutition is easy; thirst excessive; complete loss of appetite; no nausea or vomiting; abdomen free from pain, and marked by two or three rosy spots; only one stool for the last twenty-four hours; pulse regular and soft, 120 as in the evening; the skin still warm and dry; the respiration slightly accelerated, is 36; cough; râle sibilant equally audible at both sides of the chest. The patient remained pretty calm until two o'clock, but she then commenced to sing, and disturbed the whole ward by constant cries; the delirium and agitation continued until the following morning.

7. The patient is now in a state of prostration; the face has an expression of stupidity, and the deafness is more evident; she answers slowly; the rose-spots are very numerous over the front of the abdomen and chest. The state of the tongue is the same as yesterday; no stool; pulse 120; respiration 30; a pain is felt under the sternum and in the abdomen; the cough and râle sibilant are the same as before; the nature of the disease was now evident; the patient was ordered a bottle of Seidlitz water, to be taken in glassfuls every three hours.

8. The delirium has been just as violent as in the former nights; the patient has taken the whole bottle of Seidlitz water, which produced only two evacuations; the skin is now more dry than before, but not more warm; the tongue trembles when put out, and presents the same characters of colour and dryness that we have already noticed; the abdomen continues painful, but without meteorismus; the cuticular spots are numerous; pulse 116; respiration 40. Continue the remedies.

9. The evacuations have become more numerous; the abdomen is a little tympanitic, but less painful; the patient, whose intelligence is now clear, affirms that she does not suffer any pain. The sense of hearing is still more obtuse; there is some ringing sound in the ears; the prostration

of strength is now more marked; the patient can sit up in bed with great difficulty; pulse 124; respiration 48; cough frequent; râle subcrepitant on the right side of the chest behind, but no diminution of sonority. *Continue the Seidlitz Water, and alternate it with an infusion of Marsh-mallows.*

The delirium, which for the last ten days existed only at night, now broke out during the day time with great intensity. The patient left her bed, and ran about the ward with a tottering gait, causing great alarm amongst the other children.

10. The number of evacuations is still increased; some have been passed involuntarily. The patient says the abdomen is free from pain, but moderate pressure causes a contraction of the muscles of the face, and evident suffering. There is now no delirium; the patient only feels the head heavy. A discharge has taken place from the left ear, and the sense of hearing is almost completely abolished; the rose-spots still continue, but we do not observe any sudamina; the cough is less frequent; the respiration not so accelerated; pulse 120; respiration 24. *Three Glasses of Seidlitz Water.*

11. Less delirium this night; the diarrhoea persists, and the stools are generally passed without consciousness; the lips are dry and cracked; the tongue clammy, but without any crust; the abdomen is moderately sensible to pressure; the points most sensitive are in the epigastrium and right iliac regions; pulse 124. *Continue the Seidlitz Water.*

From the 12th to the 17th day, on which the use of Seidlitz water was suspended, the patient became gradually better; the pulse fell from 120 to 108; the skin lost its dryness. The delirium went off, and the sleep returned insensibly. On the 14th we observe a few sudamina on the neck; the stools are no longer involuntary, and the number diminishes by degrees; the slight pain which occupied the right side of the abdomen has disappeared.

18. On making the visit, we find the patient sitting up in bed; the expression of the countenance is now natural; the intelligence perfectly clear; the hearing no longer dull. The patient sleeps quietly during the night; the muscular force is nearly recovered. The patient can walk about, and she seems nearly as fat as when admitted into the hospital. The tongue is now moist and clean; the appetite good; abdomen free from pain on pressure; no cough; pulmonary expansion good; pulse now 108. The patient complains of severe pain in the right ear. *Three Leeches behind the Ear; Broths.*

20. A purulent discharge from the right ear has set in. On the 21th the patient got up for the first time, and took some solid aliment. The state of convalescence progressed to the 28th, when she was seized

with fever and general malaise, without any vomiting. These symptoms continued for two days, and terminated next day by an eruption of the small-pox, which is very benign, although the girl had not been vaccinated. On the 5th of January the fever, which had fallen since the eruption, returned, and persisted for two days. *5th.* Desiccation is general. The patient was now vaccinated, but without any result.

15th of January she left the hospital. Completely cured.

CASE 4.—*Paul Confiant*, 8 years of age, born at Paris, of a delicate constitution, was brought to the hospital on the 18th of November in a complete state of delirium; on the following morning we ascertained that the child had been eight days ill. The night had been passed in a state of excessive agitation. He made water in bed, but had no stool. The child now lies in a state of stupor. The intelligence is dull; the tongue red and smooth; thirst great; febrile movement very intense; several rose-spots on the abdomen; but pressure seems to give little or no pain; the bowels are constipated. The physician ordered a bottle of Seidlitz water to be taken during the day; this produced six stools; one vomiting; delirium during the night.

20. The fever is now more intense; in the evening the pulse was 120, it has risen today to 130. The tongue, however, is not more dry; the abdomen is but slightly tender; there is a little meteorismus. The quantity of eau de Seltz is reduced to three glasses. 21st. The stools are very frequent, and the abdomen is more painful on pressure than it has hitherto been. The febrile action is very intense. *Suspend the Seidlitz Water.*

From the 22nd to the 27th, the fever continues, and is accompanied every evening by a paroxysm, during which the patient's intellectual faculties are completely lost. The diarrhoea persists equally; two or three liquid stools every day. No active treatment is had recourse to. The physician is content with ordering a cooling draught.

28. We observe numerous sudamina on the neck and chest. The skin is now moist, and the pulse has fallen to 104; the patient passed a quiet night. During the following days the symptoms gradually declined. The patient was allowed to take some solid food, and on the 10th of December she was discharged from the hospital perfectly well.

The above cases, and those which were described last week at pages 859 and 860, cannot be arranged under any other head than typhus fever, although, so far as we know, this latter affection has never yet been described by systematic writers as at-

tacking children at a very early period of life. However, the more we examine the cases of children, the more we are convinced of the truth of the proposition laid down by M. GUZMANT, viz., that children are subject to all the diseases of adults, and, in addition, to certain maladies which are peculiar to their tender age. Thus, in the course of November last, we had occasion to observe the case of a boy, eight years of age, affected with an anastomosing fistula at the root of the scrotum, not the result of an accidental lesion, but produced in a gradual manner, like the fistula caused by stricture in the adult. Another case, not less rare, presented itself on the 18th of December, 1835. A boy, fourteen years of age, was brought to the hospital in a state of extreme weakness; pulse 110; violent pain of the abdomen; twenty to twenty-four stools in the day. The patient died in a few hours after his admission, and, on examining the body, the abdominal aorta was found to be the seat of three large false aneurysms; the superior of which, placed nearly on a level with the kidney, had given way, to the extent of a couple of inches. About the same time, a case of cancer of the abdomen was observed in the "service" of M. JADELOT, in a child six years of age.

The four cases we have detailed are sufficient to indicate the general characters of typhus in the child; the symptoms, indeed, seem to differ very little from those which mark the disease in the adult; there is the same prostration of strength, the same derangement of the intelligence without any sign of cerebral inflammation—in a word, the same tendency to adynamic and ataxic symptoms; however, the affection is, generally speaking, a much milder one in the child than in the adult; the mortality is much less for the former than for the latter, but the march of the disease is precisely the same, and after death we find the same lesions in the intestinal canal.

The treatment adopted at the *Hopital des Enfants Malades* is, in general, extremely simple, and differs widely from that which is pursued in England. M. GUZMANT commences by applying a few leeches to the abdomen (if the child be at all tender), and pursues what may be strictly called the "expectant method," consisting of cooling drinks, and a sinapism now and then to the legs. If, however, ataxic symptoms

manifest themselves, he orders a tepid bath, with cold affusion on the head, and applies blisters to the thighs instead of sinapisms. The adynamic symptoms are rarely treated, as they are very far advanced. A lavement, with quinine, is then thrown up the rectum, and a few spoonfuls of Bordeaux or Malaga wine are given every now and then.

M. BAUDELOQUE is the only physician who employs the purgative method, so much in vogue in England since the publication of the work of HAMILTON. The medication he administers in preference to others is Seidlitz water. The advantage of purging, however, has appeared very doubtful, especially in the last few months, during which a tendency to dysentery has prevailed amongst the patients. In several cases the administration of a few spoonfuls of Seidlitz water, determined severe purging and dysenteric symptoms, which eventually carried off the patient. It is hardly necessary for us to make any farther remarks on this subject, we shall therefore merely observe, in conclusion, that, on examining the bodies of children which have been cut off by this disease, we have never yet discovered the least trace of inflammation in the cerebro-spinal system. The stupor, the delirium, and the convulsive movements, are merely sympathetic phenomena, and certainly are not connected with an organic change of the brain, yet how often do we see the whole attention of the physician directed to these symptoms!

P. H. GREEN.

APHONIA

OF TWELVE MONTHS' DURATION SUCCESSFULLY TREATED BY
TONICS AND REPEATED BLISTERING.

To the Editor of THE LANCET.

SIR,—From the following case we see the necessity and utility of a sufficient continuance in any line of practice we may deem requisite in chronic affections. At an early period of the disease, the patient had been twice blistered and had also used tonic medicines, but unfortunately they had been discontinued too soon. If, therefore, the publication of this case in your valuable Journal be in the slightest degree the means of restoring to any other similarly situated individual

that faculty which places us to each other in the relative capacity of social beings, my object will be fully accomplished.

I am, Sir, yours &c.,

JAMES INGLIS, M.D., M.R.C.S.E.
Castle Douglas, Feb. 23, 1836.

Jean Gibson, æt. 22, of a healthy and rather plethoric habit of body, was three years ago seized with cholera, during the rage of that epidemic. The attendant surgeon using large doses of calomel for the removal of this disease, poured into her a double portion in consequence of a relapse. Ptyalism to a considerable extent followed, and she continued extremely weak for a long time afterwards. Recovery to health gradually took place; and she continued a servant to a family in the neighbourhood, until, being exposed to the cold night air, about the end of last February, she contracted a cold, accompanied by a considerable degree of sore throat. On Saturday (the day following the exposure) she complained more of the throat, and got hoarser towards the afternoon, which hoarseness continued to increase till the Monday morning, when the voice entirely left her.

In consequence of this attack she left her place and returned home; but feeling herself much better at the end of a fortnight she again entered service. For several weeks the throat annoyed her, but at length, without using any means, it got quite relieved, so far at least as pain was concerned. From that time to the present she has enjoyed good health, every function of the body being normally performed, with the exception of that of the organ of voice. In the month of June or July she applied to a gentleman of considerable note, who, after trying the effect of several remedies, at last dismissed her with the consolation that the voice would never again be restored. After this, several medical men saw her, and had administered tonics, expectorants, acids, sarsaparilla, iodine, &c. &c.; she had also been twice blistered, but all with a similar result, so that the conclusion was that the profuse exhibition of calomel being the cause, the disease could never be remedied.

It was under these circumstances that during some part of the month of November she first applied to me. On reviewing her case, I considered that the mercury could not have been the cause, inasmuch as two years had elapsed since its exhibition, whereas had it really been so, the effect would have been much sooner apparent. My opinion was that the loss of voice arose from a thickening of the laryngeal mucous membrane, and atony of the vocal chords, the consequence of inflammation, now chronic, and that if that could be overcome the speech would be restored. For this purpose I recommended repeated blisters along the larynx and trachea, one every fifth or sixth

day, as soon as the surface would admit of application. At the same time she was ordered to brood, and to take internally every morning one of the following powders. *R. Carbonatis Plant. Precipit. ʒi; Colombe ʒij; Pulv. Aloe ʒj. M. et divide in pulv. xvij.* After taking these nineteen powders, and blistering three times, I thought I could discover some improvement, I therefore repeated them, with the addition of ʒj of guaiacine, and ordered a continuance of the blisters. She remained nearly in the same condition, till after having taken the thirty-sixth powder, and having blistered six times, the voice was restored, and she now speaks with all that freedom and volubility which characterize her sex.

AMENORRHŒA.

A CASE of amenorrhœa successfully combated by the application of sinapisms to the mammæ, is related by M. HULIN-ORIGET, Secretary to the Medical Society of the Indre and Loire, in France, in the *Revue des Journaux de Médecine* for August last. The number of analogous facts are so considerable, that no doubt can remain with regard to the suitability of the means in numerous cases of amenorrhœa, and now that their efficacy is rendered so unquestionable, it only remains to state the description of cases in which the sinapisms may be employed with hopes of success, at the same time indicating those in which this measure is contra-indicated, for we do not expect that all obstinate cases will be so treated with equal advantage. At present we shall simply give further circulation to the new fact which we have above mentioned, in addition to those which are already known.

Case.—Josephine B., aged fifteen years, of a lymphatico-sanguine temperament, and having a good constitution, had had her catamenia only thrice since her eleventh year. In the spring of 1832 she was seized with convulsive motions of the arms and wrists, in consequence of profound grief and sudden alarm. Some days afterwards she was unable to move the left arm, which, at the same time, was affected with excessive sensibility, and so continued for two months, though antispasmodic medicines and camphorated liniments were frequently employed. Three months afterwards both legs became paralytic, successively, and continued in that state for ten weeks, not being relieved by the application of leeches to the thighs, nor by frictions with ammoniated liniment upon the legs. In

April 1833 she experienced a new and violent attack of the legs, which diminished after she had been seized with vomiting of blood in small quantity. In the winter of the year 1836, she had a most severe attack of angina tonsillaris, and afterwards a paralysis of the left leg, accompanied by an intolerable pain over the tract of the sciatic nerve of the right leg. She was relieved by one blood-letting, but not cured thereby.

She was in this situation upon the 22nd of February, when the reporter states that he attempted to restore the flow of the catamenia by irritating the mammae in the manner proposed by Dr. Mondière. Two cataplasms, prepared with five ounces of mustard, were applied to the outer and external sides, and also to the superior portions of the mammae. The severe pain which she experienced in about fifteen or twenty minutes after the application, forced her to remove these cataplasms, which reddened the skin, and rendered it very sensible to the touch. The next day she had a considerable flow of leucorrhœa, and the third day she had an abundant catamenia, which, instead of four, continued during seven days, as in the months of August and September. On the 3rd of April this person enjoyed good health, and walked out freely. The mammae are developed, and since the return of the catamenia she has grown in a remarkable manner. We think (adds the author of the case) that this salutary revolution was hastened by the augmentation of the vital activity of the uterus, and is attributable to the artificial irritation of the mammae.

HOUSE OF COMMONS.

March 1, 1836.

MEDICAL WITNESSES BILL.

MR. WILKES said, that before the Honourable Member for Finsbury rose to make the motion he was about to submit to the House, perhaps the House would allow him (Mr. Wilkes) to present a petition on the subject of that motion. The petition was from Mr. Baker, a surgeon and apothecary, residing at Hoxton, in which document the petitioner made the following statement. On the 22nd of July, 1835, the petitioner was requested to undertake the post-mortem examination of a person who was supposed to have been murdered. He attended before the Coroner, who postponed the examination until the following day, in order that the examination might take place, and on the following day the petitioner was requested to submit the contents of the stomach to analysis, to allow which, the

inquest was again adjourned for three or four days. The analysis occupied several hours of several days of this professional gentleman's time, and subsequently the petitioner gave his evidence, when the Coroner and the jury felt that he was entitled to remuneration, and unanimously expressed their approbation of the intelligence and talent he had exercised on the occasion, and their gratitude to him for the assiduity he had manifested, at the same time recommending to the parochial authorities that he should be paid for his professional attendance and labour, the ordinary charge for which would have been ten guineas. However, he only applied for three guineas, when the answer was, that they had no power to make him any compensation whatever, out of any fund over which they had control. Under these circumstances the petitioner felt that the Legislature ought to interpose, giving power to the Coroner to award to professional men some remuneration when their time and talents were thus drawn upon. (*Hear, hear.*) He (Mr. W.) knew perfectly well, that by far the greater proportion of professional gentlemen were decidedly convinced, that for the ends of justice a remuneration of this nature ought to be provided. A petition was in the hands of his honourable friend, the member for Southwark, signed by several hundreds of the physicians and surgeons of this metropolis, in favour of that provision, and, undoubtedly, the case urgently required legislative interference.

The petition was then ordered to be laid on the table.

SIR JOHN R. REID said, that he also had a petition to present on the subject. It came from the medical gentlemen of Ewell, in the county of Surrey, requesting that the House would take into consideration the difficulties with which they had to contend as witnesses at coroners' inquests, and praying the House to provide a fair remuneration for their trouble. He entirely concurred in the sentiments expressed by the hon. Member who had just sat down (*hear, hear*), and he had no hesitation in saying, according to the view he took, that no individuals in society were so badly paid as gentlemen in the medical profession. (*Cheers.*)

The petition was ordered to be laid on the table.

MR. BARCLAY said, that he also had had a petition entrusted to him for presentation from medical gentlemen in a town in the county with which he was connected, and which he regretted much he had not brought down with him to present on this occasion. The petition was to the same effect as those which had just been presented, and his own opinions upon the subject entirely concurred in those which had already been expressed. (*Hear, hear.*)

Mr. D. W. HARVEY said, that he had a petition to present, signed by 526 gentlemen, all of whom were distinguished for their professional eminence in this metropolis. Indeed, he should think it invidious to select any names from amongst them, except merely for the purpose of stating, that amongst others it was signed by the presidents and the vice president of the Royal Colleges of Physicians and Surgeons, Sir Astley Cooper, and Sir Anthony Carlisle, who all stated that great inconvenience as well as great injustice had occurred, in consequence of the absence of a compensation to medical gentlemen who were called upon to attend at coroners' inquests. He trusted that the bill, which his hon. friend the Member for Finsbury was about to introduce, would, under these circumstances, be successful in its passage through the House. (*Hear, hear, hear.*) He had also a petition to present, signed by sixty-five professional gentlemen, resident in the Borough of Southwark, to the same effect.

The petitions were ordered to be laid on the table.

Mr. WAKLEY.—Sir: From the very favourable manner with which the House has been pleased to receive the petitions which have just been presented, I am sure I shall not have occasion to occupy your time for more than a very few minutes in explanation of the nature of the Bill which I wish to introduce. When, last year, the County Coroners Bill was before the House, the House will recollect that it contained a clause professing to provide for the remuneration of medical witnesses at inquests, which clause, however, shared the fate of the whole of the Bill, the Bill being rejected by the House; and, I think, very properly, for it was perfectly inequitable to the objects which the honourable Member sought to attain. I am ready to admit that medical gentlemen may not, in some respects, be more useful when they attend as witnesses than others, but it should be borne in mind that medical men attend the Coroner's inquest in their professional capacity. They do not attend as casual observers of the event which may have occasioned the inquest; but as professional men, who alone can give that information which is essential to the ends of justice and the basis of a true verdict. The duties which medical men have to perform are exceedingly important (*hear, hear*); they are very difficult of accomplishment, and very frequently attended even with danger to life. A post-mortem examination is not to be conducted in haste, or without science and trouble. Many instances within my own knowledge have arisen where a post-mortem examination has necessarily been protracted through a period of eight or ten hours, and yet where the medical witnesses who conducted it, and gave evidence of the facts

discovered, obtained no kind of remuneration, the Coroner having no power to award the slightest compensation. Now, Sir, these points of things which ought not to be allowed to continue. (*Hear, hear.*) I can assure the House that the present deficiency in the law is not so insignificant to the medical man as to the public at large (*hear, hear*), because it entirely defeats the object which the public have in view in upholding the Coroner's inquest, which is one of the most important offices in England, and almost the only office to which the people have still the power of electing their own judge. Yet unless that judge be invested with the power to give compensation to medical witnesses, I do think that the Court has a tendency to become almost useless. (*Hear, hear, hear.*) When the Coroner calls a medical man before him, he has not the power of requiring the witness to make a post-mortem examination, although the result of that examination may be the only disclosure which can enable the jury to return a correct and faithful verdict. Within a very short period several inquests have been held in this metropolis upon the bodies of persons who have died under very extraordinary circumstances, and I may mention that quackery at this moment (*hear, hear*) is producing more victims (*hear, hear*) than it ever did at any former period. (*Hear, hear, hear.*) It is fearful to observe the consequences which flow from the advertisements of quacks with which the newspapers teem (*hear, hear*); and I should be glad, indeed, if His Majesty's Government would resolve on the removal of those disgraceful outrages upon society, by preventing quack medicines from going forth to the public under the authority of Government stamps. At an inquest held a few days ago, the circumstances of which have excited great indignation, several medical men attended, all of them, of course, without obtaining compensation. Had they been selfish or mercenary enough to refuse to attend, or had they withheld their information as professional men, what verdict could have been returned? How completely might justice have been defeated on that occasion! And how frequently do similar instances occur! Now, Sir, when we take these points into consideration, and observe the anxiety of the people to have faithful verdicts recorded, I do trust that the House will not refuse to grant that compensation to medical witnesses which will be ensured by the passing of this bill. As I am sure, from what I have observed to-night, that the principle of the bill will be sanctioned by the House, I shall not at present enter upon its details, but merely, with these observations, move that leave be given to bring in a bill to provide for the payment to medical men who may attend as witnesses at coroners' inquests.

Mr. ATTORNEY GENERAL.—Sir, from my experience I will venture to say that the Bill for the bringing in of such a hon. Member for Finsbury has now moved, will be exceedingly useful. (*Hear, hear.*) I have known several cases where public justice has been obstructed in consequence of competent medical evidence not having been given before a Coroner's jury. Juries either are without that evidence altogether, or, when it is obtained, the injustice of refusing to award a fair and honourable remuneration is committed. (*Hear, hear.*) I would only suggest to the hon. Member in bringing in this bill, to take care to have it so framed that it shall not be made the means of a job by the coroners themselves. (*Hear, hear.*) Coroners have before now made a job of their office, and unless care be taken they will make a job of this, by calling in a medical friend, and giving him a couple of guineas where there may be no necessity whatever for his evidence. With that caution against abuse of this kind, I certainly do think that where medical men are called in, on fair occasions, they ought to be properly compensated. (*Hear, hear.*)

Sir ROBERT INGLIS thought it might be desirable to know from what fund it was proposed by the hon. Member for Finsbury that the medical gentlemen should be paid? Was it proposed to throw the payment upon the parish or the county?

Mr. WAKLEY considered that it would be better not to enter into a consideration of any of the details at present, though he did not object to saying that in his opinion the payment ought to come from one of those two sources. On seconding the motion,

Mr. WASHINGTON said that of course the hon. Member for Finsbury would take care in the bill that professional gentlemen were paid for their attendance; but looking at cases where the talent of persons of superior information was called into action, where their materials and apparatus were required in an analysis, he should think that the compensation would fall short of what it ought to be, unless there was reference had to the expense of the education of the individual. (*Cheers.*) It seemed impossible that the parish could have refused to pay the petitioner in the case detailed by the hon. Member for Boston, but having refused, he would advise him to present himself at the Home Office, and inquire if the justice of the country was to be defeated because he could not afford to give his time and labour in the manner required, or whether a fair remuneration would be made to him. Until such a bill as his hon. friend, the Member for Finsbury, proposed to introduce, became the law of the land, he should certainly recommend medical witnesses, much of whose time and attention was required in Coroners' courts, to apply

at the Home Office for payment for their services. (*Hear, hear.*)

Sir GEO. STRICKLAND said, that he was quite favourable to this bill being brought in; he was very sure that such a bill brought in by the hon. Member for Finsbury would be passed into a law. (*Hear, hear, hear.*) If, however, what the hon. Member for Bridport had suggested, was carried into effect, a principle would be raised which could not be satisfied in the quarter mentioned, from want of proper funds, in consequence of which the applications for remuneration could not be complied with to the proper extent which the services of well-educated medical men would require. (*Hear, hear.*) The hon. Member who had brought forward this measure ought to take care that a proper compensation was provided in the bill. He (Sir G. S.) well knew the liberality of the medical profession. (*Cheers.*) He believed that no class of individuals in society devoted so large a portion of their time, and underwent so much trouble, for the public, and for the poorer classes especially, and he was quite sure that neither the public, nor the legislature would raise any objection to a remuneration, on all proper occasions, being provided for such men (*hear, hear*); and he was quite satisfied that those gentlemen who devoted so considerable a portion of their time so liberally for the public good, would be satisfied with a small remuneration for attending at Coroners' inquests; but remuneration they undoubtedly ought to have.

The Hon. A. TREVOR (who was almost inaudible in the gallery) said, that he could not forbear expressing the great satisfaction he felt at the honourable Member for Finsbury having given notice of this important measure. All men must be agreed, that compensation ought to be provided for medical men who attended as witnesses at coroners' inquests. He knew no body of men whatever who were so essentially useful to the public, or who did anything like so much good to the poorer classes of society (*cheering*), and they were entitled to all the consideration and assistance which that House could afford them. He did not entertain any great apprehension that a measure like this would be converted into any thing like a job. (*Hear, hear.*) From what he knew of the respectability of coroners in general, he could not persuade himself that they would attempt to disgrace themselves by converting such a measure into a means of abuse, even if it were in their power to do so. Still, if that were possible, he was satisfied that the object with which the hon. Member for Finsbury was about to introduce the bill, would greatly counterbalance any evil that could result from its operation in such a way. (*Hear, hear.*) He could not allow the House to

grant leave to introduce a bill of this description, without expressing his most anxious hope that it would be passed into a law.

Mr. JERVIS said, that he was not about to make any objection to the introduction of the bill, he only wished simply to observe, with respect to the existing law, that if a coroner desired to have the attendance of a medical man at an inquest, and issued his warrant to the parochial officers, calling on them to send a medical witness, and they did so, that medical man would undoubtedly have a claim upon them for compensation, which he could enforce. He believed that no doubt existed on this point, and if the hon. and learned Member, the Attorney General, would take the trouble of looking into the old law affecting the case, he would find it to be as he (Mr. J.) had stated.

Sir J. R. KIN was understood to say, that he did not believe that the petitioners whose petition he had laid on the table, did so understand the law, but, however that might be, it became the duty of the Legislature to put the right of medical witnesses to compensation beyond dispute, or difficulty. (*Hear, hear.*)

Mr. SOLICITOR GENERAL said that he knew many cases in which medical gentlemen had been summoned to give evidence at Coroners' inquests, without being able to obtain any remuneration whatever. This was, undoubtedly, a great hardship. In some of the instances they had had to travel a long distance, and give up a very considerable portion of time. The bill now about to be introduced, was one in which the medical profession at large took a very great interest; and although, perhaps, strictly speaking, as had been stated by the hon. and learned Member opposite (Mr. Jervis), medical witnesses might, at present, have a legal right to claim compensation, yet he knew of no means by which the law could be enforced, and as the bill of the hon. Member for Finsbury seemed to be admitted by all to be only a matter of right and justice to a most meritorious class of persons, he sincerely hoped that that bill would meet with no obstruction in its progress through the House. (*Cheers.*)

Mr. PLUMTREE said, that the bill should have his utmost support. As the hon. Member for Finsbury was himself a medical gentleman, he had no doubt that the provisions of the bill would be judiciously framed, and he merely wished to express a hope, that it would be distinctly provided whether the compensation was to come from the parish or the county, that there might be no difficulty or delay experienced afterwards in obtaining the remuneration to which the witnesses would be entitled.

Mr. WAKLEY said he thought that what had been stated with respect to the law of the case by his honourable and learned

friend, Mr. Jervis, would be found to be not quite correct. It was quite true that coroners might direct overseers to produce a medical man as a witness, but it was equally clear that that medical man, if he pleased, might refuse to give evidence. He might say—"I will not open the body. I will give no testimony respecting a post-mortem examination;" and the coroner has no power whatever either to compel him to make the examination, and state his opinion on the cause of death, or to commit him for a contempt of court. Now he (Mr. W.) wished to give the coroner more power; but, at the same time, as a set-off against that power, he wished to give the medical man a due compensation. (*Hear, hear.*) He would at the same time assure the honourable Member (the Attorney-General), and the House, that it would be his anxious wish to guard against the possibility of jobbing under the provisions of the measure, because jobbing was what he most cordially detested. (*Hear, hear, hear.*) He knew that in Ireland there had been much jobbing carried on under the Coroners' Bill, where five guineas had often been paid unnecessarily under the Act, but he would take care to guard against such an abuse here. With reference to what had just been stated by the honourable gentleman opposite, he could only say that he should be perfectly satisfied with the decision of the House as to whether the compensation should come from the parish or the county. (*Hear, hear.*)

Leave was then given to bring in the bill, amidst the cheers of the House.

When Mr. WAKLEY alluded to the prevention of quack medicines from going forth to the public under the sanction of Government stamps, the cheers which came from the House were heartily joined in by the MINISTERS.

CONCOURS

FOR THE ELECTION OF HOUSE-SURGEON
AT THE

NORTH-LONDON HOSPITAL.

THE election for house-surgeon to the North-London Hospital, has again been decided by *concourse*, Mr. WALLIS, the first gentleman elected to the situation on the score of *qualifications* alone publicly demonstrated, having completed the term of his duties. In giving a report of the proceedings at that election (No. 23, Vol. 2, 1834-35), we stated some particulars respecting that hospital, which it is unnecessary to repeat. It will be sufficient to say, that the office of house-surgeon to this hospital is awarded to the most approved of the competitors for the prize; every dresser of three months' standing is eligible as a candidate for the

office. The examination was not conducted in the following manner. There were four candidates. The answers were given in under cover, with mottoes:—

1st Division. The principles of treatment in surgical diseases.—*Questions.* 1. The relations of the femoral artery. What part of the vessel is preferable for the application of a ligature? State the reasons for its being so. What are the steps of the operation, and the cautions to be used in its performance?

2. How would you treat a simple fracture of both bones of the leg? How would you treat a compound fracture of the same bones? Describe, particularly, the position of the limb, and the mode of applying the several parts of the apparatus.

3. Describe the symptoms of retention of urine, as arising from enlarged prostate, and the treatment. What is to be expected if the bladder be not relieved?

4. Describe the coverings of an oblique inguinal hernia, and the relative position of the vessels and the epigastric artery to the neck of the sac.

2nd Division. The performance of those operations which are likely to be required of the house-surgeon. This and the third division were conducted in the clinical theatre before a large assemblage of students and practitioners. The questions, the reasons for the operations, &c., were written down, and a number of them were put into a hat, when one was drawn by each candidate. The operations were performed by the gentlemen successively, only one candidate being present at a time:—

1. Removal of first and second phalanges of the finger.

2. Amputation of the finger, with a portion of the metacarpal bone.

3. Application of a ligature after amputation below the knee.

3rd Division.—Actual application of apparatus, &c.

1. Name the instruments required in amputation of the leg.

2. Show the mode of reducing luxation of the humerus, when dislocated into the axilla downwards and forwards.

3. What are the appearances of such dislocation?

4. The application of bandages required in fracture of the clavicle.

The medical committee of the hospital conducted these examinations. The successful candidate was to have been named last Monday, the final examinations having taken place on the previous Saturday. On Monday, however, it was found that two of the candidates were considered to be, in every respect, equal in the scale of merit, and it was deemed necessary that those two gentlemen should submit to a *rixa-pace* examination by the surgical staff of the hospital.

in public, each of the surgeons putting two questions, which were the following:—

1. Suppose a penetrating wound of the palm of the hand required your attention, that it had bled considerably at the time, and a ligature was applied, and that at the end of six or eight days hemorrhage came on, what would you do?

2. Describe the symptoms and treatment of oedema of the glottis.

3. Describe the symptoms of dislocation of the head of the femur into the obturator foramen.

4. The symptoms of dislocation of the same bone into the ischiatic foramen.

5. What parts would you cut through, and what avoid, in the operation of tying the subclavian artery in the first part of its course?

6. Give the relations of the prostate gland, and what you divide before you come to it in the operation of lithotomy, cutting from the perineum inwards.

After these questions had been answered by the respective candidates, the committee retired, but shortly afterwards again entered the theatre, when Dr. Thomson announced, that after the most impartial examination of the papers, and a full consideration of all the proceedings, the Committee had decided on electing Mr. HONGSON, of Halifax, to the vacant office. The announcement was received with cheers. Our reporter adds, that "wishing to ascertain how far the statements were correct which are sometimes urged respecting the nervousness of candidates at public examinations, he inquired of the gentlemen who submitted their acquirements to the ordeal on the present occasion, what degree of anxiety they experienced; when he found that two of them were not at all alarmed, and that two did not experience more perturbation than they considered they might have felt, had they been subjected to the same tests in private."

CONTINUED CORRUPTION IN THE DUBLIN COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The period rapidly approaches which will terminate the hopes and fears that have so long beset the several parties in the medical world, according as they are friends or foes to that expected renovation of our institutions, which is to abolish all monopolies, and introduce an order of things which is calculated to promote science, and secure the interests of the medical profession. All eyes are directed to Mr. Warburton. Meantime intellects of every caliber, pens of all degrees of power (and why not

minae), are in active operation; while *THE LANCET*, with a liberality and a regard to general interests, beyond all praise, affords every facility to free and fair discussion. It is devoutly hoped that all this may eventuate in a measure of genuine and general reform, one which will sweep away all abuses, and enact such wholesome regulations (uniform for the three kingdoms, conferring equal privileges in all) as shall ensure adequate knowledge in the practitioner, honourable conduct and protection in the exercise of his profession, and guarantee to superior acquirements those offices of honour and emolument which are so basely prostituted to faction or nepotism.

As regards other medical institutions, great are the difficulties that will oppose the intention of the Legislature; but it should be remembered at this important moment, that in the case of the Irish College of Surgeons, there is a field which is perfectly open for the most extensive experiment in medical reform. It is a *new* institution, which has grown up in our own times, in which there are no *ancient* abuses or privileges made sacred by the touch of time. It presents no vested rights; its corruptions, though they may be intense in degree, are but the jobs of yesterday. Here, too, a very strong and respectable body loudly demand reform. In fact, this body forms the majority of the College, if you deduct the present possessors and the gaping expectants of office, who (with a staff of unthinking retainers, men of no minds, who merely continue the habits of submission which they contracted during the servitude of their apprenticeship) alone constitute the faction. Even of this medley crew, the expectants will, without doubt, swell the number of reformers, when they perceive which way the wind blows, and that they can no longer hope to rise by the corrupt and factious steps by which their jobbing superiors have so easily obtained distinction. Thus the Irish College of Surgeons will be found most pliable, and present but little obstacle to the most thorough and searching reform.

The faction, too, deserve no mercy; for in opposition to justice, and to public opinion specially directed towards them, in the very teeth of repeated warnings, their conduct has been, and still is, marked with as great, if not greater depravity, than in the palmy days of rampant toryism; jobbing and corruption are perhaps more rife than ever; intrigue and petty party malice are still in full operation.

1. The infamous blackball still outrageously deprives the majority of the profession of their just and legal rights, Mr. Cusack's exclusive declaration being still unrepented, and superseding by-law, charter, and every thing else.

2. The same factious conspiracy still re-

sembles its Siamese officers. Witness the continued election of some, and the recent dismissal of others, who had the courage to show any symptoms of independence. Witness the appointment of Mr. Harrison, as *professor*, where he lectures in the school; as *censor*, where he examines his own pupils for license (reporting to the College on the excellent and effective condition of the school); and as *secretary*, where he publishes the results of his valuable threefold labours. Witness Mr. White as president, and Mr. Jacob as vice. Doubtless in this selection the College wished to mark their high sense of the consistent political integrity of the one, and the pure oath-regarding morality of the other, as well as the general eloquence and profound scientific attainments of both.

3. Professorships, old, new, or subdivided (a scheme to increase patronage, and present an imposing appearance in puff), are filled up according to that system which has hitherto worked so well; viz., as soon as a chair is declared vacant, the faction forthwith most industriously pass a number of by-laws, no matter how gross, impolitic, or inconsistent, which ensure the return of the favourite of corruption. It is of little consequence though he be a beardless boy, and is opposed by a gentleman of vast experience and practice; he must be elected, especially if he come from the manufactory in Park-street, whence have been drafted in latter times no less than six professorial pedagogues. This, to be sure, is but a trifle, but it serves to show what a consenting organization exists between these sympathetic Siamese twins of corruption. There are now three vacancies; doubtless two, at least, will be filled up with scions from the same prolific establishment.

4. College funds, are disposed of with the same rigid economy, the same scrupulous regard to general interests, as heretofore: for instance, two recent extraordinary expenditures, viz., one of 1804, to the curator, for his extraordinary birth of a *ridiculus mus*, which, after a marvellous gestation of ten years, he was at length safely delivered of in the shape of the *first number* of the Museum Catalogue; a work which, be it remembered, by the performance of his paid service he would have completed years back. This was characterized by the learned mover of the vote, as the most perfect, most classical, and most marvellous production of modern times; an opinion in which I regret to state, *THE LANCET*, in a review of it, had the sad ignorance and want of taste by which means to coincide. And, secondly, 1804, to Messrs. Jacob and Harrison, in order to watch his Majesty's Government, and prevent their having the audacity to grant a charter to the University of London, a matter which is likely to prove injurious to their private school, commonly misnamed

that of the College. To what an admirable pitch of perfection has the College advanced, when it enables a couple of vulgar provincial adventurers to browbeat the prime minister of the first nation in the universe! *Alas for Lord Melbourne!*

5. Business is still transacted after the old fashion, and to meet old objects. The College is variously and injudiciously pledged, and money is granted on the faith of documents, garbled in the reading; precedents are discovered, insisted on, and sworn to, to meet every occasion; order, decorum, and fairplay, which prevail in all other, even the most unlearned meetings, are here still shamefully violated and utterly disregarded. It would be invidious, and indeed difficult, to select a *single* instance.

6. Reform is still in the same ill odour, and as hateful a thing as ever. Never did juggling heads more fully break the word of promise to the hope, than did the concours and by-law *reform* committees, both of which,—after giving such dreadful note of preparation, after keeping the College on the tiptoe of expectation for nearly a year,—have, alas for the instability of human hopes! departed this life, each giving birth, with all the agonizing throes of a dying mother, to a luckless report. One, mothered by a Mr. Evanson, whose celebrity has not yet I fear extended beyond a very small, but select circle of course, recommends a premium of 50*l.* for the best essay on the concours. It is not difficult to foresee how this job will terminate, but it has the advantage, as he, poor thing, thinks, of cushioning the question for another twelve months, and throws overboard all intention, in spite of promises ad infinitum, of the concours experiment, although no less than five opportunities have already offered. The other, calved by the redoubted James Cusack, is content with recommending limits in its first (and, it is prophesied, its last) report to the College, to take no cognizance, as heretofore, of apprenticeship bargains, and also to adopt certain modifications of the half-yearly examinations; that is, the evils of both are still to be retained, for James Cusack's words are a law to a certain party in the College. Now, the examinations are notoriously a humbug, presenting an imposing aspect to the gullible public, and forcing pupils into contact with the school and its professors, to be tampered with and seduced, as has been attempted before now; while, on the other hand, they are felt as a most tyrannical hardship and inconvenience by students. By the suggested arrangement about apprentices, the whole system will continue in full operation, though not appearing on the College books; and will still be a source of immense revenue to James Cusack, and this the said James knows right well. Such are the splendid results that crown the un-

paralleled exertions of the faction in the cause of reform. It is to be feared, however, that the impatience of the Legislature will interfere with and prevent what has been commenced and continued under such very very favourable auspices. What a pity!

7. The same tender regard is paid, as heretofore, to *general* interests and measures of *general* utility; never is prejudice or partiality allowed for a moment to divert the even current of calm deliberative justice. Witness the treatment of two gentlemen, both reformers, at a very recent meeting of the College. One of them moved for a committee to consider what means might be devised to render the subjects of comparative anatomy, purchased by College funds from the Zoological Gardens, more available as sources of information to the members of the College. By the present arrangements, all opportunity of information is confined to the curator and professors of anatomy, who also, as they purchase with College money, drive all competitors from the field. All the value the members of the College derive, consists in the few preparations that result to the museum, which could probably be purchased cheaper, if all the attending expenses be taken into consideration. This, however, being a measure of general advantage and liberal consideration, was indignantly scouted by a meeting prepared to scout anything, so that the private huxtering of Mr. Jacob continues triumphant. The other reforming member tendered, in the usual form, a notice of motion to found a chair of comparative anatomy and zoology, calculated for the members and bachelors of the College. The tendency of such a motion being to establish something of value and interest to the profession, beyond the miserable and contemptible elementary school to which the selfish cupidity of the professors confines all the exertions and funds of the College, it was forthwith audaciously ruled by Mr. Vice Sec. Harrison, and Mr. President Cholera White, illegal, and actually refused as such. A notice of motion, tendered in regular form, illegal! Such a violation of all precedent, custom, and courtesy, such an exercise of tyrannical impudence on the part of Mr. White, forms a striking contrast with the dignity, urbanity, and impartiality of Mr. Read, the late president. Such an outrage, even in the Irish College of Surgeons,—and surely no other chairman would dare to act so, at least without being forthwith brought to a knowledge of his duties,—I must confess astonished me. I shall be more astonished if the member in question, who has hitherto passed for a gentleman of spirit and independence, quietly submits, without a public protest, to the ignorance, the impertinence, and the illegal proceeding of Mr. White.

But there is no end to the facts that go to prove, that the innate depravity of the faction continues unabated, and that even at this, the eleventh hour, they are without a single redeeming feature in their case. *De lenda est Carthago*. I am, Sir, your obedient servant,

SILENS.

Dublin, Feb. 27, 1836.

NEW CORPORATIONS.—MEDICAL CORONERS.

We select the following passages from the published letter of Mr. ROGERSON to the New Corporations, mentioned by us last week at page 888:—

"The municipal reform bill has, either directly or indirectly, placed in your power the local administration of justice, and the election of the officers who preside over its courts. Of these, the coroner's court is one of preliminary inquiry, and, viewed in its relations to society, occupies a conspicuous and important rank.

"Highly responsible is the execution of the trust reposed in you, and fully believing that the day is gone by, when adherence to antiquated customs prevailed over the improvements and advances of knowledge, I respectfully address you, that the coroner's court may be reformed by the application of that science, which alone can efficiently administer justice through the detection of the causes of death. The science is that of medicine."

Having reviewed the duties of the court. Mr. Rogerson says,—

"Having ascertained the first principles which govern the court, the object will be to find a class of society who can best reduce these to practice, and carry them fully into operation. Is a lawyer, whose business cramps his mind, in the study and perversion of precedents, acts of parliament, judges' versions of them, and in mechanically copying forms of law, best qualified to preside in such a court? Decidedly not,—will be the immediate answer. His professional learning and habits of life never lead him to acquire the extensive knowledge of *medical science* which is requisite for the execution of these duties of the coroner's court. So defective do attorney-coroners find themselves on this point, that they are in the habit of carrying with them to inquests a small manuscript copy, neatly and closely written, containing a list of the most common poisons, the principal symptoms following their administration, and a short description of dangerous wounds, and of the appearances of the body from drowning,

hanging, &c.* How miserably defective must that inquiry be, when the highest authority and chief director of a court is obliged to consult so imperfect a document, before he can proceed with, and continue an examination, which may put the life of a fellow being in jeopardy, and may perchance destroy, what may be dearer to him *his reputation*! His medical ignorance necessarily prevents him from safely, justly, and properly conducting this inquiry."

"An objection, deceptive without the merit of plausibility, may be offered against the absolute necessity of appointing medical coroners. 'These inquiries, important and necessary as they must be admitted, can be obtained from a medical witness.' A coroner is present at every inquest; a medical witness sees very few of them, and at the majority of these few, the assistance of a medical practitioner is, according to the present practice, required only on account of some glaring suspicion, or strong communication, which stupidity itself could not overlook. Are the great majority of deaths on which inquests are taken, and the causes of which are unenlightened by medical witnesses, invariably unattended with suspicious circumstances? A great number of sudden deaths, requiring inquests, are suspicious, and a medical coroner, who, by the nature of his profession, is best acquainted with the *causes and appearances of death*, is enabled at once to decide on the truth or falsity of these suspicions, and on the necessity of instituting a right examination by a medical witness. A coroner, with a smattering of knowledge, or with a total ignorance of medical science, will most certainly commit errors. One fact is said to be worth a thousand reasons, and among the number supporting the truth of this last position, I will offer the following, related by the late Mr. Hunt, which occurred during his confinement in Heberstoe jail:—A prisoner died at eleven o'clock in the morning, and on his body an inquest was held by a non-medical coroner, under whose direction a verdict was returned of accidental death. It was afterwards proved on oath, before the Commissioners of Inquiry, that the unfortunate man was killed by a blow inflicted by one of the turnkeys, who had chained him by the neck to the wall for rioting and drunkenness, and was irritated by his abusive language. An error so egregious as this could not occur with a medical coroner, for the view of the body required by our laws

* One of the coroners for Middlesex goes beyond this. He carries with him an unabridged copy of "*Buchan's Domestic Medicine*," and appeals to it for information, and correction of the medical witnesses, on all doubtful occasions. It was in constant use at the late inquest on the body of Capt. Mackenzie.

would soon inform him of the necessity of directing this inquiry to be conducted by anatomical examination and further verbal investigation. The election of a medical coroner for the county of Somerset was the first step towards an investigation of the abuses in Ilchester jail."

Mr. Rogerson proceeds to argue various other questions, and thus illustrates some of them:—

"General truths acquire additional force by the illustration of example; and the inability of non-medical Coroners to estimate the validity of evidence on, and conduct an examination relating to, scientific questions on death, is shown by the 'CASE of the unfortunate Eliza Feunings. It was stated that the knife, which was a steel one, and which she had used to cut a pudding, was made black by that act, and that, therefore, the pudding contained a combination of arsenic. This, too, was asserted by a medical witness, and was the strongest evidence against her; but this combination of arsenic could not blacken steel. The Coroner knew not this chemical fact, and could not therefore discover the necessity of other and better evidence on this point, nor explain to the jury the value at which it should be estimated. The non-medical Coroner knew not the error or truth of the opinion, on the blackening of steel by this preparation of arsenic."

"In Liverpool, Mrs. ——— died in child-bed, after an illness of eight days. Instruments had been used to effect delivery. An inquest was held on the body, and a verdict of manslaughter was recorded against a young gentleman (a medical assistant), who was publicly sent to the county jail at Lancaster, pinioned to a common felon. The evidence implicating this young gentleman consisted in statements, showing that he was present from an early period of the labour, and when instruments were used by others, that he interfered too much, which evidence was only hearsay, related to another by the suffering lady herself; and that he was seen in an ante-room with instruments in his hand, when he replied in the affirmative to one asking if he was going to use them. With this evidence, defective, presumptuous, unsatisfactory, and of secondary consequence were the Coroner and his legal officer content, and, in consequence of their incompetency from want of medical knowledge, they could neither assist the jury, nor promote the investigation, by ascertaining the nature and extent of the interference and the part he interfered with, which were the head and front of his offence, and what was the consequence of that interference, and what use he made of the instruments. Highly important and absolutely necessary as these points of the investigation were, the Coroner,

through ignorance of medical science, could neither question nor appreciate, though witnesses were present from whom the inquiry might have been made. Upon this evidence, defective, and miserably managed, was this young gentleman singled out as the only victim, and he appears to have been made the principal in the first degree of guilt, which was more strange and surprising than all other errors. He was subsequently discharged, on the surrender of his bail, without redress."

"I have," says Mr. Rogerson, in conclusion, "briefly and impartially pointed out the principal knowledge necessary for efficiently conducting the Court of the Coroner, which is in its nature essentially medical. The requisite legal information is soon gained by any rational individual, for the examinations seek into MATTERS OF FACT RATHER THAN OF LAW. The Court is not one for the decision and examination of points of law, and for the award of punishment, but of preliminary investigation and inquiry on violent, sudden, and unnatural deaths, and deaths in prison, and their causes. The requisite medical information, then, must be profound, and can only be learnt by years of study and practice."

The pamphlet is published by Messrs. Longman and Co. Let the object to which it is devoted be everywhere pursued in the new corporations.

THE LANCET.

London, Saturday, March 5, 1836.

A CONDENSED report of the proceedings which took place in the House of Commons on Tuesday evening last, will be read with satisfaction by our professional brethren throughout the empire. At last the Legislature is evidently disposed to do justice to the claims of medical practitioners. As some time must elapse before the bill can go into Committee, petitions should still be forwarded in support of the measure, and we again take the opportunity of hinting to some gentlemen who have been meritoriously active in this struggle, that a petition having six signatures is just as efficacious as one containing six hundred. Attaching seven or eight hundred names to a

petition is, comparatively speaking, a much less application of that force which the general body of the profession is capable of using in the consideration of this question.

It should be observed that the Bill which is now about to be introduced into the House, is not, as many persons seem to imagine, a "CORONERS' BILL," but, simply, a "MEDICAL WITNESSES BILL," having no reference whatever to the Coroner's inquest, excepting that of providing the best medical testimony for the guidance of the coroner and jury, and of providing also an approach to an adequate recompense for the services of those medical practitioners who may be summoned to attend the inquiry. So far as the introducer of the Bill is concerned, he will steadily and strenuously oppose the introduction of any clause, the object of which is opposed to these two paramount provisions. The introduction of any other matter might present an insurmountable obstacle to the passing of the Bill, on two occasions. The attempt to constitute the Coroner's an open Court, was fatal to two Bills which had passed the House of Commons in the years 1833 and 34. However desirable, therefore, such an enactment might be under any other circumstances, it would be absurd, and even mischievous, to make any proposition of a similar kind in a similar measure. The medical question stands apart from every other, in this instance, as involving the capabilities and efficiencies of all the powers and privileges of the institution. In cases where the cause of death is involved in mystery, then it is that the medical witness, relieves, by his testimony, the coroner and jury from a net-work of endless difficulties. On the other hand, in ordinary cases, the attendance of a medical practitioner at inquests is frequently unnecessary. Still, he is summoned, and often, as we have a thousand times contended, wantonly summoned, to a place which is situated at several miles distance from his residence, where, after having waited during many hours for

the appearance of Mr. Coroner, he is ultimately dismissed without a further attendance, because he has no evidence to communicate to the Court. If the body of a person be cut into two parts by the wheel of a waggon,—if a labourer be crushed to atoms by a thrashing machine,—or if the head of a workman be blown off by the explosion of a powder-mill, or he be plunged into a flood by the wheel of a water-mill, a medical practitioner is always one of the witnesses summoned, although the cause of death is perfectly obvious, and cannot, in either case, be misunderstood, even by a child. Medical gentlemen have much to complain of in these respects, and it is to be hoped that a brighter prospect is before them for the future. When provision is made by law for paying the surgeon for his attendance at inquests, this practice of issuing the summonses wantonly, will, doubtless, be discontinued. On the other hand, when the circumstances of the case demand the production of efficient medical testimony to aid the coroner and jury in conducting the investigation to a rational conclusion, then the law will empower the court to procure medical evidence of a perfectly satisfactory description.

The justice of the proposition for reimbursing medical witnesses, for the devotion of their time to the purposes of coroners' inquisitions, is admitted by the members of the House of Commons, with very few exceptions. Amongst the dissentients stands, first and foremost, the hon. Member for Cirencester, Mr. Cripps. Yet a writer, whose low-minded malignity is only equalled by his stupidity, has asserted that "the MEMBER for FINSBURY has treated Mr. Cripps shabbily, by taking the cause of 'the medical men out of that gentleman's hands.'" What is the answer to this warrantable assertion, made by a person whose systematic anonymous attacks against the respectability and interests of the general practitioners of this kingdom, have rendered him, with that body, an object of

scorn, derision, and contempt. What, we repeat, is the answer to our inquiries and false imputation? That the Coroners Bill of Mr. CRIPPS passed the House of Commons, without containing any medical clause, in the year 1833. That the Bill was introduced and read a second time, without any medical clause, in 1834. That a medical clause was at length introduced in a Committee of the House, after twenty articles at least had appeared upon the subject in this Journal, and after we had succeeded in causing numerous petitions to be presented to the House on this subject, and in 1835 the Bill was introduced into Parliament with the identical clause which the Committee had sanctioned in the previous session. We have called it a "medical clause," but did even that clause provide for the payment of medical witnesses at inquests? Why, the fact is directly the reverse. Here is the section itself, printed *verbatim et literatim*, as it was introduced into the bill of last session:—

"And whereas, at the taking of inquisitions on the bodies of persons lying dead, it is frequently necessary, for the more satisfactory explanation of the cause of the death of such persons, that a post-mortem examination of such bodies, or of some part thereof, should be made by some surgeon or other person of the medical profession, and his evidence given on such examination; and whereas there is at present no remuneration provided for such surgeon or other person, whereby great difficulty exists in procuring such post-mortem examination to be made; be it therefore enacted, that in every case where the assistance of any such surgeon or other person, for the purpose of such post-mortem examination and his evidence thereon, shall be thought necessary, and be required by the coroner and jury, the constable of the parish or place in which such inquest shall be held, shall, on the direction of the coroner, pay to every such person, if he shall require it, a reasonable fee (such fee in no case to exceed the sum of one pound), before he shall be called upon to give his evidence; and such sum, so paid by the said constable, shall be reimbursed to him out of the funds provided for the relief of the poor of such parish; provided always that such remuneration shall not be given to any such person when he shall be called upon only to give evidence as the medical attendant of such de-

ceased person during his lifetime, or at the time of his death."

What is to be thought of that medical writer who can be guilty of the infamy and falsehood of alleging that the enactment of such a provision as this would provide for the payment of medical witnesses at Coroners' inquests? Yet this was the clause that was introduced into the Bill of last session,—a section of the measure, be it observed, which its author then stated, and still states, was "forced upon him;" and the same gentleman informed us in the House of Commons, on Tuesday evening last, before the motion for introducing the Medical Witnesses Bill was brought forward, "that he should oppose that motion," and yet, "the Member for Finsbury has behaved 'shabbily towards Mr. CRIPPS, by taking the 'conduct of the medical question contained in the Coroners Bill, out of his hands!'"

The reader is requested to examine the stipulations of the section which we have just quoted, and then judge whether such provisions could give, or ought to give, satisfaction to the members of the medical profession. The medical witness was in no case to receive more than one pound, *even if he instituted a post-mortem examination*—and where the medical practitioner was summoned before the coroner as the medical attendant during the lifetime of the deceased; in other words, when he was actually called before the inquest as a medical witness, without instituting a post-mortem examination, it was expressly enjoined, in the concluding lines of the foregoing clause, that the remuneration of one pound should *not* be awarded to the practitioner. Yet this was the species of enactment which was to protect the interests of the general practitioner! In sooth, it is just that description of injury and insult, under the name of protection, which the SLANDERER employed by the corruptionists and bats, would be glad to see enforced against every respectable surgeon and apothecary in this country.

With reference to the very short Bill which is to be brought before the House, it may be necessary to remark, that from what the profession has lately seen of the conduct of the coroners at inquests which have been held on the bodies of persons who have been supposed to die from the poisonous effects of quack medicines, it has become absolutely necessary that the power and ascendancy of the science of medicine should be instantly acknowledged by the non-medical officers who preside in those courts. Under existing circumstances the public cannot hope for protection from any other shield or authority. If the chief officers of those courts were qualified to discharge the duties in consequence of having received an efficient medical education, then it might happen that the collateral aids of professional testimony might not be so essential in promoting the ends of justice; but it has lately been seen that in some instances the infamous quacks have either awed or seduced the coroners into the adoption of a pusillanimous course of conduct, which has had a direct tendency to perpetuate the pestilence which is now so rapidly selecting its victims from the ranks of all classes of society. The juries, however, acting upon the sturdy principles of common sense, have faithfully and nobly discharged their duty to the community, and we doubt not, on the next occasion, when an inquest is held on one of the poisoned, that the chief culprit will be made to suffer, at one blow, both for his boundless avarice and his numerous crimes.

PURGATIVE SEEDS.—At the last meeting of the *Medico-Botanical Society*, Dr. SIGMOND made some remarks on the seeds of the *satropha curcas*, samples of which, in their capsules, had been sent to the Society by Mr. MONTGOMERY MARTIN. These seeds, when ripe and fresh, after being slightly roasted, and infused in spiced wine in doses of two or three, act as gentle evacuants of the bowels; in larger doses they are strong purgatives, and in still larger they are actively poisonous. The

croton oil acts in a similar way, and two or three drachms, added to a dose of castor oil, increase its purgative effect. It has also been recommended as an external application in some cutaneous diseases, particularly in itch and herpetic eruptions; and also in common rheumatism, and, taken internally, it has been found beneficial in dropsy, apoplexy, and obstinate constipation. Some experiments made by ORTALA to prove the poisonous effects of the seeds were detailed. The effects seem to depend on the violent inflammation produced, and the sympathetic action of the nervous system. The poisonous effects are more strongly marked when it is introduced into the stomach than when applied to the cellular tissue. It was supposed, by CAVENTON who performed some experiments on these seeds, that the oil obtained from them was in every way similar to the croton oil imported from India. The properties of the two oils are, however, very distinct, though their medicinal effects may, in general respects, agree. Dr. SIGMOND thought it possible that the seeds of the *satropha curcas* and the croton tiglium were both employed in the preparation of the croton oil, and that this fact might account in some measure for the great variation in strength of that medicinal agent.

ACCUMULATIONS IN THE COLON?—At the *London Medical Society*, on Monday night last, Mr. ROBERTS detailed a case which he judged worthy of attention, because similar cases had not been recorded. It was one of loss of power in the lower extremities, but not amounting to perfect paralysis. The patient, a coachman, sixty-seven years of age, had lived a regular life, his constitution was good, and the excretions and secretions were well performed, at least apparently so, the derangement of any function not being sufficient to admit of detection. In the calves of the legs there was, for some days, great pain, increased by exertion, but not by pressure; and this pain was followed by a numbness, which was not always constant. His rest was greatly disturbed, and any attempt at walking, after a few paces were accomplished, was followed by total inability to move further. Mr. Roberts was at a loss what name to give to the disease, unless that of "debility," or what to prescribe; but acting on what he considered to be the safest plan, he ordered half a grain of the sulphate of iron, gradually increasing the dose, and combining quinine with it. To his surprise a gradual improvement was brought about, first in one leg, then in the other, and in the space of three weeks the man was completely well. An opposite treatment, Mr. R. believed, would have led to a complete

paralysis of the limbs.—Mr. MERION, in alluding to the case, considered the distention in the nervous energy to have been dependent on an accumulation in the colon, from chronic inflammation, in which state, although daily evacuations followed, still an accumulation was going on, producing, through pressure, the partial paralysis of the nerves supplying the inferior extremities. The therapeutic action of the medicine prescribed, he thought, justified this view.—Mr. ROBERTS strongly objected to this supposition. A loaded state of the colon would have been directly manifested had it existed. Moreover, no increased discharge from the bowels, either before or after he was consulted, had occurred.—Mr. MOORE related the case of a lady who had experienced excessive cramps in the legs, and who had taken mercurials and other medicines, aperients, &c., without benefit, and who, on going into the country, and falling under the hands of a physician who had kept an eye on the state of the colon in particular, was ordered three grains of the sulphate of iron, with one drachm of the carbonate of magnesia, twice a day, when large quantities of scybala were dislodged, and the cramps and other symptoms immediately abated, the lady fully recovering.—Mr. BRYANT, in the course of the evening, remarked, that he had invariably found, in post-mortem inspections, a ramollissement of the spinal marrow to be the consequence of idiopathic paraplegia.

The Society's Anniversary Dinner is fixed for the 8th of March, when Dr. Blicke will deliver the oration.

MR. OSBORN'S EXPERIMENT ON BLOOD.

To the Editor.—Sir: Allow me to express my surprise at the manner in which "W. C., of Brompton-square," has criticised my statement on the detection of tar in the blood. Had he repeated the experiment, he would have been able to form a much more correct opinion of the process as well as of the substance obtained. Of chemistry, W. C. himself, notwithstanding his strictures, appears to be very ignorant, or he would have known from experience, that in all chemical processes, when a strong heat is required, it is necessary to use a metallic or an earthenware retort, and not glass. I beg to inform him that I was not analyzing the blood, as he appears to have supposed, but experimenting on that fluid, and consequently had a different object in view. "W. C." appears anxious to know on what the tar floats after the evaporation of the spirit. Why, on the surface of the water, of course. With regard to the chalk, which he thinks I was too liberal with, he could not possibly have

known the quantity required. I am well aware that I used more than was sufficient to decompose the acid, and should I ever repeat the experiment, I should rather increase than diminish the quantity, which I know, from experience, it is necessary to do. I am sorry that "W. C." has wasted his time in attempting to decide on what he evidently does not understand. And as he has been so bold as to assert that my experiment was not based on a scientific principle, perhaps, after he has taken the trouble (if he be able to perform the experiment and investigate the result), he will have the goodness to state it briefly to the public, and add his name to the account. I remain, Sir, your most obedient servant,

HENRY OSBORN,
Southampton, Feb. 29, 1836.

PREJUDICE VERSUS SCIENCE.

To the Editor.—Sir: The medical profession have universally expressed their surprise that Drs. Ritchie and Webster should not have been admitted as candidates for Professorships in King's College, Strand, in consequence of their being Dissenters. It may be interesting to many of your numerous readers to know that this *exclusive spirit* had its wicked operation on a former memorable occasion. Mr. KEIRNAN, whose anatomical and pathological knowledge especially qualified him to fill the pathological chair in any University, was rejected by the Council of King's College, on the plea of his being a Dissenter! A beautiful collection of Mr. Keirnan's preparations of the liver was presented by him to the museum of the King's College, but even these unique specimens of art and science had no influence on the bigots. I am, Sir, your sincere admirer, and humble servant,

A LATE PUPIL OF THE COLLEGE.

NORTH-LONDON HOSPITAL.

OSTEO-SARCOMA OF THE JAW.—REMOVAL OF THE SUPERIOR MAXILLARY AND MALAR BONES.

ANN STRUTHER, aged 21, was admitted, February 24, under the care of Mr. LISTON. About four years ago she was very much annoyed with pain in the left side of the head and face, attended occasionally with swelling, which symptoms at the time were attributed to cold. Pain in the teeth of the left superior maxilla supervened, and a tumour appeared on the outer surface of the gum. Three teeth were extracted, with the hope of giving relief, but the swelling afterwards rapidly increased. When about the size of the end of the thumb, it was removed

by the knife. This was done about a month after the first operation, and the patient was now, however, much better, and continued to grow for about three months, at the end of which time she was more submitted to a very severe operation, by which the alveolar process of the superior maxillary bone, and a portion of the tumour, were removed; she stated that there was hæmorrhage for three days after the operation, but that, nevertheless, she was out of bed, and the wound healed at the end of a week. Two or three weeks after this operation the tumour again appeared, and it has continued to increase in size up to the present time. When it was last removed, it was of about the size of a hen's egg. It is now as large as a moderately-sized cocoa-nut, causing great deformity. The mouth is drawn on one side, and the vision of the left eye is partly impeded. She complains of very little pain, and her general health is very good; the swelling is of a very firm consistence, and appears to involve the whole of the superior maxilla; internally it occupies the whole of the palate, but is unattached on the right side; a probe can be passed under it for some distance. It extends backwards as far as the finger can reach, and projects over the velum, so as to conceal a great part of it. The patient came up to town with the intention of having the tumour removed by Mr. LISTON, who accordingly, on Saturday the 27th of Feb., performed the operation.

After removing the central incisor of the right side, the surgeon commenced an incision a little below the inner angle of the eye, and carried it obliquely under the corresponding ala of the nose, so as to detach its cartilage from the bone, then through the lip, into the mouth, in the mesial line. He next made an incision from the prominence of the cheek to the angle of the lip. The flap thus formed was then reflected upwards. The tumour was now so far exposed as to be ascertained to extend considerably backwards, and the operator found it necessary to make another incision in the line of the zygomatic arch, so as to fall nearly at right angles on the outer perpendicular one; this exposed the whole extent of the tumour. With the well-adapted forceps introduced by Mr. LISTON, the nasal process of the superior maxilla was divided. The operator next cut through the zygomatic arch, near the auricle, and then through the malar bone, at the transverse facial suture, into the spheno-maxillary fissure; the diseased maxilla was separated with great facility from its fellow of the opposite side, by strong scissors, leaving the palate entire, and untouched. The diseased mass was now readily removed, involving the whole of the superior maxillary bone, and the whole of the malar. A large artery, which was bleeding very freely (probably

from the maxillary), was immediately secured by the application of the ligature. The bone of the lip was brought into its natural position, and the wound was closed. Two weeks proceeding occupied about convalescence. The tumour is of a firm cartilaginous nature, interspersed with spots of bone, and perfectly entire; not the least portion of diseased structure can possibly have been left behind.

Mr. LISTON preferred using the forceps in this case, as he thought the employment of the saw, or the mallet and chisel, would have jarred the parts, and been productive of much more suffering to the patient. The operation might have been as quickly performed with those instruments as with the forceps.

March 2. The patient is doing exceedingly well; the sutures were removed on Monday.

This operation is worthy of record, both from the facility and the celerity with which it was performed. The case altogether possesses much interest for medical men, and any gentleman who wishes to inspect it will find every facility afforded him for that purpose, should he pay a visit to the hospital.

PSORIASIS.

William Snook, ætat. 22, a footman in a gentleman's family, admitted December 30, 1835, under the care of Dr. ELLIOTSON. He has, until within the last six or eight months, enjoyed good health, when (May) he became slightly indisposed, and there appeared a redness of the skin, affecting the thighs and posterior portion of the knee joints, filling up the popliteal spaces. This continued for two or three days, when a scalliness was first perceived, to which there was quickly superadded painful fissures or rhagades, from which a serous fluid of an acrid nature was continually exhaled.

He was treated for some time by a general practitioner, who prescribed the decoction of dulcamara and blue pill twice a day. Copious pyalism was by this means induced, but the disease nevertheless increased in severity, and about a fortnight or three weeks since he gradually lost all sensation and motion in the inferior extremities, and perceived some numbness in the arms and hands, without, however, affecting volition. Speech became affected, and he hesitated considerably; the mouth being also drawn upwards and to the left side. These symptoms, however, gradually diminished in severity up to the period of his admission into the hospital.

At the present period he hesitates considerably in speaking, is rather deaf, and walks with considerable difficulty, the legs still continuing stiff and heavy. There exists, also, pain and heaviness of head, with occasional dimness of sight and

med. The whole political region of the chest, by a scaly eruption of an intense brown, not elevated above the surface, and not interrupted by deep fissures, which occasionally bleed, still attended with considerable inflammation; bowels open; tongue furred and moist; urine natural; pulse 92, soft, and rather labouring. Mittantur sumptibus $\mathfrak{z}\mathfrak{x}$. D. M.

Jan. 1. 1836. Symptoms not relieved; pain of right side; bowels confined; pulse 10, with the same characters as yesterday. Mittantur sanguis ad $\mathfrak{z}\mathfrak{x}$.—Haustus Sennæ Compos. statim.

5. Continues much the same; the pain of chest, however, being much increased on coughing or taking a deep inspiration. Hirudines decem later, dext. applicatur.

9. Somewhat better, a vesicular eruption of an eczematous character appearing on the lips and chin; pulse 90, soft. *Pilul. Hydrargyri* grana quinque bis die.

13. Eczematous eruption desquamating; mouth not yet affected; pulse 96, and full; tongue furred. Detrahatur sanguis ad $\mathfrak{z}\mathfrak{x}\mathfrak{i}\mathfrak{j}$. Auge pilulam Hydrargyri ad grana decem, bis in die.

22. Pain of head, and other symptoms somewhat increased; mouth not affected; pulse 96, full, and hard; psoriasis hot, red, and very irritable; tongue dry and furred; urine high-coloured and scanty. Venesectio ad $\mathfrak{z}\mathfrak{x}\mathfrak{i}\mathfrak{j}$. *Pilule Hydrargyri* gr. x, ter quotidie sumat.

28. Pain of head; giddiness and stupidity increased; eruption at the bend of knee, hot, red, and exceedingly painful, and dividing, forming rhagades whenever the foot is extended; an abundant secretion of acrid serum excoriating the parts on which it runs. Asperguntur partes affectæ pulvere calamine; fiatque venesectio e brachio ad $\mathfrak{z}\mathfrak{x}\mathfrak{i}\mathfrak{j}$. Sumat pilulam Hydrargyri 6tis horis.

Feb. 1. Mouth still unaffected; eruption round the mouth nearly gone; psoriatic eruption less painful and inflamed; pain of head, giddiness, &c., entirely gone; the blood slightly buffed, not cupped.

8. Gradually improving; some tightness across the chest, and cough, he having contracted a slight cold.

13. Pain in the chest continues, together with the cough, with little irritability of stomach; bowels open; pulse full. Venesectio ad $\mathfrak{z}\mathfrak{x}\mathfrak{i}\mathfrak{j}$. Sumatur *Acidi Hydrocyanici* formulam Scheeli $\mathfrak{z}\mathfrak{j}$, ex *Aqua Mentha Piperita*, f. $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$ ter quotidie.

From this period he gradually improved, the general and local symptoms diminishing, and he was presented cured on Tuesday the 19th.

PHAGEDENA OF THE PENIS.—E. B., aged 17, was admitted on the 21st, under the care of Mr. LITTLE, three weeks back a sore appeared near the orifice of the urethra. It continued to enlarge very rapidly. The ap-

pearance first made was the diffused sub-stance of meat, then the carrot pencil, and afterwards a solution of sulphate of copper and solution of turpentine. He has not taken medicine for the last ten months, when his mouth was made sore for some acute inflammation. Hemorrhage from the ulcer commenced a fortnight ago, and has recurred daily since, increasing in its amount and duration so as to blanch him in appearance. Bowels open; pulse 132, small; rests ill. He came to the hospital on account of hemorrhage; he has not suffered from that symptom since his admission. A drachm of the solution of muriate of morphia was given him. The next day the sore was touched freely with nitric acid.

15. The nitric acid has been three times applied since the last report; warm-baths and full diet; nitric acid again applied. Paraphymosis, which had existed, was divided. A pint of decoction of sarasparilla to be taken daily.

21. Nitric acid again applied. The sore looks much healthier.

26. A lotion with four grains of the nitrate of silver to $\mathfrak{z}\mathfrak{j}$ of water applied.

3. Solution of the sulphate of zinc to be applied.

19. Ulceration of the prepuce much better. Great oedema of the prepuce. To foment it.

21. Made an out patient, being nearly well.

CORRESPONDENTS.

THE session of Parliament having commenced, it is earnestly requested that all communications to Mr. WALKER may be addressed to him at his residence, 35, BEDFORD SQUARE.

MR. FERRALL.—With reference to those concluding remarks of "OBSERVATOR" in his communication in THE LANCET of Feb. 20th, which relate to Mr. Ferrall, we feel bound to say that their tendency escaped our notice. In our previous number we did not merely state that, "the authenticity of the petition from the 'Sisters of Charity' had been denied," as the impression on our mind was, that no such petition had been presented at all. We are now authorized to say that no petition was presented on behalf of Mr. Ferrall from that or any other quarter, and that his only communication with Government on the subject, was his own letter to the Chief Secretary, stating, his having filled the office of house-surgeon to the Richmond Hospital for nearly five years, &c.; and this communication was forwarded by a member of the Government,

To the Editor.—Sir, The candid and direct system which has hitherto kept your valuable journal in the highest esteem with the "liberal world," assures me this letter will be published. The last number of *THE LANCET* contained a paragraph stating it to be Dr. Cummin's intention to resign his chair in this school "in deference to the exasperated feelings of the students," which I can faithfully assert was read with surprise and indignation by every one of them, and considered to be equally malicious as false, on the part of the correspondent. Such rumour has not existed, the pupils being satisfied that Dr. C. had no participation in the scurrilous and prejudiced account of the meeting at the *Crown-and-Anchor*, given in the *Medical Gazette*. I am, Sir, with every respect,

A SENIOR STUDENT IN THE
ALDERSGATE MEDICAL SCHOOL.
Reading-room, March 2nd, 1836.

To the Editor.—Sir: Between the period of Mr. Smith's rejection and the meeting at the *Crown-and-Anchor*, I had occasion to call on Dr. Cummin, at his lodgings. The conversation turned on this point, and Dr. C. mentioned that he knew Mr. Smith, and that he considered him to be a clever and well-informed young man. Of course, Sir, it is impossible that Dr. C. should have any connection with the "*Gazette*," for I hope that no one who is a member of our profession could allow another to remain under the stigma of ignorance, when he knew or believed to the contrary, and had so ready a means of stating his knowledge of that fact in print. Your obedient servant,

March 1st.

C. S.

Mr. W. F. SHORBRIDGE has addressed a letter to us in which he states that the late protest from *Guy's Hospital* in favour of the Apothecaries' Hall, was not "a hole-and-corner affair, being done in the face of every one belonging to the hospital." He says that "Messrs. Mugg and Bent" (Mr. Mugg's name was misprinted Muggand in a late *LANCET*) "could not, either with or without favour at court, have passed the Hall, because the former is not out of his apprenticeship, and the latter did not attend the hospital until last year." Our correspondent adds, "that Messrs. M. and B. did not induce the junior pupils to sign the protest." The "fact" which Mr. S. quotes respecting the *Crown-and-Anchor* meeting is certainly not a "fact." We would readily have given insertion to the whole of our correspondent's letter, had we not been enabled in this brief space to present a statement of all the facts which he avouches.

Mr. JOHN A. LUSH, of the Aldersgate-street School, assures us that the feelings of the students of that school "have not been

affected" by Dr. W. Cummin. Mr. Lush, however, having "the assertions of three of our correspondents" supported by an anonymous individual in a periodical so extensively circulated as *THE LANCET*. Mr. Lush has overlooked the fact that those assertions were not "contradicted" on anonymous authority, but on the expressly declared statements of the gentleman whose declarations were first of all impugned. To him we beg leave to refer our correspondent. Mr. Lush has also suffered the fact to escape his memory, that Dr. W. Cummin is charged with getting his bread by editing an anonymous periodical, whose peculiar claim on its subscribers is founded on its unceasing attempts to destroy the moral character of an avowed writer, by statements which are notoriously false,—a crime which in iniquity and turpitude it would be difficult to surpass.

A COPY of the depositions which were taken at the inquest that was held on the body of Captain MACKENZIE is before us, but these are by far too voluminous for insertion in their present form. A condensed abstract of them, however, is in progress for publication. The prosecution of SALMON is not to be conducted by the parish. The prosecutors, therefore, will be entitled to the gratitude of the entire medical body. The depositions contain many statements of a very interesting character. The disclosure which took place at this inquiry, is a compound of impudence, folly, and infamy, almost without a parallel in the annals of quackery.

Some resolutions having been forwarded to us relative to the contents of a note which appeared in the last *LANCET* headed "Gower-street," we may observe that it has since been explained that it was dictated under an erroneous impression, and that the services of no teacher can be more highly valued than are those of the gentleman whose absence from the usual scene of his duties was made the subject of comment. It could not have been known to the writers of the note in question, that most of the hours which are spent out of the dissecting-room, are devoted to a practical examination of the more advanced students,—not an examination consisting of the rote questions of our books, but founded upon a thoroughly scientific acquaintance with the structure of the human body.

Letters from Mr. Denham, R. E. L., Mr. L. (of T.), An Assistant Chemist, J. B.—The letter of a M.R.C.S. will probably appear.

C. The second, also, of the two papers from the North shall appear. So shall Mr. Schnid's letter.—A Student, T. C., Dublin, intimates that he can speak for the truth of his statements. Will he give us by authenticating them, privately, with his name and address. They cannot of course appear until we are satisfied on this point.

THE LANCET.

[Vol. I.]

LONDON, SATURDAY, MARCH 12, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Assistant in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XV.

RAMOLLISSMENT OF THE NERVOUS CENTRES.

(Continued from p. 891.)

Ramollissement with Contraction of Limbs.

As one of the most frequent modifications of motion produced by ramollissement of the brain, we have mentioned contraction of one or more limbs or muscles; this contraction consists in a flexion of the limb, joined to rigidity, and presents the same differences as paralysis, with respect to its degree, mode of appearance, march, and seat. When developed in the commencement of the disease, contraction is an excellent symptom; indeed, one of the best signs by which we may diagnose ramollissement. It certainly does frequently exist as a symptom of the disease in question, and M. LALLEMAND has insisted with a good deal of energy and reason on its value as a pathognomonic sign. There is a good deal of truth in this; contraction is a palpable symptom when it occurs in an early stage; but we must allow, on the other hand, that several cases do exist where this symptom is absent, and that if we were to connect ramollissement and contraction too strictly together, we should incur the danger of committing a gross error. Some authors, in reply to this our last observation, will tell you, that if cases of ramollis-

sement without contraction have been observed, it is because the cases were not studied with sufficient attention or minuteness; the observations imperfectly or carelessly reported. This may be true for a certain number of cases, because when an appeal is made against accuracy and fidelity, one can only answer for his own observations; but we can affirm, that we have seen individuals in whom ramollissement was announced from the very commencement of the symptoms, by paralysis alone, without any contraction of the limbs or muscles: of this we are perfectly sure. The nature of the disease was determined after death by inspection of the body, and during life the functional derangements were noted down with accuracy and care. If such a symptom as contraction existed at any period of the malady, it could not have escaped our notice, especially as we looked for it in all the cases of ramollissement that fell under our own observation. You will find several cases demonstrating the truth of what we have just advanced, in the fifth volume of the *Clinique Médicale*, and in the work of M. ROSTAN on softening of the brain.

However, whenever contraction does exist, we may diagnose the presence of ramollissement with great probability of being right in our judgment, for, although the absence of this symptom, as we have just said, does not prove the absence of softening, yet its presence is a very strong proof of the existence of this lesion in the brain. Like paralysis, the contraction may come on in a gradual manner, and increase slowly, until it terminates in loss of motion, which latter continues until the end of the disease. When it persists for a length of time, the force with which the muscles are flexed is sometimes extraordinary; the fingers are clenched so firmly that it is impossible to open them, and even the nails are driven into the palms of the hand.

When once established, this contraction does not always exist in a permanent manner; it is not unusual to see it disappear for several hours, or even a whole day, and then return with its ancient intensity. During the intervals, the affected muscles either recover their power of motion, or, what is

more common, they remain feeble and benumbed, or more or less paralyzed. Again, we may have cases where the contraction disappears altogether, and is replaced by paralysis, or where these two phenomena alternately assume each the place of the other, as we have already seen paralysis and convulsions alternately attacking the affected limb.

The contraction may appear in a sudden manner; in fact, several cases of ramollissement have commenced by a violent contraction of one or both limbs on one side of the body, and then the symptom becomes peculiarly characteristic of the disease.

Paralysis, direct, and opposite the Lesion.

The progress of the contraction also varies in different cases; sometimes it persists, either gradually increasing, diminishing, or resting stationary; in other cases it may remain only for a few hours, or even minutes, and then be replaced by paralysis; and, once gone, it may either never appear again, or return only at uncertain intervals. We have ourselves witnessed all the different lesions of motion now described; you see that they are numerous; but this is not all; these diversified symptoms may also vary according to the different seats which they occupy; in some cases only a single limb is affected; in others the two limbs on the same side of the body are contracted. Finally, in a certain number of cases, the contraction affects the four limbs at the same time; these different lesions seem to depend on the different seats of ramollissement in the nervous centres; and here an interesting question presents itself,—Do we observe a diversity of symptoms, according as the ramollissement may occupy the anterior portion of the brain, its middle portion, or the posterior lobes? Does softening of the striated bodies manifest itself by peculiar phenomena, which enable us to distinguish it from softening of the thalamus, or of any other part of the brain? This is exactly the same question which we took such pains to resolve when treating of cerebral hemorrhage. It is to be answered in the same manner, and we must refer you to what was said upon that occasion; it were useless to repeat now what has been already said. The paralysis which results as an effect of ramollissement of the nervous centres, generally affects that side of the body which is opposite the injured hemisphere of the brain; this, if you remember, is the same law which governs the loss of motion in cases of apoplexy, where the paralysis is almost universally crossed; however, we find some exceptions to this rule; the paralysis is sometimes direct and not opposite; in some cases ramollissement of the brain, as well as cerebral hemorrhage, gives rise to loss of motion on the same side of the body as the ramollissement. Thus, in

the number of cases which we analyzed in a former lecture, with the object of determining whether the paralysis resulting from disease of the brain is direct or opposite; the two last cases, taken from the thesis of M. CHAMBERYON, were cases of ramollissement of the brain, and not of hemorrhage.

The intensity with which the contraction manifests itself is various, and it may occupy more or less of the four members at the same time. In some cases we see the muscular contraction confined for a length of time to a single finger, or even to a single phalanx of that finger; sometimes it extends to all the fingers of one hand, or to contraction of the fingers we find joined a flexion, more or less permanent, of the fore-arm or the arm; the same remark is applicable to contraction of the lower extremity; one or more toes may be flexed, or the leg forcibly bent upon the thigh.

Ramollissement with Convulsions.

The different forms of lesion affecting motility now described, may present themselves with different degrees of frequency; however, they belong peculiarly to ramollissement of the nervous centres, and when we observe them in any case, we may diagnose that affection with a great certainty of being right.

It is unnecessary, however, to warn you that ramollissement of the brain may be accompanied by certain accidents which are not comprehended under the rules now laid down, and if you were to meet them in practice, you would in all probability be led astray unless acquainted beforehand with these, as it were, anomalous phenomena. Thus some patients are affected with general or partial convulsions, very similar to those we observe in cases of cerebral congestion or meningitis; when partial, they affect the side of the body opposite the softened hemisphere; general convulsions are almost always the effect of a double lesion in the brain. Finally, in a few rare and exceptional cases, the convulsions have been seen to attack the same side of the body as the lesion in the brain.

Ramollissement producing Epilepsy and Tetanus.

Ramollissement of the cerebral hemispheres may sometimes declare itself under the appearance of epilepsy. M. LÉLUT has published an observation of this kind in the *Journal Hebdomadaire*, February 1830; the patient, who had gone to bed in good health, was seized in the night with violent epileptic fits, and soon died; an extensive ramollissement was found occupying the superficial and deep-seated parts of one hemisphere.

Again, in some cases ramollissement produces symptoms of tetanus, either partial or general; but these cases are exceptional.

cases we find mention made of, being the only lesion of motion observed; this also is an exception.

Ramollissement without affecting Motility.

Here are cases where the lesion of motility is unusual, and different from those which commonly attend ramollissement of the nervous centres; in some cases all symptoms of this kind are absent; we observe neither convulsion, nor paralysis, nor contraction; in a word, the patient exhibits no symptom of injured motility. This is the same thing as we occasionally observe with respect to the intelligence, but it is infinitely more rare; the exception, however, does exist. We have seen examples ourselves, and the observations published by other authors prove beyond doubt that ramollissement of the brain may terminate fatally, without having once produced the least modification of motion. These cases are generally seen in persons wasted away by long ill-health, reduced and worn down by some chronic disease, for example, and the ramollissement usually occupies a small portion of the nervous substance. But we must again repeat that they are rare. The number of cases of ramollissement now published is great, very great; perhaps we could collect between two and three hundred cases scattered through different works, yet we only know of six or seven cases in which no lesion of motility has been observed. This is all we have to say in respect of the lesions of motility which accompany ramollissement of the cerebral hemispheres. We shall next speak of lesions of sensibility as symptoms of ramollissement of the cerebral hemispheres.

Lesions of Sensibility

constitute a set of symptoms of some importance in the diagnosis of ramollissement of the cerebral hemispheres. These lesions may have their seat, either in the brain itself, or in some other part of the body.

The first and most remarkable phenomenon to which we would direct your attention, is the headache that accompanies a great number of cases of ramollissement. This symptom, noticed by all writers on cerebral ramollissement, and on which M. ROSKIN insists with considerable force as a sign of the disease in question, is seen in a majority of cases, although we have witnessed a certain number where the headache was completely absent. This modification of the sensibility, produced by softening of the brain, has not always the same seat. In some cases the headache is exactly limited to a point of the head which corresponds with the seat of the disease. The patient, when asked where he suffers, places his finger upon the softened portion of the brain, and indicates that as the point of suffering. There is, in fact, a wonderful coincidence between the pain in the head

and the seat of the ramollissement in the substance of the brain; other patients complain of a vague pain, occupying indistinctly the whole cranium, and which they are unable to localize, otherwise than by saying they have a headache. In other cases, again, the pain is fixed, circumscribed to a small part of the head; but this does not correspond, as in the first set of cases mentioned, with the lesion in the brain; on the contrary, it is situated at a greater or less distance from the softened point. Thus the pain may be confined entirely to the forehead, although the ramollissement is seated in the posterior lobes of the cerebrum, or even in the cerebellum. There are cases where the pain, general and vague in the first instance, becomes limited as the disease advances. Finally, we sometimes see the pain diverging, as it were, from a central point, attacking other parts of the head, and extending even to the neck or thoracic extremities.

The intensity of this headache is very variable; in some cases the cephalalgia is excessively intense, and the patient complains of a lancinating pain which often forces him to scream out from excess of suffering. In other cases the cephalalgia is much more feeble; the patient, perhaps, complains of a weight, of an unpleasant sensation, either confined to one point, or extending to the whole cranium; or the headache is so slight, that unless you ask the patient directly whether he suffers in the head, this symptom may escape your notice altogether. We do not find that it has any peculiar distinguishing character: in some cases the patient describes it as lancinating; in others as a dull and heavy pain; in a word, we find here the same varieties as to character, as we observe in headache arising from any other cause.

This modification of sensibility varies also in relation to the constancy with which it may exist. In several cases the patient complains of his head throughout the whole course of the disease; his headache is constant and never quits him. In other cases the pain, habitually slight, is much aggravated at certain intervals, is renewed under the influence of moral emotions, by febrile reaction, exercise, &c., or we find that the headache returns without our being able to explain the cause of relapse. We call to mind one case in particular, of a curious nature, where the cephalalgia was completely intermittent, and returned at certain fixed periods, and the disease was mistaken for one of intermitting neuralgia.

The duration of this symptom is also various; in many cases it commences with the commencement of the malady, continues through its whole course, and only terminates with death. In other cases the headache disappears in proportion as paralysis advances, and is at last completely removed. Finally, the cephalalgia may vary

according to the period of time at which it commences; thus it may open the scene, and constitute the first symptom of ramollissement, or it may precede all the other phenomena, and exist solely in an isolated manner, for a great or less period before the actual development of the lesion; the duration of this *prodrome* is generally not long; from a few hours to five or six days; but in some cases we have seen it existing as a premonitory symptom for fifteen, twenty, or even thirty days.

Another and the last kind which we shall mention, is that where the commencement of the disease is not attended with any lesion of sensibility. The headache comes on at a later period, when paralysis, or contraction, is already more or less feebly established. However, you must remember that this lesion sometimes does not exist at any period. You may meet with several cases of ramollissement of the brain where it is altogether wanting during the whole course of the disease.

We also have occasion to observe certain lesions of sensibility in other parts that are placed under the dominion of the brain. We shall now examine these, and for the sake of order we shall divide them into three distinct classes. In the *first*, the individual exhibits no modification of sensibility in the integuments of the limb which is contracted or paralyzed. In the *second* class of cases, the sensibility is either diminished or altogether lost. When the patient touches an object, he is not sensible of its contact. If you prick the skin, he does not feel the slightest pain, &c. In the *third* series, the sensibility, far from being diminished, is, on the contrary, exalted.

The diminution or complete abolition of sensibility is chiefly remarked in the integuments of the limb, which is at the same time the seat of a lesion of motility. In most cases the power of motion is not lost until paralysis has already existed, but in others we may observe a numbness of the toes or fingers, a sensation of cold or prickling in those parts long before any characteristic symptom of ramollissement has made its appearance. Paralysis, however, is soon established, and with it comes a complete though gradual destruction of sensibility. In some cases that are rare, the whole skin at uncertain intervals has become more dull, more unimpressionable, than natural, and afterwards recovers its ordinary power of sensation. In the third series of cases above alluded to, when the sensibility is exaggerated, we find pain situated either in the skin alone, or in the subcutaneous tissues. The alteration of cutaneous sensibility exaggerated, we find pain situated either in the skin alone, or in the subcutaneous tissues. The alteration of cutaneous sensibility is generally confined to the paralyzed or contracted limb; the integuments then

become excessively painful, and the touch is sufficient to produce excruciating convulsive motions of the muscles. At other times (but this is much more rare) the exaggeration of cutaneous sensibility extends itself to the whole integuments of the body, and the least contact becomes insupportable. In other cases, the sensibility of the skin, either remaining unaltered, or presenting any one of the modifications just described, the more deep parts become the seat of pain: these deep-seated pains may coexist with paralysis or contraction of the limb. They sometimes are very violent, and give rise to the most horrible cramps, which all our efforts are unable either to remedy or alleviate. These pains may exist habitually, or cease for some time and then return again. They sometimes precede, for a considerable period, all the other symptoms of ramollissement; we should therefore well observe their form, march, and nature, and all the circumstances, however trifling, by which they are accompanied, in order to avoid mistaking them for neuralgia or a rheumatismal affection. Some patients, on the other hand, are free from pain during the whole malady, and they are fortunate indeed, for the sufferings to which many are subject are of the most distressing nature.

What shall we say of the

Lesions Exhibited by the Organs of Sense

In cases of ramollissement of the cerebral hemispheres? The symptoms connected with the organs of sense do not afford any thing very particularly worthy of mention; or all that we might say would be merely a repetition of what has been already explained under the head of hemorrhage; the sight may be either diminished or completely lost; the hearing may undergo the same modifications. In one case, recorded in our *Œuvre*, the patient lost the power of seeing, on the same side as the paralyzed limb.

Lesions of the Digestion, the Circulation, and the Respiration.

Let us now pass to the influence of ramollissement of the cerebral hemispheres on the various acts of nutritive life: here also we have very little to say of importance. The *digestion* is but slightly, if at all, troubled; the tongue remains natural, and the abdomen is not painful or tumid; however, in a few cases, we may observe vomiting, and the bowels are ordinarily a little costive: these, as you see, do not constitute any notable symptoms. The *circulation* does not seem to suffer any great degree of trouble, although here the modifications are better marked. In many cases the pulse remains calm, and does not exceed its normal frequency. In other cases the pulse is evidently accelerated, and then the ramollissement seems to be of an acute nature.

The *respiration* becomes implicated soon or frequently than in any other of the faculties or circulations; in several cases the *aspiration* remains intact. When the ramollissement is formed in a slow and gradual manner, this faculty is not deranged at first in any degree that attracts attention; however, as the disease advances, the functions of the lungs become impeded, then embarrassed and difficult, and the patient at length dies in a kind of asphyxia. If the ramollissement progress very rapidly,—he formed in a sudden and violent manner,—the respiration at once becomes embarrassed, assumes a stertorous character, and it is a matter of the greatest difficulty to distinguish this form of the disease from hemorrhage of the brain; indeed, under certain circumstances, it is actually impossible to say whether a patient suddenly seized with coma and stertorous respiration be not affected with apoplexy, though after death we find nothing but softening of the nervous pulp. This is certain; we have witnessed it more than once, and your future experience will not doubt attest its truth.

Ramollissement Acute.

We have now passed in review the different symptoms which accompany ramollissement of the cerebral hemispheres; but these actual derangements do not always group themselves together in the same manner; hence arise different forms of the same disease, with which we must be acquainted, whose features we must study, to revise our history of ramollissement and remain imperfect and unfaithful. In the *first form* to which we would direct your attention, ramollissement commences and arches with all the characters of an acute disease; there is a sudden loss of consciousness, accompanied by paralysis of the muscles on one side of the body; this case is rare. Ramollissement of the cerebral hemispheres very seldom commences with such violent symptoms, but we have seen examples of this kind, and we were intimately convinced that the patient laboured under an attack of apoplexy. We opened the body after death, and sought in vain for the expected coagulum; on the contrary, we found an extensive softening, without effusion in one of the hemispheres. The loss of consciousness, marking the access of this form, may persist until death, or the coma disappears, but leaves behind it the various signs of intelligence which we have already described at sufficient length.

The *second form* resembles the first in the sudden annihilation of the intellectual faculties, but instead of paralysis affecting one or more limbs, we have contraction; and this latter sign then indicates almost in a certain manner that the disorder is a ramollissement of the cerebral pulp.

In the *third form* also we observe a sud-

den loss of consciousness; but the lesion of motility is neither manifested in paralysis or contraction; we have convulsions: these affect either one side of the body or both. When the convulsions are confined to one half of the body, we may diagnosticate the presence of ramollissement; but when they are general, affecting various muscles on both sides, it is not so easy to discover the real nature of the lesion on which they depend.

In the *fourth form* we do not observe any sudden loss of consciousness: the intellectual faculties remain intact, but the power of motion is either suddenly lost, or modified in various ways already alluded to. These cases are also embarrassing, and require cautious examination. They may be very readily confounded with hemorrhage of the brain, for what is more natural, when you find a patient suddenly deprived of all power over his hand or leg, than to attribute this lesion to the effects of effusion into the cerebral substance?

Ramollissement Chronic.

We now arrive at a *fifth form*, in which ramollissement appears as a chronic disease; here the intellect is preserved for a long period of the disease, and we do not observe any sudden modification of sensibility or motility, the disease, on the contrary, marches gradually, the patient at first finds that the limbs at one side of the body are a little weaker than those at the opposite side; sometimes they are only a little painful, but this feebleness gradually changes into true paralysis, or contraction: these symptoms persist, or become more and more intense, the lesion of the brain now exercises an influence on the economy at large, the respiration is gradually compromised, and the patient dies, at length, either asphyxiated, or worn out by suffering and general weakness. Cases of this kind are much more easy to diagnosticate than those in which the disease commences *brusquely*, and imitates apoplexy. When we find a patient enjoying the full exercise of his intellectual faculties, but in whom the power of motion in one side of the body has been gradually lost, or where the hand and arm have become slowly contracted, we may with some degree of certainty pronounce on the existence of ramollissement, for there is only one other lesion, viz. tubercles, which can imitate this form, and even they perhaps produce their symptoms more by the state of the cerebral pulp round them than from anything else. Thus, if in some cases the diagnosis of ramollissement be easy, there are others where we find much difficulty in distinguishing it from cerebral hemorrhage, from meningitis, or from accidental products in the brain.

Finally, in the *sixth* and last form that we shall notice, the disease is completely

latent. During life the patient does not exhibit any single modification of the intelligence, of the motile power, or of the sensibility, yet after death we find softening of one or more points of the cerebral hemispheres, sometimes existing to a very considerable extent, from the insidious manner in which it marches, and from the complete absence of all symptoms; this form justly merits the name we have given it of "latent ramollissement."

I have now given you a pretty extensive description of the symptoms that accompany ramollissement of the cerebral hemispheres; but I have still a few words to add upon this part of our subject, after which I shall pass to ramollissement of other portions of the nervous centres. The observations which I have just made to you turn upon a certain number of forms into which ramollissement of the cerebral hemispheres may be distinguished, according to the different symptoms which attend and characterize each particular form. I have enumerated six species of ramollissement, founded on the absence or presence of coma, of paralysis, or of convulsive movements. The last form which I named was the *latent*, from the fact of its being announced by no functional lesion whatever, by none of those symptoms which in all the rest lead us to establish the existence of ramollissement of the brain. We also saw how ramollissement of the hemispheres may sometimes present itself under characters so well marked, so prominent and decisive, that we cannot possibly confound it with any other lesion. In some cases, however, we have seen the symptoms of such a nature as to bear a strong analogy to those resulting from cerebral congestion, or even hemorrhage of the brain, while it requires some caution and experience to distinguish a third series from inflammation of the cerebral membranes. We now return to the history of those functional phenomena which manifest themselves during the course of ramollissement of the cerebral hemispheres. A few observations in addition to what we have already said, will complete what we have to say upon the subject.

Order of Succession of the Symptoms of Ramollissement.

The symptoms of softening of the brain do not always present themselves to our notice in the same order of succession, or associated in the same group; hence arise, for the same anatomical lesion, various symptomatic forms that we should be acquainted with. Thus, for example, the disease does not always commence in the same manner or with identical phenomena: in some cases ramollissement of the hemispheres is preceded by a prodrome; this is generally a headache, more or less intense,

of which we spoke in a former part of this lecture. This cephalalgia frequently precedes all the other phenomena, all other lesions of motility or sensibility; it is then a premonitory symptom, or a prodrome, but it does not possess any character by which we can distinguish it from the headache that precedes apoplexy and various other disorders of the nervous centres. In a greater number of cases, the headache commences with the commencement of the disease itself, of which it then constitutes an integral symptom. In some cases we have no cephalalgia, but the ramollissement is preceded by the different accidents (already described in their place) which characterize cerebral congestion. Finally, we may observe some cases where no premonitory symptom exists; the patient is suddenly seized with paralysis, contraction, headache, delirium, or other lesions of sensibility, motility, or intelligence.

Whatever may be the form under which ramollissement of the cerebral hemispheres presents itself, either with a *prodrome*, or suddenly and under an apoplectic form, its duration varies under various circumstances. It is not an easy matter to determine in all cases the exact length of the disease, for we cannot always say at what precise time it has commenced. In some cases, however, the task is more easy, the sudden development of the disease and its rapid course remove all doubts as to its duration. In some of these latter cases, the disease ends fatally in a very short period of time; its march is most rapid, and the individual has ceased to live a few hours after the first symptoms of ramollissement have manifested themselves; other cases, again, terminate still more rapidly. The progress which the disease makes is as rapid as that observed in the most violent forms of cerebral apoplexy. After having lain for one or two hours in a state of paralysis, or complete coma, the patient, who before that period seemed to enjoy perfect health, dies. These examples of ramollissement, destroying in one or two hours, are, however, very rare indeed. In a majority of cases the disease continues for a longer period, and does not terminate fatally before a lapse of ten, twelve, or twenty-four hours, and still more frequently is protracted to so many number of days. In other cases, again, ramollissement assumes the character of a chronic malady; we count its duration, not by hours or days, but by weeks. Thus you will find cases on record where this lesion continues for thirty or forty days; three months; a year. In two cases it has been prolonged to three years. When the ramollissement does not terminate in a fixed period of time, but, as we have just mentioned, continues for many months together we may then conclude that another lesion has been superadded, or coexists with the softening of the cerebral substance, and w

may expect to find an accidental product developed in the brain.

The Termination of Ramollissement

of the cerebral hemispheres is almost constantly fatal. Indeed, it is not easy to find even a single case in which we can say with certainty that any other result took place; however, we must notice the opinion of some authors whose prognosis is more favourable. Thus M. LALLEMAND quotes a certain number of cures. In his treatise on diseases of the brain and its dependencies, you will find it laid down, that a certain number of cases of ramollissement terminate by induration of the cerebral substance; he thinks ramollissement may be converted into the opposite condition of hardening, and that a cure may finally take place in that manner. This is a fact which certainly requires confirmation. When we consider that the symptoms which characterize ramollissement of the brain are so various and uncertain, when we reflect that they may and have often assumed such a form, that it is impossible to distinguish them from meningitis or cerebral apoplexy, we cannot, in the actual state of the science, permit ourselves to conclude with M. LALLEMAND, that a circumscribed induration of one of the hemispheres demonstrates sometimes the existence of previous ramollissement.

A word on the manner in which death takes place in this disease. The fatal termination may simply be the result of functional derangement of the brain produced by ramollissement affecting any one part of its substance. In some cases it requires but a lesion of a small point to determine so great a disturbance of the nervous system as to compromise existence. In other cases the disease progresses until some complication supervenes; we then often find an effusion of blood in the centre of the softened pulp, or an infiltration of purulent matter. Meningitis may come on and hasten death. Finally, when ramollissement assumes a chronic march, inflammations of several organs, and especially of the lungs, or the digestive tube, are added to the original disorder, and close the scene, or the individual dies in a state of general prostration.

*. In addition to the one case which M. ANDRAL gave in a late lecture, in which paralysis existed on the same side of the body as the lesion in the brain, we take the liberty of directing attention to the following cases presenting instances of direct paralysis, they certainly afford every guarantee of authenticity.

In the *Revue Medicale*, 1826, t. 1, p. 137, the case is related of a soldier, 52 years of age, who had a scirrhus of the left hemisphere, with paralysis of the left side of the body.

In the *Revue Medicale*, 1824, t. 1, p. 50,

there is a case, detailed by M. BAYLE, of chronic inflammation of the membranes over the left hemisphere, producing paralysis of movement on the left side.

The same memoir contains an account of seven other observations, extracted by M. BAYLE from different authors, but they do not all present the desirable degree of accuracy.

There is a case of encephaloid tumour in the right hemisphere, in a child twelve years of age, who had epilepsy, and paralysis of the right side, communicated to the "Anatomical Society," and noticed in its bulletin, *Arch. Generales*, 1834, April, p. 602.

A case of pearly tumour situated over the left peduncle of the cerebellum, producing paralysis on the same side as the lesion, was read before the same "Anatomical Society," and noticed in the *Arch. Generales*, 1834, March, p. 449.

Finally, two cases were published by M. DECHAMBRÉ, interne at the *Salpêtrière*, of which an analysis will be found in the *Revue Medicale* for October, 1835, p. 80.

In the *Archives Generales* for June, 1834, p. 239, &c., M. DENOSVILLE mentions that a case of direct paralysis had been observed by M. JORRET.

ON THE EXISTENCE OF
NERVOUS INDUCTION
IN FUNCTIONAL PROCESSES.

By W. F. BOW, M.D., Alarick.

Whether or not nervous influence and electricity, or galvanism, be identical, it is not now my intention to inquire; but there is an important law of electricity, called the Law of Induction, and I am convinced that there is an analogous law of nervous influence, whose operation in the animal frame gives rise to many physiological and pathological phenomena hitherto unexplained. I propose to call this law the "law of nervous induction," and shall attempt to illustrate it by many, of what I conceive are, instances of its operation in health and disease.

"Active electricity existing in any substance, tends always to induce the opposite electrical state in bodies that are near it." In the same manner, if one nerve, or set of nerves, becomes excited, an opposite state is induced in the nerves of a neighbouring set. Take the act of blushing. A moral cause excites the sentient nerves of the cheek, and immediately the nerves which cause contractility in the neighbouring capillaries, assume an opposite state, and permit the distention of those vessels by red blood. Take the movements of the iris.

When the retina becomes excited by light, an opposite state is induced in the nerves, conveying contractile power to the erectile tissue of the iris, which, therefore, in proportion to the excitement of the retina, loses its contractile property, and so becomes distended with blood. Hence its expansion, and the proportionate closure of the pupil. The movements of the iris may be compared to those of a delicate electroscope; or, indeed, this little organ may not inaptly be regarded as a natural and very sensible electrometer, denoting, according to the degree of its expansion, the intensity of excitement of the optic nerve.

To state here what I believe to be the functions of some of the principal nerves, will save much repetition hereafter. The great sympathetic system is composed of two divisions, one of which governs contractility in *all* muscles; the other, by a chemical agency, effects most of the secretions. The nerves of the former division I shall name *contractile*, those of the latter, *chemical*. The *par vagum* are, strictly speaking, chemical nerves, but so connected are they with the spinal accessory, that they may be said to be composed of two divisions. The spinal accessory is a motor nerve; that is, it carries an influence which stimulates to muscular motion. The branches, therefore, or the supposed branches, of the *par vagum*, which carry the influence of this nerve, are motor nerves. The spinal nerves are sentient and motive. The motions effected by the spinal accessory are involuntary; those by the spinal nerves are voluntary; I have, therefore, thought it proper to distinguish the nerves by calling them *motor* and *motive*.

Were it not for the law of nervous induction, the act of filling the stomach with food would be attended, at all times, with a sensation of pain rather than of pleasure; for the muscular fibres of the oesophagus, whose office is merely to transmit the food, would have to do so with a force sufficient to overcome the contractile efforts of the muscles of the stomach, which efforts would be increased in proportion to the quantity introduced. Instead of this, no distending force is required, for there is no resistance offered; the muscular fibres of the stomach become relaxed, and the food falls, as it were, into an empty sac. When the gastric branches of the *par vagum*, viz., those which effect the secretion of the gastric fluid, become excited, some other nerves must assume an opposite condition; for it is, as has already been said, with nervous influence as it is with electricity; an "accumulation of electricity in any one part can be effected in no other way than by withdrawing electricity from another part; nor can electricity be abstracted from the one without being received by another." The excitement of the gastric chemical

nerves, in part, sustained at the expense of the contractile nerves of the stomach; the muscular fibres of the stomach, therefore, become relaxed, and continue so until digestion in the stomach is at an end, when the order of excitement is reversed. The food which stimulated the gastric chemical nerves to activity, by being converted into chyme loses that stimulating property; hence these chemical nerves pass from a positive to a negative state, and, consequently, the contractile nerves pass from a negative to a positive state: the muscular structure thus recovers its tone, and those contractions ensue, by which the chyme is propelled through the pylorus. I am not so minutely acquainted with anatomy as to say where originate the nerves which convey contractile power to the muscular fibres of the pylorus, but I am sure that those nerves cannot proceed from the same ganglions which give off the nerves that convey contractile power to the other muscular fibres of the stomach. If they had the same ganglionic origin, the muscles of the *pylorus* would become relaxed, when the other muscles of the stomach became relaxed, and the food would pass on undigested. Or, supposing the stomach to contain some substance, then, when the muscles of that organ contracted, the pyloric fibres would contract also, and thus force the contained mass through the cardiac orifice.

The contractile nerves of the arteries of the stomach during digestion, assume, also, a negative state, in consequence of the excited state of the nerves sending the gastric fluid; hence those arteries, losing their power of resistance diminished, become distended, and thus present a greater volume of blood to be acted on for the production of the gastric fluid. Digestion could not proceed, were the activity of the *par vagum* not, partly, supported by nervous influence derived from the muscular and arterial structures of the stomach; for the stomach could not then become relaxed to receive the food, nor could the arteries become relaxed so as to be enabled to furnish, in proper quantity, the materials to be acted on by the excited chemical nerves. During digestion, then, so far as the stomach is concerned, we have an example of the operation of the law of nervous induction. We observe results arising from a negative or an inactive state of contractile nerves, induced by a positive or an active state of certain chemical nerves.

In the spleen, during digestion, the reverse is the case; we have there an active state of certain contractile nerve; induced by an inactive state of certain chemical nerves. The spleen is a retaining organ, deriving the nerves which effect this function from the *par vagum*. When the gastric branches, then, of this nerve, become active, the splenic branches necessarily assume an

posite condition; they become inactive. This inactive state of the chemical nerves of the spleen, as necessary to produce an active state of its contractile nerves; and from his operation of the law of induction, arise the changes which are observed to take place in the size of the spleen. It becomes comparatively small during digestion; not, as erroneously conceived, by being compressed by the gorged stomach, but from its vessels gaining an increase of contractile power in consequence of the inactivity of its chemical nerves. The cause of the activity of the gastric branches of the par vagum being removed by the food being converted into chyme, the splenic branches of the par vagum again become active, and thus the condition of the vascular structure of the spleen is again changed, in obedience to the law of induction. That structure becomes relaxed and, therefore, easily distended by blood; hence the spleen again increases in size, as seen as digestion in the stomach is at an end.

It is with the spleen as with every secreting organ. When the chemical nerves of the spleen become active, the nerves which convey contractility to its vascular structure assume an opposite condition, whereby the vessels become relaxed, and they are thus enabled to present to the active nerves a greater volume of blood at the time that blood is required. All glands, during the exercise of their functions, appear swollen, because at such times their bloodvessels, from relaxation, gain an increase in diameter; they therefore, for the time, contain an increased quantity of blood, the onward motion of which is, also, more tardy.

The prevailing doctrine is, that the bloodvessels of a gland become more active when the organ is exercising its function. Thus Dr. Roget, in his "Bridge-water Treatise," says, "the same influence, for example, which increases the power of secretion in any particular gland, is found to increase at the same time the action of those bloodvessels which supply that gland with the materials for secretion." It is utterly impossible that arteries can become more active, and at the same time contain an increased quantity of blood. The truth of this must be plain to every one who will consider for a moment the nature of arterial action,—so plain, indeed, as to create a doubt as to the seriousness of the author of the above quotation, when he penned it.

The nerves furnishing contractility to the pylorus, the ductus choledochus communis, and the spleen, must have the same ganglionic origin; for whilst the splenic branches of the par vagum are inactive, as during digestion in the stomach, the duct becomes constricted, the pylorus is firmly closed, and the spleen is diminished in size. Again, when the splenic branches of the par vagum become active, digestion being end-

ed, the pylorus and the duct become relaxed, the one permitting the chyme to pass, the other permitting the bile to flow; and the spleen itself, from relaxation of its vascular structure, becomes enlarged.

We observe that when the process of digestion is at an end, the nerves which effect the production of the gastric juice, being no longer stimulated, become inactive, giving rise to renewed actions elsewhere. The splenic branches of the par vagum, recovering their power of action, recommence their labours, which contribute to the process of sanguification. As by gastric chemical agency the food is converted into a mass which is incapable of prolonging the excitement of the nerves which produced the conversion; so, by splenic chemical agency, the circulating mass is, by degrees, converted into perfect blood, incapable, at length, of prolonging the excitement of the nerves whose labours contributed to the perfection of the blood. The splenic branches of the par vagum, therefore, in their turn, decrease in activity, inducing thereby a proportionably active state in the nerves which furnish contractility to its vessels, and in the nerves which have a like ganglionic origin; consequently, the spleen, as the blood is perfected, begins to decrease in size; the ductus choledochus becomes again constricted, by which the bile accumulates until again required for admixture with new chyme; and the pylorus is forced into strong contractions, the perception of which gives the sensation of hunger.

It will be observed that I adopt the doctrine of Professors Tiedemann and Gmelin regarding the use of the fluid secreted by the spleen. These gentlemen say that it possesses the property of coagulation, and is mixed with the chyle in the thoracic duct. The blood, therefore, owes much of its coagulating property to this admixture. Bostock says that this hypothesis appears to him to be liable to one fatal objection, namely, that animals have been known to live for an indefinite length of time after the removal of the spleen, without any obvious injury to any of their functions, which could not have been the case if the spleen had been essentially necessary for so important an operation as that of chylification.

Although the spleen, as a secreting organ, is, and must be, necessary to the health of the animal, still the danger to life, on its removal, does not arise from the loss of its product, so much as from the loss of the organ in its capacity of a *directiculum* to nervous influence when digestion is over. This is the most important part of its function; the chief end, apparently, for which it is designed. Were it not for the spleen, the animal would be incommoded by a constant craving for food; and, digestion in the stomach being ended, the whole force of nervous influence which had been employed

in the process, would be thrown upon the system of contractile nerves, giving rise to strong arterial contraction, and, consequently, venous congestion. These are not the fancied effects of the removal of the spleen; their occurrence is confirmed by experiment. The voracity exhibited by animals deprived of the spleen, is so remarkable as to have been noted by almost all who have so experimented. In confirmation of what happens on digestion being ended, from the want of a diverticulum, I shall cite Mr. Dobson:—

"*Experiment 1.*—The spleen of a dog was removed. The animal apparently suffered little pain from the operation. On the following day I gave it a quantity of food; it ate voraciously: for three hours afterwards, no perceptible alteration was produced; but in four hours indications of uneasiness were shown, and the animal became restless, and at last sunk into a torpid state: it was often moaning; the pupils were dilated, the heart labouring, there was frequent micturition, the respiration was exceedingly laborious, and, in short, there was every mark of plethora, or over-fullness of the vascular system. In the course of two hours from this period, the animal began to recover; and in about three hours these symptoms had subsided; considerable languor remained. The animal took a large meal twice or thrice in twenty-four hours, and after each meal precisely similar effects were presented. The animal became more feeble daily. In a month after the operation it died."

All the above symptoms might have been predicted; they all arise from morbidly increased contractility. That of the arterial system, causing venous congestion, is too plain to be disputed; the frequent micturition is testimony sufficient of the state of the bladder. I might here explain the cause of the dog's recovery from the state described, but I think I can do so more clearly, certainly in fewer words, by-and-by.

If the remote cause of the symptoms detailed by Mr. Dobson be the removal of the diverticulum of which I speak, it must follow that if we can render a diverticulum unnecessary, no such symptom need appear. The only way to render a diverticulum unnecessary, is to keep up or prolong the activity of the nerves which secrete the gastric juice, and this, as will be seen by Mr. Dobson's next experiment, can be done by feeding at short intervals:—

"*Experiment 2.*—I next removed the spleen from another dog, but instead of giving full meals, as in the last experiment, I gave a small quantity of food every hour, or every two hours. The animal ate voraciously; no unpleasant symptoms resulted. This plan was pursued for three weeks, when the animal to all appearance was quite well; in fact it became fat; the

artery upon the splenic artery had come within an inch of the abdomen was healed. I then continued giving full meals, twice in twenty-four hours, the same train of symptoms followed each meal, and at the same period, as in the last experiment, though perhaps not so urgent. The animal died in a month from the commencement of this plan of feeding."

There are very many circumstances, independently of facts resting on experiment, which lead to the conclusion that the product of the secreting function of the spleen charges the blood with a great portion of its fibrin. This function of the spleen is foreign to my subject, I shall not, therefore, dilate upon it. I may remark, however, that in certain morbid states of the organ, there is a wonderful deficiency in the coagulating property of the blood, and that, owing to a want of knowledge of this fact, unlooked-for and unhappy results have followed surgical wounds. An interesting case of the kind is to be found in Mr. Wardrop's lectures, published in *THE LANCET* for 1833-34, vol. 1, p. 132; it is as follows:—"I attended a patient, where the introduction of a common seton-needle in the side was followed by a fatal hemorrhage. A gentleman, who had an enlarged spleen, was advised to have a seton introduced in his side, and this was done, in the usual manner, by Sir Astley Cooper. Alarmed by the quantity of blood oozing from the wound, I was sent for to see the patient in the evening of the same day. On withdrawing the cord, pressure, carefully applied, with graduated compresses, did not avail, and the hemorrhage being so profuse as to make it appear probable that some vessels of considerable size had been wounded, I thought it expedient to divide that portion of integument which existed between the two perforations of the seton-needle. Having done this, I found that the blood issued from numerous orifices, and I secured no less than nine vessels with ligatures. Blood continued, however, to ooze from numberless small orifices over the whole surface of the wound, which every mode of treatment usually employed failed in arresting, and the patient died in a few days." Had the fact, that the blood is deficient in coagulating property in some affections of the spleen, been adverted to, the introduction of the seton would not have been advised. In the narration of the above case, the "enlarged spleen" is but incidentally mentioned, the abnormal state of the blood being imputed to peculiarity of constitution. We know, however, that in some chronic affections of the spleen, there is a great tendency to hemorrhage from the stomach and intestines, the discharge not coagulating, but having the appearance of coffee grounds. I know a gentleman who, some years ago, fell from a ladder, and received a bruise on the left side; at present (and

for some time back) the countenance was pale, anxious and uneasy; the region of the spleen, and she has had occasionally, during the last year, sanguineous dejections. A few months ago I had occasion to order a couple of leeches to the nape of the neck of this patient. I advised that they should be applied in the morning, in order that the oozing from the bites might cease before bed-time, for I anticipated, from the disorder of the spleen, that it might be troublesome. They were applied at noon, and the blood continued to ooze until two o'clock next morning, before which time she dared not go to bed.

As enough has been said of the normal operation of the Law of Nervous Induction, physiologically considered, I shall now attempt to give some instances of its abnormal operations, from which the symptoms of disease arise.

A blister being applied to a part of the surface of the body, the sentient nerves there become irritated and excited, and thus an opposite state is induced in the contractile nerves of the neighbouring capillaries. Hence, the power of resistance of these vessels being diminished, they permit of distention by red blood. The irritating cause (the blister) being continued, the relaxation of the vessels increases to such a degree, that lymph oozes from their mouths, which, being confined by the cuticle which it detaches, becomes a barrier to further irritation. In this simple morbid process lies the whole theory of inflammation, that little-understood, though often-handled, subject. The first link in the chain of the diseased action which constitutes inflammation, is a morbid excitement of the sentient nerves of the part; this induces an opposite state of the nerves furnishing contractility to the neighbouring vascular structure; and if the excitement be prolonged, or extended, the opposite condition is also extended to the larger arteries, until, at length, the whole arterial system is involved, and sympathetic fever is established. The most prominent feature of this fever is said to be *excitement* of the sanguiferous system. Excitement indeed! We see vessels furnished with coats for the purpose of confining and forwarding the contents of those vessels; we see them lose the power of resistance, and thus become distended; we see them labour to rid themselves of the distending fluid, by frequent, weak, and unavailing contractions, and yet we name their condition one of "excitement!" If, by "arterial excitement" be meant—"a condition resulting from the loss of power to act forcibly," then the phrase well applied; but there is another to express the condition, and that the curative indication is to reduce the force and frequency of arterial action by blood-letting. If blood-letting in the cure of inflamma-

tion had acted by reducing the force of arterial action, then, as a means of cure, it would never have descended to us; for not one patient could have recovered from the disease, or, more correctly speaking, from the remedy. To be really effective in the cure, venesection must be carried to the extent of impairing, more or less, the energy of the brain. This impairment is denoted by syncope, or a state approaching to it, during which the sentient nerves, which were morbidly active, become passive, and those which furnish contractility to the arteries which were proportionably passive, become active; hence these vessels, having their contractility restored, are enabled to relieve themselves of the distention under which they labour. Instead of reducing the force of arterial action, we increase it; the contractions then become more perfect, and, because more perfect, the contractions become less frequent.

Whatever tends to impair the energy of the brain, and thus, by nervous induction, to increase the contractile power of the arterial system, will be found a means of reducing inflammatory fever. We are told to bleed for the purpose of relaxing the vessels, when it is plain that it is relaxation that ails them. We would bleed in vain, did we not, by so doing, cause a restoration to them of contractile power, in the manner I have attempted to explain.

The remote causes of idiopathic fever, act by impairing the energy of the *brain* and *spinal marrow*, or, in other words, by producing a negative state of those centres, and, of course, of all the nerves proceeding from them. By the law of induction, it necessarily follows that some other nerves—nerves which have not their origin from the brain or the spinal marrow—do assume an opposite, or a positive state. We look now to the sympathetic system, and we find the contractile nerves all positively affected. The chemical nerves of this system are not affected positively. They are negatively affected, not, however, from the same cause which produced the like state of the cerebral and spinal nerves, but because the positive state of the contractile nerves induces a negative state of them. From this morbid distribution of nervous influence, arise all the symptoms which characterize the first stage of fever. From impaired energy of the brain and spinal marrow, we have listlessness, defection of spirits, diminished sensibility, and indisposition to muscular exertion. From increased contractility there is constriction of the arterial system, giving rise to the small and frequent pulse and venous congestion; to paleness of the face and surface of the body; to shrunken features and diminished general bulk. The voluntary muscles become so charged with nervous influence, or contractility, that they, in a manner, change their nature, and be-

come involuntary; hence arise rigors. From the negative state of the chemical nerves of the sympathetic, there is defective secretion throughout the body, undecarbonized blood, and loss of animal heat.

Our best pathologists have it, that the remote causes of fever act by impairing the energy of the *nervous system*. In this there is a fallacy which has proved a heavy drag on pathological research. This error I did not escape when I published on the Nature of Fever, and I therefore endeavoured, with unintentional sophistry, to account for all the symptoms of the first stage, by reference to impaired nervous power generally. Although I then had some notion of the law of induction, I did not see its application sufficiently clear. Blinded by specious authority and early impressions, I argued impaired nervous power from symptoms, nay, signs, of increased contractile power.

Reaction takes place, and the second stage of fever is formed. Let us not take refuge under that miserable philosophy which would have us regard reaction as a specific principle, according to which the first stage becomes the immediate cause of the second. It is evident, that during the negative, or inactive, state of the chemical nerves, the products of secretion throughout the system must become defective in quantity, or in quality, or in both. They must thus act as foreign matter, and become a cause of general irritation. Sooner or later the sentient nerves become alive to this cause of irritation. They become excited, and thus is the order of operation of the law of induction reversed. Contractility, which before superabounded, now becomes deficient; hence the arteries, from a state of constriction, lose their power of resistance, and become distended. This negative state of the contractile nerves now induces a morbidly active state of the chemical nerves; hence the great increase in animal temperature, the highly florid state of the blood, and the acid nature of the secretions.*

With regard to Mr. Dobson's experiments. I said that all the symptoms denoted morbidly-increased contractility, and, consequently, that there must have been a negative state of the chemical nerves. The vitiated products of secretion would then become the irritating cause by which the order of induction was reversed. The animals, however, must have laboured under febrile symptoms until again fed, which, doubtless, was the cause of the "considerable languor" which remained.

I must here conclude. I fear that I have already encroached too largely. If there be

any nervous induction, I have, notwithstanding, simply pointed it out. The subject might fill volumes. If there be not such a law, I have said too much.

Alnwick, Feb. 27, 1836.

HAHNEMANNISM.

To the Editor of THE LANCET.

SIR: Having lately seen some notices of Hahnemann's new doctrine in your valuable Journal, I forward to you the following observations for insertion.

Bold, but inconsiderable and despised, homeopathy originated at the beginning of the present century. Opposed, as its doctrines were, to all hitherto received ideas, it necessarily met with the opposition of the medical world. Hahnemann's proposition of axioms, the blind acceptance of which he required from his followers, could not but be disgusting to the better part of the profession. The proposed abolition of all that had before been held to be true, the mysticisms which obscured the whole system, and the wandering life of the author, were all calculated to keep back disciples. At first, therefore, only such medical men as did not think for themselves could be gained over to the new practice. Peculiar circumstances, however, favoured its extension. Among other causes, perhaps a chief one was, that many were disgusted with Brown's system, which at that time was at its height, and they thus embraced the opposite extreme. But, also, it was a time for *systems*, and, for many purposes, this one answered just as well as any other. I do not wish to say, that all who followed Hahnemann were insincere, or did so blindly, but I am forced to say that, for the greater part, little can be said in their favour.

Every scientific reader of Hahnemann's works, which chiefly treat of chronic diseases, for which he allows three causes only, must perceive, at the first glance, that all he says amounts to assertions merely, for hitherto the proof has been wanting, and the only conclusion to which we can come is, that Hahnemann has rejected all that was received before, without giving us in its place anything but a list of effects of medicines on the healthy. On these the homeopathic practitioner is to found his rules for treating any given case. Of a pathology, he has only given us some fragments. Of a therapy, nothing. The doctrine of diagnosis remains wholly unaltered. The remedies, bleeding and vomiting, are entirely condemned by homeopathy. Although we do not advance in argument the happy effects produced by both of these means ever since medicine became a science, yet

* I speak very gratuitously regarding the acidity of the secretions. I take the hint from M. Donne, *Médecine-Chirurg. Fémin.* Jan. 1826. The acid principle is evolved by positive electricity. Why not by its converse influence?

we must laugh at the ridiculous opinion of those men who discard the system of themselves often has rectified the disease. The Hahnemannians, then, not only oppose medicinal science, but they discard the natural curative process; and yet they all their treatment the most conformable with nature! To try the effects of medicines on the healthy, is a suggestion of Hahnemann's creation. Before his time remedies were observed with regard to the sick only. In some instances their effects, certainly, were known on the healthy, as well, but more from accident than in consequence of investigation. Hahnemann, observing that remedies taken by healthy individuals produced symptoms similar to those diseases against which they were used, founded upon that observation his doctrine of "*similia similibus*," making it a general rule to employ in each diseased state such remedies as would produce the symptoms of a similar malady in the healthy. *A priori*, the correctness of this position cannot be denied. Traces of it we find in the ancients. For instance, it was known that the too free use of quicksilver against lues, produced a disease similar to lues. It was but natural that Hahnemann's system should be very imperfect in the beginning, it being one founded on observation, and consequently requiring much time to perfect it. Whether, however, the conclusions thence drawn be true, or whether the axiom be only true as regards certain remedies, must yet be proved, and only time and many experiments can decide this question either way.

Hahnemann, wishing to observe the effects of different remedies, was obliged to give them pure, *i. e.*, without admixture. And herein consists one of his chief merits with regard to the amelioration of medical science. Before his time remedies were given in such marvellous, and often such absurd compositions, that the effect of each ingredient seldom if ever could be ascertained. This appears the more surprising, as some of the most distinguished practitioners always preferred the simpler forms of prescription. But it seems that the generality of medical men rather copied recipes which were recommended by some authority or other, than thought for themselves. I do not, however, wish to be understood as condemning all compositions, for the value of some has been tested by long experience; but if we consider what ridiculous reasons became the grounds for the adoption of different remedies,—often only the taste, the smell, the colour, or even the form of the drug, we cannot too highly prize the labours of the man who attempted to ascertain the exact operation of each and every remedy to be used. It is certainly a good, to examine the effects of medicines on the healthy; for every attempt to know them is praiseworthy. And homœopathy in this has

certainly done a great deal more than any other system ever did before. To find new specifics is also a merit of Hahnemann and his followers.

We now come to that part of the homœopathic system which may be considered the most absurd, namely,—that the smaller the dose the more intense should be the effect. This assertion is also quite novel, and until Hahnemann has established it on better proofs than have hitherto been afforded, every thinking practitioner must see its feebleness; and, to say the least, it must be confessed that Hahnemann has gone too far in his proposition. There can be, however, no doubt that before Hahnemann, many practitioners have given medicines in unnecessarily large doses, and, in many cases, if they did not observe the desired effect, they continued increasing the doses, not ascribing the failure to their injudicious choice, but to the smallness of the quantity, and so went on, not only failing to cure the evil, but often increasing it, and adding new ones; and though Hahnemann fell from one extreme into the other, we must allow him the merit of being the first to draw attention to the abuse, and of having done all in his power to diminish it. That anything is effected in homœopathic practice with very small doses, may arise from the fact that very powerful remedies, and chiefly in the form of tincture, are used by the disciples, and also that the system of the patient has become very sensible to medicine, in consequence of the exceedingly strict diet enforced.

Of this latter we must say a few words. Much mischief, without doubt, has herein been done by omission. Many medical men have hardly the courage to insist upon a strict diet. Many think it of no importance. The idea of dieting is almost as old as medicine itself, but to abstain from certain spices and certain dishes belongs to Hahnemann, and is new, inasmuch as it regards only the quality and not the quantity. What Hahnemann says with respect to the preservation of health, is hardly worthy of notice, and has as yet only been used to advance some quackery or other. I speak of his hygiene, which recommends the adoption of a certain diet in order to prevent disease.

To show that homœopathy is not without much good, nor its founder without merit, was the object of these remarks, which are chiefly drawn from authorities better informed upon the subject than myself, and I could have wished to see a statement of facts in abler hands than my own. As it is, I hope to be excused. I was merely desirous to show in its true light, a theory which owes its origin to my own country, and which I therefore must be sorry to see condemned without allowing to

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which lately came into my possession). It is those reflecting merits which I possess, they certainly possess. I remain, Sir, your very obedient servant,

CHARLES SCHMIDT, M.D.

8, Dover-street, Piccadilly.

March 1, 1836.

DOUBLE VISION.

To the Editor of THE LANCET.

SIR: On reading the account of the case of double vision in your Number of the 27th ult., I have thought it might interest some of your readers, to detail what occurred to myself of a similar nature.

In August 1831, during intensely hot weather, I was travelling alone in the Malle Poste from Bordeaux to Paris (a journey which is not performed in less than sixty hours, including the long stoppages on the road), when, on the second day, I was rather surprised at perceiving the distant rows of trees in double lines, one above the other, which at first I thought was attributable to the badness of the glass of the windows, which were closed, but upon opening them I found to my surprise, that the cause existed in my own vision, and upon trying the effect of opening and closing each eye, I found clearly that both eyes were similarly affected, but the left much more so than the right. It, however, only seemed to attach to distant objects, for persons or cattle near the carriage I saw perfectly distinct as usual. This state continued until I reached Paris, when, thinking it might be occasioned by want of sleep (not being able to repose in a vehicle), I concluded that a day or two's rest would carry it off; but after that period, finding myself unable to look at any thing steadily, and that the left eye had in its white part a yellowish spot as big as a pea, whilst my bowels were much confined, and my head at the crown felt uneasy, and with a kind of strained feeling, I sent for a medical gentleman, whose name I forget, but who immediately wished me to be cupped. To this, having an unconquerable aversion to lose blood, I objected, but permitted him to phlebotomise me *ad libitum*, which he did, and by so doing, unloaded the bowels, and a little relieved the sight; but on my arrival in London a few days afterwards, I found all the symptoms return, and my sight so much affected, that I could not recognise a friend at a few yards distance. Fearing, however, that this evidenced a tendency to apoplexy, I now consented to be cupped, which gave me but temporary relief, and it was not until two months had elapsed, that the affection wore off, which it did gradually, and I have never had a return of it. My eyes are a bluish grey in colour, and my sight has always been remarkably good.

I am inclined to attribute the phenomenon to a profuse loss of blood, occasioned by the excessive heat of the month of France, and to my taking very much exercise, whereas I have always at home been accustomed to much exercise, both equestrian and pedestrian, and nothing deranges me more than confinement in a carriage for any length of time. My living is always temperate. I am, Sir, your obedient servant,

A CONSTANT BUT NON-MEDICAL READER.

Stoke Newington, March 3, 1836.

SYPHILIS.

To the Editor of THE LANCET.

SIR: My attention having been directed to some observations on syphilis, by Mr. Eagle, in THE LANCET, No. 651, I take the liberty of proposing the following questions to him, and to those who advocate the same opinions.

Mr. Eagle assumes, "that many effects imputed to venereal poison are produced by mercury." How is it, then, that of the tens of thousands who are daily taking mercury for other diseases, numbers are not similarly affected?

If the venereal poison be not absorbed, how can the system be contaminated?

What evidence has Mr. Eagle to prove that chancre will produce gonorrhœa, and gonorrhœa chancre? I am aware that the common answer is, that "Two individuals may have connection with the same woman, and the one have chancre and the other clap." But gonorrhœal and chancreous matter may be left in the vagina from previous intercourse. Indeed, I have known a healthy female communicate the disease, which could only have arisen from this cause.

With regard to mercurial rheumatism, I am not yet a convert to the doctrine of Hahnemann, viz., that a disease is produced and cured by the same medicine. Lastly, I have met with nothing to shake my faith in the mercurial treatment of syphilis, and, I may add, that the opinions of Messrs. Guthrie and Rose are in opposition to those of the majority of British practitioners. I am, Sir, yours respectfully,

INVESTIGATOR.

March 7, 1836.

PROPOSAL OF LIGATURES TO BLEEDING VESSELS.

To the Editor:—I beg to draw the interest which you have for matters relating to our profession, I beg to draw your attention to you the following paper (occurring in a very curious and ancient work

completely takes away, I think, the honour which Ambrose Paré the honour which he has won from him by all surgical lessons, and of having been the first who applied ligatures to bleeding vessels. The work is entitled "Gabelhoever's Boocke of Physicke," and was first translated into English in the year 1559, being twenty years before Ambrose Paré's account was published. The following is the extract, taken from page 303, being the commencement of the fourth part:

"If then ther be anye vayne disceded or heved a sunder, you must then knowe that both the endes of the vayne vvhich is disceded doe dravve themselves vpvwardes in the flesh, vvhercof you must indeavour, with little *instrumtes* fit for such a purpose, to take houlde of that ende of the vayne vvhich is shrunk up into the greater parte of the bodie, drawe it forth, and vvith a crooked needle, to stick it, and soe to blinde it," &c.

I trust you will not think this communication of too little importance for insertion in your valuable periodical, as the explosion of any error, even in the history of our profession, cannot be void of interest. I remain, Sir, your obedient servant,

JOHN MOORE NELIGAN.

5, South College-street, Edinburgh;
March 5, 1836.

CHEMICAL AND PHYSIOLOGICAL RESEARCHES

UPON THE

BLOOD OF THE VENA PORTÆ.

PROFESSOR SCHULTZ has communicated, in Rust's *Magazin für die Gesamte Heilkunde*, the results of some interesting chemical researches upon the blood of the vena portæ. In the first part of his memoir he publishes the results of his experiments upon the portal blood of horses, of which the following is a succinct account. He states that

1. The blood of the vena portæ is in general more dark than venal blood, though this difference is not always very distinguishable. It is not reddened by solutions of neutral salts, nor by the contact of atmospheric air, nor by the action of oxygen gas.

2. The portal blood does not coagulate, or do so at any time, it forms cakes, of which the texture is less firm than that of the blood of the vena cava. When the portal blood is exposed to the air, it liquifies, either wholly or partially, in about twenty-four hours, and does, in a similar manner to the portal blood, which does not coagulate, a

great sediment, over which we find a volume of clear serum.

3. Generally speaking, portal blood contains 5.23 per cent in a fresh state, and 0.74 per cent in a dry state, more of fibrin than other venal blood, or arterial blood.

4. Liquid portal blood in general contains less solid particles than other venal blood or arterial blood, i.e. 0.18 to 0.3 per cent.

5. The serum of portal blood generally contains 1.58 less of solid particles, than that of arterial blood, and 0.80 less than that of other venal blood. The first, in a dry state, has an ash-gray colour, the second is yellow, and the third a yellow-green.

6. Portal blood contains proportionally more crassamentum and less albumen. The contrary obtains in arterial blood. The dry crassamentum of the vena portæ is gray and brown in colour. That of other veins is deep-red, and that of the arteries is bright-red.

7. Portal blood contains nearly double the quantity of oily matter that is contained in arterial blood, or blood of other veins, viz.,

In portal blood	1.66.
In arterial blood	0.92.
In blood of other veins	0.83.

8. Dried serum of the vena portæ contains only 0.27 per cent more of oily matter than the dried serum of the arteries and other veins.

9. We find in albuminous crassamentum more albumen by 1.11 per cent than in arterial blood, and 1.21 per cent more than that of the other veins.

10. It is with respect to the quantity of fibrin that the greatest difference is found. Dried fibrin of the vena portæ 10.70 per cent of oily matter; that of the arteries 2.34 per cent, and thus upon the whole the difference is 8.36 per cent.

11. The oily matter of portal blood is brown, black, and unctuous; that of the arterial and of other venal blood is white, or yellow-white, and crystalline; that of chyle is white, two-thirds liquid, and one-third crystalline.

On perusing the paper which contains these statements, the absolute necessity for the adoption of some standard with respect to the fibrin is rendered very obvious. We are aware that after fibrin is dried in the usual manner, the process may be continued until it has become one half less in weight, although the external character shall not be changed. Were the fibrin pressed and dried with a towel, its comparative weight in different diseases would be accurately ascertained, and all we should have to do would be to establish a standard as to the quantity of the fibrin when collected from the blood in the usual manner, and the press and weight of lead employed should also be de-

terminated. When we wish to take a standard for normal blood with which we ought to compare diseased blood, we ought to work quantitatively, by giving, in separate items, the water, the crassamentum, the fibrin, the albumen, and the salts. Such are the rapid changes which diseased blood, particularly, undergoes, that we are compelled to use this plan, for if we enter into such minutiae as LECANU gives us in normal blood, not one chemist in a hundred would ever attempt such a task, nor would the rapidly decomposing blood of a diversity of diseases permit even LECANU himself to investigate any simple disease in such a uselessly minute manner. When we are about to ascertain the gases contained in blood, or any other organic fluid, we should take ten ounces at least, in the manner recommended by Dr. CLANNY in this journal, and submit them to the action of the air-pump. His method of analysis of blood in our pages is also worthy of attention.

EXAMINATION OF FIESCHI'S HEAD.

On the 21st of February, Dr. LELUT, physician to the *Bicêtre*, proceeded to examine the head of FIESCHI, who had been executed on the Place St. Jacques, at eight o'clock on the morning of the 18th. There were assembled a considerable number of the notables in phrenology, advocates and adversaries of the system, and a few literary men and painters, but not a single surgeon.

The cranium presented exteriorly the marks of two wounds, one of which was situated over the postero-superior angle of the left parietal bone, and occupied a considerable surface; the other, much smaller, was seated a little above the extremity of the left eyebrow. Near the angle of the mouth, on the left side, was an oblique cicatrix, nearly half an inch in length, so completely formed, that it might have passed for the mark of an old wound. The external wound of the integuments, above the ear, was not yet closed.

The soft parts were now carefully removed by a crucial incision, and the bone exposed. At the point corresponding with the wound in the left parietal bone, was observed an oval projection of the osseous wall, as large as a crown piece; this prominent portion of the bone was perfectly circumscribed, and bore some resemblance to a watch-glass fixed in its circle. Its surface was throughout uniformly convex, except at a small

point anteriorly. On cutting through the bone, its internal surface, a concave space of the same form and dimensions corresponded with the external projection, and it now became evident that the latter was nothing else than a portion of the skull, which had suddenly and in totality been removed, as it were, by the action of a punch, and being at once replaced by the surgeon, had subsequently united to the rest of the cranium. A very thin false membrane lined the internal surface of the fractured bone, and separated it from the dura mater; however, the membranes of the brain near the wound were perfectly healthy, and presented trace neither of external lesion, nor of inflammation. It was evident the brain had not been injured, a circumstance which explains how the assassin was able to descend from his chamber-window by a cord into a neighbouring court; yet the shock must have been dreadful. The wound on the forehead seemed only to have entered the external wall of the frontal sinuses. FIESCHI, during his trial, spoke of seventeen or twenty fragments of bone which had been removed from his head; this was an exaggeration, if not false, for nowhere could any loss of substance be perceived.

The nature of the wound, and particularly its mode of union, offer several particularities of the highest surgical interest. No doubt M. LELUT will shortly publish a detailed account of the autopsy; in the mean time we have taken the above remarks from the last number of the *Gazette Medicale*, which, as usual, endeavours to show that FIESCHI's head is a complete refutation of phrenology. According to the *Gazette*, FIESCHI's head is completely insignificant in a phrenological point of view. Its absolute volume is very ordinary, while the relative proportions offer nothing worthy of fixing the attention; the forehead is ignoble, the lateral diameters are very short. There is only one single organ evidently developed—viz. *philoprogenitiveness*; that of *habitativity* also is active. The organs of *vanity* and *pride* do not present any projection of note, although those two passions were certainly the key-stone of his whole moral machine. The truth must be told on all these occasions, with candour.

HOPITAL DES ENFANS

PARIS.

**"RESEARCHES INTO THE DISEASES
OF CHILDREN,**

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND
PATHOLOGY.**CHOREA.**

CHOREA, or "St. Vitus's dance," as it is popularly called, is a disease which very seldom terminates in a fatal manner, and it is only occasionally—at very distant intervals—that children labouring under this affection are cut off by some supervening malady. We have had occasion to observe only two necropsies of children who have died while affected with chorea, and the results of an examination were completely negative. The symptoms of chorea are well known to all practitioners who have had the slightest experience in the diseases of children; we shall not therefore recur to them here, or to its treatment. The remedies which have been at different times employed in chorea, are very different. Since the time of Drs. HAMILTON and PARR, purgatives have, we believe, been the favourite remedies with English practitioners, who, amongst the multifarious accidents which they attribute to disorders of the digestive organs, foul bowels, constipation, &c., rank also chorea sancti viti. It is the opinion of UNDERWOOD that it should be so ranked, and of his last "editor," who seems inclined to superadd want of tone in the system. We do not mean to assert that certain cases of chorea may not depend on irritation of the intestinal canal, for such we suppose to be the translation of "foul bowels" into medical language; but we are strongly inclined to regard the opinion as erroneous, which would attribute chorea in a general manner to derangement of the digestive system. On the contrary, we are disposed to consider it as essentially a disease of the nervous centres, occasionally depending on irritation, but in a vast majority of cases produced by causes whose influence we are not yet sufficiently advanced to be able to appreciate. If purgatives are employed, it is true, with some success in the treatment of chorea; hence certain writers, and a great number of practitioners, draw the

No. 654.

logical conclusion that chorea depends upon "worms, foulness of the bowels," &c., and that we must torment our patient with a course of mercurial or aloetic purging. If a large number of cases of chorea be cured by the purgative method, it is because chorea, like certain other nervous affections, yields, generally speaking, to any strong impression made upon the system, and not because the disease depends immediately on disorder of the digestive function, removed by aloes or calomel. We are induced to make this assertion, which will probably appear heterodox to many disciples of the purgative school, by the fact that we have seen a vast number of cases of chorea (of all descriptions, and taken indiscriminately) treated by the simple means of cold effusion, and with the most happy results. For the last few years baths have been the favourite remedy at the *Hopital des Enfants Malades*. They are administered under various forms; cold-baths at the ordinary temperature, immersion-baths at 15°, and sulphureous baths. MM. JADELOR and GUERSENT, who have the care of the scrofulous patients during the winter months, and do not take charge of the acute wards before the arrival of summer, are in the habit, the former, of employing cold baths, the latter, immersion-baths.* Whenever any apprehension is entertained of the existence of bronchitis, either in the acute or chronic form, M. GUERSENT replaces the immersion-baths by sulphureous baths, a remedy proposed about four years ago by M. BAUDELOQUE, who has since continued constantly to employ them. The sulphur-bath is composed by adding about 4 oz. of the sulphuret of potass to a common bath, in which the patient is placed for an hour. Fifteen to twenty baths are in most cases sufficient to remove the disease. Thus, from the month of September 1832 to the month of January 1833, fourteen girls were treated exclusively with the sulphur-baths, one every day excepting on Thursdays and Sundays. Of these fourteen, thirteen were perfectly cured, and the mean duration of the patients' sojourn in the hospital was only twenty-four days. We doubt if any other method can furnish such favourable results. Should the disease resist the administration

* We call an "immersion bath," one into which the child is plunged four or five times successively, instead of being placed in the bath for a certain time.

of ten or twelve baths, M. BAUSSELOUX is accustomed to add the subcarbonate of iron interiorly. During the course of the malady he prescribes a substantial diet and a double ration of wine. The ordinary drink of the patient is an infusion of linden leaf and orange flowers. MM. GUERSENT and JADELOT sometimes administer the oxide of zinc, valerian and megin pills (composed of *Or. Zinci et Valer.*) The acetate of morphia has latterly been tried in four cases, but without any advantageous results. Purgatives are given in all cases where constipation exists, or whenever the presence of intestinal worms is suspected; and if there be any symptoms of plethora, some blood is abstracted from the system. The following cases, to which we might add several others, will serve to illustrate the action of medicated baths.

CASE 1.—Intense Chorea, with Imperfect Paralysis of the Limbs; Matism; Sulphur-Baths; Rapid Cure.

A young girl, ten years of age, recently arrived from Auvergne, of tender constitution, mild character, and excessively timid, was suddenly frightened on the evening of the 10th of January, by a boy who had concealed himself in a hall for the purpose of terrifying her. The girl let fall the utensil she carried in her hand, and at the same moment was seized with irregular movements, and a complete paralysis of the left arm. From the 12th to the 15th, the movements became more irregular and intense; the left leg became feeble, and the patient dragged it after her in walking, like a paralytic person. Her gait is vacillating; she is forced to catch hold of the furniture to prevent herself from falling. During the first two or three days the parents, who had no suspicion of the existence of disease, were constantly reproaching the patient for her awkwardness; a circumstance that considerably aggravated the accidents. On the 17th of January the irregular movements had affected the four limbs, the muscles of the face, the tongue, and the larynx; progression was now impossible, the patient could not articulate distinct sounds. She was brought to the *Hopital des Enfants Malades* on the 19th; her state now seemed very alarming. The child was a prey to the most extreme agitation. It is with difficulty that she could be confined in two beds placed one beside the other, and placed in an angle of the ward. She is unable to speak, or keep the head for an instant in its natural position; it falls to the right or left side, as if the muscles of the neck were paralyzed. She is unable to sit up in bed, or maintain that position when placed in it. The re-

spirations are excessively embarrassed, and the agitation is so violent. The agitation of the patient prevents us from counting the pulse. In the morning, immediately after her arrival, the patient was placed in a sulphur-bath, and kept there for an hour and a half. On coming out she was a little calmer; in the evening a second bath; the day following she took two other baths, with the sulphuret of potass.

On the 23rd, four days after the patient's admission, an evident improvement had taken place. She can answer a few questions, and put out the tongue, with considerable efforts; she took a few spoonfuls of bouillon; the movements of the limbs are less irregular, but still the patient is unable to seize a single object with the hands. A sulphur-bath is administered every day; the drink, *infus. linden et flor. orang.* On the 1st of February the child is able to get out of bed alone, and walk about. On the 5th no trace of the disease remains, except some slight irregular movement of the tongue and a little weakness in the limbs. The expression of the face is natural; progression regular; pulse constantly calm. From the 3rd to the 15th, the general force is much improved; the movements of the tongue become natural; a sulphur-bath is administered six times a week. The diet is nourishing, and on the 15th of February the patient left the hospital perfectly cured.

CASE 2.—Child Thirteen Years of Age. Slight Chorea, attacking simultaneously both Sides of the Body. Four Relapses: Sulphur-Baths Cure after Nine Weeks' Illness and Three Weeks' Treatment.

Sophia Mollet, thirteen years of age, of delicate constitution, small stature, not having yet menstruated, was received into the hospital about the end of September, labouring under chorea for the fourth time. The first attack came on at the age of four years and continued for a month; the second at the age of seven; duration unknown; the third attack at the age of ten, continued for three weeks, and was cured by cold bath. The invasion on these three occasions took place without any known cause; the disease was constantly developed in a slow and progressive manner. The fourth attack, and which the patient actually labours, commenced about six weeks back; it commenced on the right side of the body, and did not extend to the left side before a lapse of three weeks; about the thirty-fifth day the patient began to stammer; headache in front from the commencement; the child's temper was also much changed for the worse; she cries without any cause, and intelligence is diminished. According to the parent's account, the child's face is the seat of constant grimace; progression is irregular, and the patient fell down twice in the way to the hospital. The fingers are

constant movement; the muscular force somewhat reduced; the digestive and circulating systems do not present any mark of derangement. On the day after admission, the patient submitted to a course of tepid sulphur-baths, each bath for half an hour; she was placed on half diet. Up to the 1st of October there was an appearance of amendment; the baths were now prolonged for an hour, full diet was allowed, and the quantity of wine doubled. Under the influence of this treatment, the nervous symptoms completely disappeared, and the girl left the hospital on the 15th of October completely cured.

We omitted to mention that the father of this child had been affected with violent chorea near the age of puberty; her mother was never subject to any nervous disorder, and presents all the appearance of perfect health.

PLEURO-PNEUMONIA ON THE RIGHT SIDE, COMPLICATED WITH PERICARDITIS.

Edouard Loisean, six years of age, of good constitution, had been convalescent of some cutaneous eruption with which he was affected, for several months, when he commenced to cough; to complain of pains on the loins; to exhibit symptoms of fever and dyspnoea; these symptoms persisted, and augmented during eight days, when the patient was transported to the hospital with the following symptoms:—Face slightly yellow, expressing much anxiety; dilatation of the nostrils at each inspiration; cough dry and frequent; no expectoration; respiration deep, costal, seventy-two in the minute; percussion gives a dull sound along the whole of the right side posteriorly and laterally; souffle tubaire, and bronchophony in the two superior thirds; on the left side the sound is clear, and on auscultating we hear nothing but some mucous and sub-crepitant rûle; the skin is warm; the pulse small and feeble, 110; tongue broad and moist; abdomen painful to pressure; two to three liquid stools every twenty-four hours; during the night insomnia, disturbed cries, partial delirium. In the morning we find the intelligence clear, the senses of hearing and seeing intact; when asked where he suffers, the little patient says every where; when we ask him to point out where he suffers most, he places his hand on the back; the physician diagnoses pleuro-pneumonia, in the second degree. *Infusion of Mallows two pots; Gum-draught, with White Oxide of Antimony, and two blisters to the legs.*

During the day the anxiety continued as before; some dyspnoea; some alteration of the countenance; the patient seems very sensible to the application of the blisters.

January 4. The face is pale; the lips are blue; decubitus since the commencement of the disease; dorsal respiration more accele-

rated; we count up to 80 inspirations in a minute. The pulse is too feeble and quick to be counted. The feeble state in which the little patient lies does not permit us to examine his chest; death supervened during the night.

Autopsy.—On examining the body, we find the three lobes of the right lung united together by false membranes, which are soft and easily torn. The surface of the inferior lobe is entirely covered by an albuminous exudation of a slightly yellow colour, in some points at least two lines thick, and uniting it to the pleura lining the diaphragm. The cavity of the pleura does not contain any liquid. The pulmonary tissue of the three lobes is completely impermeable to the air, is dense, and sinks rapidly in water; when pressed between the fingers it does not discharge any fluid. On the left side we do not observe anything more than a slight congestion of both lungs posteriorly; the anterior part is healthy, it presents a little interlobular emphysema. The bronchi are gorged with puriform mucosities, and the lining membrane is of a rosy colour; the bronchial glands are healthy; we do not observe in them any tubercular deposit.

On dividing the pericardium we find the heart enveloped with a pseudo-membranous exudation, reticulated, and of a yellowish-white colour; this is prolonged as far as the origin of the great vessels. The internal lining of the pericardium is covered with a similar exudation, though not reticulated, as in the heart. The tissue of the heart is soft and discoloured. In the interior we find some dark imperfectly coagulated clots; the large vessels are free from disease. Neither the brain nor the organs contained in the abdominal cavity present anything worthy of notice.

This child was brought to the hospital in an advanced stage of the disease, and the symptoms which he presented did not leave any doubt of the existence of pulmonary disease. Auscultation and percussion of the thorax clearly indicated its seat, its nature, and its degree, and even determined its precise extent. The inflammation of the pulmonary parenchyma having appeared to account satisfactorily for the dyspnoea and other accidents, our examination was not carried further than was necessary to determine the lesion of the lung. The precordial region was not submitted to percussion or auscultation, and hence the existence of inflammation of the pericardium was completely overlooked, and not suspected before the examination of the body after death. We are not to conclude from this that pericarditis is a latent malady in children, for in several cases, where the disease existed

free from complication, it has presented the same characteristic signs as in the adult, and was recognised during life.

LARYNGITIS, BRONCHITIS, LOBULAR PNEUMONIA.

Joseph Daniam, seven years of age, of good constitution, had suffered under a very irregular rubella for five days, when he was brought to the hospital on the 16th of October, 1835. Being examined at the visit of the following day, he presented the following symptoms:—Face purple-coloured; respiration extremely embarrassed, 54 in the minute; decubitus, variable sometimes on the right side, sometimes on the left; cough moist, but no expectoration; voice nearly gone; râle crepitant on both sides of the chest; sonority normal; no bronchial respiration, or local pain; tongue covered with a whitish fur; lips dry and cracked; great thirst; belly free from pain; no stool; the intelligence is not disturbed; the child answers clearly when addressed; there is still some trace of the eruption on the limbs; the pulse is small and accelerated, 130. The diagnosis given is, "laryngitis, bronchitis, with congestion of both lungs." *Ipecacuanha* gr. xii; *Antin. Tartar.* gr. i. One blister to each leg; *Infusion of Malloes for drink.*

18. During the day of the 17th the child vomited twice, and passed five stools containing two lumbrici. The evacuations gave rise to but little benefit. Asphyxia is now imminent; the colour of the face is extremely blue; the pulse 150, respiration 56. The cough and alteration of the voice the same as before; no expectoration. The stethoscope furnishes the signs already noticed. When we place the ear on the little patient's chest we distinguish a very well-marked râle crepitant. *Cum Infusion, with Tartar Antin.* gr. vi, and *Syrup Papaver.* ʒi. No vomiting produced; during the day two or three involuntary stools. Died in the night.

Autopsy.—On opening the body twenty-eight hours after death, we observe a violet tint of the integuments covering the posterior surface of the body, and of all the upper part of the thighs. No cadaveric rigidity; the arachnoid is moist and in a normal state; the subarachnoid cellular tissue is infiltrated with a small quantity of serum; the glands of Pacchioni are very numerous, and the veins on the surface of the brain gorged with blood, the cortical substance of the hemispheres is much injected, and when the white substance is divided it presents numerous bleeding points. The consistency of the cerebral pulp is normal. The whole of the mucous membrane lining the air-tubes is red and thickened, from the epiglottis to the minute bronchial ramifications; the latter are filled with a viscid and bloody mucosity. We do not observe any trace of

of any false membrane in the pleura. The lungs are soft and crepitant; their tissue rosy; their surface is marked here and there by some purplish spots, which are much disseminated posteriorly, while in front they are more close. On pressing the pulmonary substance between the fingers, we feel some small nodules, varying in volume from the size of a pea to that of a nut. On dividing the substance of the lung itself, we find the greater part of its tissue healthy, and that the nodules alluded to are so many points of hepatized tissue: they exist in both lungs; there is no very remarkable congestion; no tubercles; the heart and its membranes are in a normal state; abdominal organs healthy.

The pneumonia in this case, instead of attacking one or more lobes of the lung, as in the preceding observation, was disseminated, and constituted what in France is called "lobular pneumonia." The affection presents certain negative characters, which the physician should always bear in mind. Thus, although the pulse and the respiration were excessively rapid (150 and 56), the chest gave a perfectly clear sound on percussion, and we did not observe anything approaching to the *souffle bronchique*. The presence or absence of bronchophony could not be determined, as the patient was unable to speak.

Lobular pneumonia is a frequent disease in children below six years of age. We are not aware that it has been described by any of our English writers on the diseases of children, and it is only within the last few years that its anatomical characters and symptoms have been determined by careful observation at the *Hopital des Enfants Malades*. We shall recur to this affection again, and when we shall have published a certain number of cases, we propose to give a general description of lobular pneumonia.

P. H. GREEN.

ATTENDANCE ON THE SICK POOR.

To the Editor of THE LANCET.

SIR: I have paid much attention to the various plans suggested for giving efficient attendance upon the poor, under the new Poor-law system, but find none of these plans sufficiently simple, or unattended by some great objection.

One great objection to the division of the Unions into districts, which may be taken by a particular surgeon, is, that the surgeon is frequently deprived of a parish, or pa-

ishes, which he has been in the habit of attending; and which, in consequence of his proximity to his residence, have, in some degree, remunerated him for his trouble; and he is obliged, if he take a district at all, to attend parishes at such a distance from his abode, as renders his contract altogether unprofitable, and very injurious to the poor themselves, who have so far to send both for advice and medicine. Local dispensaries I consider altogether useless.

From my experience of the simple working of the self-supporting institution in this town, I am satisfied that the nearer any plan can be brought to the one adopted in that institution, the better it will pay the practitioner, and the more satisfaction it will give to the poor.

Let the Unions be composed of parishes, as conveniently situated as possible for the medical practitioners. Let the number of paupers in every Union, who have, on an average of years, required medical attendance at the parish expense, be ascertained; and, according to their number, let a sum be fixed which may be considered a fair remuneration for the yearly medical attendance upon all the paupers of such Union.

Instead of giving a certain number of parishes to any particular surgeon, let every pauper, when taken ill, apply to the overseer, or the relieving officer, whose duty will merely consist in giving a certificate to such applicant, "that he is a pauper of such a parish." The pauper will then be at liberty to take, or send, this certificate to any surgeon whom he may prefer (who may have agreed to attend the poor of his Union), and he will, generally, to spare himself trouble, apply to the nearest resident.

Let every surgeon preserve these certificates, and at the end of the year (or half-year) let him be paid his proportion of the sum fixed for the whole Union, according to the number of certificates so held, without any reference to the nature of the cases he may have had under his care. This plan, taking trifling cases and severe ones together, will be found a very fair one, and the overseer, or relieving officer, will no longer be called upon to judge whether any applicant may be a fit subject or not for the doctor.

The sum fixed upon for the Union must, in some degree, be regulated by the distance from the medical practitioners, as well as the denseness of the population. In a town of considerable size, the poor can be taken at a much lower rate than in country districts, where the surgeon may have to travel many miles to see his patients. I remain, Sir, your very obedient servant,

JOHN TYRREDALE, M.D.,

President of the Board of Management of the Lynn Self-Supporting Institution.

Lynn, Norfolk, March 8, 1836.

ILLUSTRATION OF THE NECESSITY FOR REGULATING MEDICAL ATTENDANCE ON THE SICK POOR,

ON JUST PRINCIPLES.

To the Editor of THE LANCET.

SIR: I have perused with considerable interest the letters of your intelligent correspondents, "Ruricola" and Mr. Yeatman, on parochial medical contracts, and beg to offer a few observations on the mode of appointing medical officers.

It is proposed by "RURICOLA" that medical men be appointed by the rate-payers; and by Mr. Yeatman, that they be elected in rotation.

With regard to the first proposition, I think it would be adopted with advantage in large towns, where the rate-payers are more independent than in villages, but in the latter places it would only favour monopoly. In villages there is generally one individual who takes upon himself the office of parish ruler, and the rate-payers (many of whom are tradesmen, and derive their support from him and two or three other farmers) are obliged to vote (if they vote at all) for the nominee of this great man. Favouritism and jobbing must, necessarily, be the effect of such a state of things. Under the new system, viz., the election of surgeon by the guardians, monopoly exercises its baneful influence; and I think I can furnish a strong case, proving how necessary is the adoption of Mr. Yeatman's proposition, viz., that medical men should be appointed in rotation. I am living in Broughton, a large village containing nearly 1000 inhabitants (situate only three miles from the far-famed borough of Stockbridge), and it has been for many years the residence of two surgeons. It was customary with my predecessors, and the gentleman who is now living here, to attend the poor of the parish alternately, which arrangement afforded satisfaction to all parties. On my commencing practice, I of course applied to be appointed in my turn to the office of parochial surgeon, but I was told that the arrangement above mentioned would not be acceded to,—that the gentleman who was in attendance would so continue. For this unjust proceeding I could gain no satisfactory reason or explanation, but I at length was informed that the influential man had placed his son with, or was about to apprentice him to, the favoured medical man. Now, Sir, I was no stranger to the poor; I had served my apprenticeship in the village, and, as is the case with most pupils, it fell to my lot to mix with them, and, in administering to their necessities, I studied their feelings; and I am proud to

say, that though they were paupers, I succeeded in gaining their good will and esteem. The medical man in this case, was appointed to afford practice for the young aspirant to medical honours.

Here, then, is an instance of favouritism and monopoly, in addition to the many hundred proofs which you have advanced in support of the assertion, that the benefit of the poor is often made subservient to private interests. And now for the Board of Guardians.

The Poor-law Amendment Act came into operation here last year; guardians were chosen, and among the rest was chosen the great man,—the “*ruling passion*” being strong. The election terminated on Saturday evening; the Board of Guardians met on the following morning at ten o’clock. Mr. “*Ruler*” was nominated Vice, and that gentleman, at the earliest moment practicable, rose and proposed that his favourite medical man (be it remembered, his son’s master) should be appointed to the district. No opposition being offered the motion was carried. Here was a deeply-concerted scheme; no one but those who were interested had the most remote idea that the medical contract would be entered into at the first meeting; consequently, there was no time to arrange or to propose a plan to “*ensure a tolerably minute division of medical labour.*” Hence, seven parishes are under the care of one medical man, whilst I, who live in the centre of them, am excluded from deriving any advantage from attending the poor, either in the way of experience and improvement, or in a pecuniary point of view. I have entered into these details, in order to show the injustice which arises out of the present system, and the necessity of adopting the plan suggested by Mr. Yeatman, as the only one likely to destroy favouritism, jobbing, and monopoly, the existence of which must always prove injurious to the pauper patient.

There are some other points connected with the administration of the new law, which I shall take the liberty to state to you at some future opportunity. In the meantime you will, perhaps, find a corner in your independent journal for the above. I am, Sir, yours respectfully,

L. OWEN FOX.

Broughton, Stockbridge, Hants,

March 8, 1836.

LAW RELATING TO ATTENDANCE ON CORONERS' INQUESTS.

The following letter has been addressed to us by a medical gentleman of Chudleigh:—

Bovey Tracey, Chudleigh, Devon,
March 6, 1836.

SIR: Having read the debate on the bill to provide for the payment of medical witnesses at Coroners' inquests, brought in by you, I could not refrain from transcribing the case submitted by my deceased partner and myself to the Associated Apothecaries, as Mr. Jervis and the late recorder take a different view of the law. (See *Answer 3rd.*) So do you respecting the compulsion to attend a Coroner's summons. (See *Answer 1st.*) After the receipt of this opinion we communicated it to our medical brethren and the neighbouring Coroners; and we suggested to the Coroners that they should require the parish officers to provide a medical man for the inquest, which has been acted on, and by which we have had our fees,—of course, making our agreement with the parish officers previously to giving our attendance. To ensure the future method of remuneration, I would suggest that it be paid by the relieving officer of the Poor-law Union, by order from the Coroner, &c., in cases of paupers. In the cases of respectable people there should be some power given to the Coroner,—what, or by what mode, I cannot suggest.

There is another point to be considered, the certificate given by the Coroner for burial. I consider that, in future, if the Bill for the relief of the Dissenters should pass, the certificate for burial should be addressed to the Registrar of Births, Deaths, and Marriages, who could send it to the officiating minister of the sect to which the deceased belonged, or to the clergyman of the parish. If there should be any inquiries required by you to be made relating to this bill in these parts, I should be happy to lend my assistance. I remain, Sir, yours respectfully,

J. G. CROKER.

To Thos. Wakley, Esq., M.P.

General Committee held at the *Crown-and-Anchor Inn*, June 5, 1820, Jas. Parkinson, Esq. in the Chair.

Resolved,—That the opinion of the Common Sergeant, Knowlps be obtained on the general question of the law, with respect to the remuneration of medical men when called upon professionally to investigate judicial cases before a Coroner.

Resolved,—That Edmond Bacot, Esq. be requested to draw up a case, grounded upon the foregoing resolution, and lay it before the Common Sergeant, and that the Secretary be desired to wait upon him, with Messrs Croker and Langley's letter for the purpose.

“*Case*.—On the 20th of January, 1820, Messrs. Croker and Langley, of Bovey Tracey, Chudleigh, Devon, were summoned by the Coroner of the county to examine the body of a pauper, and to give evidence

before him as to the cause of the death of the party. And on the 9th of January, 1820, they were again summoned by the Coroner to attend for a similar purpose.

"On both these occasions the Coroner gave them a certificate of their attendance, with an order to the churchwardens and overseers of the parish to which the pauper belonged, to pay the fee which has been usual on such occasions, of one guinea for each inquest, but the parish officers have refused payment of the fee. The Coroner says, that it is always usual and customary for the parish to pay these fees in case of paupers, but he has no authority to enforce the payment. Under these circumstances your opinion is requested, —

"*First.* Whether a medical man (not being apothecary or surgeon to the parish to which a deceased pauper belongs) is compelled to attend the Coroner on his summons; and to examine the body of any deceased person, either a pauper or otherwise, and to give evidence as to the cause of the death of such person?

"*Second.* If a medical man is compelled to attend on the Coroner's summons, is he entitled to charge for his trouble and loss of time, and who is liable to pay such charge?

"*Third.* Has the Coroner power to give an order to the churchwardens and overseers to pay a fee to a medical man for attending an inquest upon the body of a pauper of this parish, in consequence of the coroner's summons, and for examining the body of such pauper; and if so, by what means can such order be enforced?

"*Fourth.* Is there any and what difference in the rights of a medical man who is surgeon to the parish to which the pauper belongs?

"*Fifth.* What measures would you advise the parties to pursue, under the circumstances above stated?"

ANSWER.

"1st. I am of opinion that *every man*, medical or not medical, is compellable to obey the Coroner's summons in his legitimate inquiry respecting the death of a subject.

"2nd. By the common law of the land nobody had the power to demand any remuneration for his trouble or expense in attending to give evidence in any criminal case. The 25th Geo. 2 partly gave the court power to order the expenses of the prosecution; that power was enlarged by 27 Geo. 2, and finally extended still further by 18th Geo. 3. In this case a medical man has no power to make a charge for his trouble and loss of time, nor is anybody liable to pay such charge.

"3rd. The Coroner has no legal authority to make any order upon the churchwardens and overseers of the parish to remunerate the medical gentleman who attends, and

gives evidence according to the Coroner's summons. It has been usual for the Coroner, I believe, to make out an order, and for the parish officers to act upon it, but it is certainly not binding upon them, though it would be disgraceful and indecent to withhold from the medical attendant a fair and reasonable fee upon so important an occasion.

"4th. I consider this query answered by what I have said on the second query.

"5th. There are no legal compulsory means of obtaining payment. The only way I could suggest, to obtain payment, would be by stating the case to a vestry meeting, and putting the matter to their sense of honour and humanity.

"NEWMAN KNOWLYS.

"Lincoln's Inn-fields,
June 10, 1820."

"* * Our opinion perfectly coincides with that of the late Mr. KNOWLYS. What we stated in reply to Mr. JENKINS in the House of Commons, was this, — That the coroner had the power to compel the attendance of a medical witness, but that he had no power to make the witness institute a post-mortem examination, or to enforce payment against the churchwardens or overseers, or any other persons, for the performance of that duty when it was executed.

MEDICAL WITNESSES BILL.

A PETITION, of which the following is a copy, was presented to the House by Lord Henniker, a few days ago. In attaching signatures to the petition, the feeling as to the justice of the claim appeared to be equally strong with all the gentlemen who signed it. Indeed, Mr. Denham, to whose praise-worthy industry it is due, informs us that it seemed only to be required that some one person should act first in the matter, to induce them unanimously to lend their aid.

To the Honourable the COMMONS of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

The Petition of the undersigned practitioners of medicine and surgery, resident in the stated towns and villages in the county of Suffolk, humbly sheweth,

That your petitioners are fully convinced that in a great majority of cases of sudden and violent death, it is utterly impossible for a coroner's jury to arrive at a right conclusion as to the cause of that death, without the testimony of a medical witness, founded on a post-mortem examination of the body.

That considerable danger to the life of the patient is incurred because those gentlemen had in surgeon not unfrequently attends the making such post-mortem examination, which requires great skill and anatomical and pathological knowledge, not to be acquired without considerable study and expense, and often not without risk of life, to render it efficient for the purposes of evidence.

That your petitioners are liable to imprisonment if they neglect to obey the summons of the Coroner to give evidence at the inquest; and that, in many instances, several hours are occupied by the Coroner in prosecuting the inquiry, during which the surgeon is often obliged to wait, at very great inconvenience to himself.

That the Coroner possesses no authority to order remuneration to be given to medical witnesses for the heavy sacrifices which they are thus obliged to make.

Your petitioners, therefore, humbly solicit your honourable House to take this their petition into your earnest consideration; and to award them such fair remuneration for their services as shall seem to your honourable House to be sufficient and just.

And your petitioners, as in duty bound, will ever pray, &c.:—

Wm Hempson Denham, Wickham Market.
William Muriel, Wickham Market.
Samuel Gissing, Woodbridge.
Nathaniel Moore, Woodbridge.
George D. Lynn, M.D., Woodbridge.
William Mumford, Ipswich.
A. Wood Baird, M.D., Ipswich.
Alexander Henry Bartlet, Ipswich.
Alexander Bartlet, Ipswich.
John King, Ipswich.
Edward Beck, M.D., Cantab., Ipswich.
J. O. Francis, Ipswich.
C. C. Hammond, Ipswich.
John Pitcher, Ipswich.
Robert Atthill, Ipswich.
Alfred Prentice, M.D., Ipswich.
George Green Sampson, Ipswich.
John Barker, Ipswich.
W. B. Sanderson, Ipswich.
George K. Cowell, Ipswich.
Samuel Armstrong, Melton.
Robert Freeman, Saxmundham.
R. C. King, Saxmundham.
Henry L. Freeman, Saxmundham.

FREE HOSPITAL,

GREVILLE-STREET, HATTON-GARDEN.

THE ninth annual meeting of Governors was held at the *Gray's Inn Coffee House*, on the 23rd of February, and again, by adjournment, on the 1st of March. About 300 attended the first meeting, and 200 at the second. At the preceding quarterly general meeting, notices of motions were given for the removal of Mr. Hensch the resident apothecary, and Mr. A. Tweedie one of the

proposers, because those gentlemen had in favour of a *quack nostrum* for the protracted cure of gonorrhoea, which had been freely advertised with their names, that of the former being dated from the "Free Hospital." The proposers of the proposition for the removal of Mr. Hensch and Mr. Tweedie, urged in their notices of motion that "one of the principal objects in instituting the hospital, was to lessen, and if possible to annihilate, the mischievous consequences resulting from diseased persons being deluded by advertising quacks," and that the advertising of the testimonials had materially injured the reputation of the institution. Against Mr. Tweedie they also complained that he had also "without consulting with his medical brethren, administered to the hospital patients under his care, the nostrum."

After the yearly report had been read,

Mr. MARSDEN spoke to the following effect:—He regretted seriously the occasion of so large an attendance of the subscribers, but one of the chief objects of the charity had been violated, and he felt it his duty to call attention to the fact, declaring that he was actuated by no private or personal motive in the step. Since the publication of the "testimonials," several subscribers had seceded from the charity, believing that the officers were encouraging quackery, and a representation of the fact was made to Mr. Hensch and Mr. Tweedie, and a sort of promise obtained from them that the cause of complaint should be removed, but without realization. Therefore he, Mr. M. felt compelled either to retire from the institution altogether, or take the opinion of the governors as to the propriety of recalling the testimonialists, and thus sever the name of the hospital from the objectionable advertisements. If he, Mr. M. had erred in this course, the meeting would fearlessly say so, and censure his conduct. Mr. M. then proposed a resolution for the removal of Mr. Hensch, which was seconded by Mr. WATSON.

Mr. HENTSCH rose, and read his reply. When he gave the testimonial, he did not know that it would be published. The medicine was not a *nostrum*, but a new form of an old and well-known drug. He had requested the withdrawal of his testimonial, but the advertiser of the medicine refused to withhold it. He (Mr. H.) believed that personal motives alone induced this proceeding against him. He had faithfully discharged his duty, and now demanded justice at the hands of the meeting.

Mr. MARSDEN said, that if it were not a *nostrum*, and Mr. Hensch would make known the composition, (Mr. M.) would at once withdraw the resolution.

Mr. JOHN STEVENS moved a similar resolution respecting Mr. Tweedie, and it was

seconded by Mr. ALEX. GALLAGHER. Both gentlemen spoke against the promulgation of quack medicines, and lamented that Mr. Tweedie had aided the purpose of a quack on the present occasion, especially as the professional talents and character of Mr. Tweedie were of a high quality, on which account he (Mr. G.) exerted his influence to procure for him the office he held in this institution. However painful, therefore, the circumstances were to him (Mr. G.), he did not hesitate to second the resolution.

Mr. TWEEDIE, with much eloquence, defended his position as surgeon, on grounds similar to those urged by Mr. Hentsch, and read a copy of a letter which he had addressed to the Council of the College of Surgeons, in answer to which, the secretary of the College had replied, that the Council "could not believe that the governors of any public institution would remove any medical officer for having tried a new method of administering an old and well-known medicine."

A GOVERNOR observed, that it was not for *that*, but for having *used* and recommended a secret nostrum, that these proceedings were instituted against Mr. Tweedie.

Mr. TWEEDIE concluded by stating that he would not be alarmed into the act of resigning, either by observing the number of governors present, or by a knowledge of their opinions. The merit, or the demerit of his dismissal, must rest on their own shoulders.

Mr. BRANBY COOPER, a newly-made governor, said, that he had himself used the medicine, and after applications from the proprietor on five successive days, he had given him his opinion in writing, rather than be troubled again on the subject, but had he known that the certificate would have been published, he would have lost his right hand sooner than give it. It was, however, not a nostrum, but a preparation, which, if he were to explain, would not be understood by any one present. *Cries of "explain," "explain."* He declined explaining. Was he, or his friend Mr. Green, or Mr. Tweedie, to be publicly called to account by Mr. Marsden? Who was Mr. Marsden? He had never heard even his name until recently, and he believed that if there was any quackery at all in the business, it emanated from the party who had brought the matter forward. He (Mr. C.) had the honour of holding one of the first appointments in one of the first institutions in this kingdom, and he (*snapping his fingers*) cared neither for this charity, nor for the opinion of its governors, and sooner than submit to such treatment, by ———. (Here the meeting were so opposed to the impetuosity and the expressions of the speaker, that he was obliged to resign his

seat, and general hissing followed his final resignation.)

Mr. H. WATHMAN defended the conduct of Messrs. Hentsch and Tweedie, and moved an amendment upon the motion against Mr. Hentsch.

Alderman HARMER said, that as the "testimonials" continued to be published, it would be impossible for the writers to be allowed to retain their offices in the institution, without upholding connivance at a disgraceful system of quackery in physic. He eulogized the professional character of Mr. Tweedie, and should be ready to help that gentleman to any other appointment. He was satisfied that no personal pique occasioned the introduction of these motions.

Dr. UWINGS (a physician to the institution) defended the testimonialists, and stated that he had that very morning recommended the secret medicine to one of his near relatives. He would resign if Mr. Tweedie were removed.

Dr. RYAN (also one of the physicians) and Mr. LUCAS both defended the conduct of Mr. Tweedie, and concluded by stating, that they would resign if the resolution against Mr. Tweedie was carried.

Mr. GREVILLE JONES, another of the medical officers, paid very earnest compliments to the integrity and talents of Mr. Tweedie; but he declared against the quack testimonial system, whether the medicine were good or bad; for the public were not competent judges of diseases and their modifications. There was extreme imprudence in Mr. Tweedie's allowing the possibility of his name being connected with such a system, and the imprudence on the part of the surgeons of *St. Thomas's* and *Guy's Hospitals* was still less excusable. Whichever way the question terminated, the discussion would teach many eminent men not to let their good-nature or personal attachments betray them into supporting a system of plunder, frequently fatal to human life, and always injurious to their professional brethren.

After several other speeches *pro* and *con*, the meeting divided. On the motion against Mr. Hentsch, the show of hands was,—For the motion, 200 and odd. Against it 61.

On the motion (on the second day of meeting) against Mr. Tweedie, the show of hands was declared to be 5 to 1 for the motion.

The usual business of the annual meeting was then gone through, and the meeting dissolved.

In consequence of the days of meeting of the *Medico-Botanical Society* coinciding with those of the *Medico-Chirurgical*, it has been determined by the Committee to alter the evenings of the Botanical Society's meetings from Tuesdays to the second and fourth Wednesdays of the month.

MEDICO-CHIRURGICAL SOCIETY.

ATROPHY OF THE VALVES OF THE HEART.

The following is an abstract of a paper, read at the above Society, on the 23rd of Feb. and the 8th of March, entitled, "Remarks on Two Forms of Atrophy of the Heart's Valves, which interfere with their Function; founded on Cases, by Dr. P. N. KINGSTON, Physician to the St. George's and St. James's Dispensary."—

The first of these lesions, which, says the author, has hitherto been altogether overlooked by pathologists, has been observed by Dr. Kingston in numerous cases, in eight of which it had proceeded to a considerable extent. It was defined, "A simple shortening of the heart's mitral or tricuspid valve, without any diminution of its natural thinness, pliancy, and transparency, the orifice to which it belongs having at least the ordinary caliber."

The second of these lesions (to which the aortic and the pulmonary, as well as the auriculo-ventricular valves are liable) is nearly allied to the preceding in its nature and effects:—"When so altered, the continuity of the valves is interrupted by apertures, sometimes of a large size, and sometimes so numerous as to reduce the structure to a mere network, while the remainder of the valve is in a state of attenuation, which is here and there often extreme, especially towards the edges of the apertures." In five of the cases, a considerable portion of the valve had been thus affected. The only preceding writer who has at all noticed this appearance, is Laennec, who has merely glanced at it. These lesions are not very rare, but they are very liable to be passed unnoticed, unless the attention has once been directed to them.

A valve which has become shortened or cribriform, is, of course, incompetent to close completely the orifice to which it belongs, and hence permits that regurgitation which it was placed to prevent. From this disablement of the valve arises a strong tendency to dilatation or hypertrophy of those parts of the heart which are posterior to the valve affected, to palpitation, to venous congestions, to anasarca, and to effusion into the serous cavities, and, where the mitral valve is defective, to dyspnoea and cough also to pulmonary congestion and inflammation, and to some of those symptoms which are apt to arise from a deficient and irregular supply of arterial blood to the head, and the remote parts of the body. A morbid "bruit" may, in some cases at least, be perceived with the stethoscope. Where the tricuspid valve is affected, there is distention, and sometimes pulsation, of the external jugular veins. Where the mitral

valve is affected, the pulse is small and weak in comparison with the heart's impulse, and it is liable to be irregular and unequal.

By a reference to these symptoms, and to the circumstances out of which the complaint arose, it may generally be ascertained whether or not there is valvular disease. The discrimination of these from the other valvular diseases is a point of great nicety, on which the author stated that he was not as yet fully prepared to speak.

These defects may now and then be congenital, but in all the present instances they had evidently been produced, long subsequently to birth, by those species of absorption which are unattended with suppuration, a conclusion which coincides with Meckel's opinion respecting similar defects of the valves of the veins. From the histories of the cases, and from numerous analogies, Dr. Kingston infers that their most frequent causes were either, 1st, debility of the valve's nutritive powers, combined with undue force of the blood's impulse (from hypertrophy of the ventricle, over-exertion, &c.); or, 2ndly, so great a degree of local debility (often consequent on gouty or rheumatic action), as to render the valve liable to be absorbed under the pressure to which it is naturally subjected.

The author concluded by pointing out the errors which may have arisen from an oversight of these lesions at post-mortem examinations,—the practical advantage of detecting them during life (even so far as to perceive that there is some valvular defect obstructing the circulation),—the means by which the frequency and extent of the lesions may be diminished,—and the circumstances under which it may be hoped, either that the valvular structure may be restored to its original dimensions, or that the corresponding orifice and cavities may gradually diminish in caliber, so as to become adapted to the altered size of the valve.

THE LANCET.

London, Saturday, March 12, 1836.

Active exertion under oppression and the infliction of injury, becomes the duty of intelligent men. We expected that the medical practitioners of this empire, when they found that there was a chance of obtaining from the Legislature a protection against the annoyances to which they have been subjected at Coroners' inquests, would come

forward and energetically support the cause, however humble, of those persons who should advocate their cause in the House of Commons. The events of the last fortnight have proved that we did not make a wrong estimate on this subject. The petitions from medical practitioners continue to be presented to the House daily, all praying that medical witnesses at coroners' inquests, may receive some compensation for such services as those which they have hitherto almost invariably been required to bestow gratuitously, in aid of the maintenance of the cause of public justice in this country. After the MEDICAL WITNESSES BILL has left the Commons, we will furnish our readers with the names of the places whence petitions may reach or have reached Parliament, when a statement will be exhibited which will prove to the members of the profession resident in this metropolis, how ably and faithfully the surgeons of England and Wales can discharge their duties to the interests of that profession which has the good fortune to claim them as its members.

There are a few stupid and narrow-minded writers, we perceive, who insist that the MEDICAL WITNESSES BILL refers merely to a medical question, and they discuss with characteristic sagacity, what they are pleased to denominate "its merits." In rendering this important service to the public, it is satisfactory to observe that their efforts in the way of reasoning are admirably proportioned to their ignorance of the subject under investigation. Why do not the conjurers ask themselves this question—"Of what use is the Coroner's inquest, on really important occasions, in the absence of competent medical witnesses?" If they had sense enough to answer this simple question, the effusions of their brains might terminate. It ought never to be forgotten, that as the Coroner's court is now conducted, the chief officer and his jurymen are as likely as not to become the tools of quacks and charlatans. In cases of death from

malapragis, from mineral poison, from "Morison's Pills," from dexterously-administered vegetable poison, where are the aids of justice if they cannot be discovered in the experience of the pathologist, and the researches of the chemist? Better, at once, as we have frequently stated, abolish the Coroner's court altogether, than continue to withhold from medical men a just reward for the services which they execute in that court, and to allow non-medical functionaries to preside over its proceedings. At many of the inquests which have lately been held, the powers of this institution, when they are properly exercised, must have forcibly attracted public attention, and have illustrated what has so often been stated in the pages of this Journal, with reference to the shield which, under many trying circumstances, it presents to the community. The Bill, therefore, which is now before Parliament, is only one step towards improvement in this important branch of our judicature, but it must, necessarily, lead to many others of a satisfactory character.

It is alleged, we find, by Mr. Cripps, and other gentlemen who consider that medical witnesses ought not to be paid for their attendance at coroners' inquisitions, that the proposed Bill introduces a distinction, with reference to one class of persons, which may with propriety be claimed by the members of all other trades and professions. What folly! Take the medical practitioner in his character as an ordinary member of society, or as a casual observer of the circumstances which produce death, and he is content to stand in the court upon an equality with every other individual who is similarly circumstanced. But what is the fact? In not one case out of a hundred is he summoned as a private individual,—as a casual spectator,—but as a member of a learned and most useful profession; and in his professional character, therefore, is he called upon to act for the edification of the coroner and his jury. This distinction is so

evident, so striking, so convincing, so unequivocal, as an indication of the peculiar duties which the professional witness has to execute, that all that remains on the subject, which admits of a patient notice or consideration, is comprised in an answer to the question,—What is an adequate remuneration for the labours which a medical witness is required to discharge? Although we cannot hope that an answer, which shall be fully satisfactory to this question, will be acted upon in the House of Commons, yet, from the manner in which the medical petitions are received in that House, and from the liberal spirit with which the motives for introducing the MEDICAL WITNESSES BILL was regarded on both sides of the House, it is hoped and expected that an award will be made somewhat approaching to the importance and the justice of the demand. In reality, the question which the Commons are now to determine is, whether the Coroner's Court shall henceforth be a useless institution, and a profitless drain on the county rates; or whether the public shall find that it is a source of protection against the merciless impositions of quacks and other criminals.

Never have quacks, quackish doctrines, and quack medicines, exercised a greater influence over the minds and bodies of the people of this country, than they exert at the present epoch. Are such evils to be patiently endured by the scientific members of a noble profession? Common sense, common honesty, and philosophic attainments, alike forbid so scandalous and disgraceful an imputation. The source of the existing evil is to be found in the odious, the exclusive conduct of our rotten and contemptible medical corporations. The College of Physicians, with an ample store of vain conceit and malignity, has done its best to be mischievous; but the members of that corporation having always been limited, its quackish exclusiveness has been

more for its absurdity, and the business of its members, than for the amount of positive injury which it has inflicted upon the community. But the results of the conduct of the College of Surgeons, although that conduct has been somewhat similar, have outstripped all comparison with those of the establishment in Pall-Mall East. A precious game have these two institutions been playing during the last six-and-thirty years, and it is scarcely surprising to observe that the murderous quacks are sought after by the community, to the exclusion and rejection, in case of need, of licensed practitioners in medicine. The College of Physicians commenced their career by passing a law of exclusion against surgeons. Practitioners of surgery were not deemed worthy of admission into their body. The College of Surgeons, admiring this prudent and general system of exclusion, went a step farther, and a Council, consisting of the self-elected pukes of our hospitals, resolved that no surgeon in general practice, that is, that no general practitioner, should be admitted to a seat in the Council. Thus the public were told by the two English Colleges, which had been appointed by royal charter to protect the interests of the profession, and, above all, the health of the community, that surgeons who were engaged in executing the duties of medical practice in all the departments of the profession, were not deemed by the heads of their own colleges qualified to be received on equal terms with themselves, into those national establishments. The Colleges, in short, were industriously employed in *disgracing* the great majority of the profession, and THE RESULTS are now before us. Quackery is rampant, and the poison of quack medicines is spreading desolation around, with a virulence and a fatality not exceeded, probably, by that of the plague or the cholera. We are not to draw our inferences of its effects from two or three, or even from fifty inquests; no, not even from a thousand, though as many were to be held

in a single year. We are to look upon the fatal consequences which are so inevitably happen from placing a reliance on the powers of a supposed curative agent in ALL diseases. We ask,—In thousands of instances where the results are fatal, will the relatives and friends—the secret abettors of quackery—at once, by acknowledging their delusion and folly, *make a confession of their guilt?* Nothing can be more absurd than to entertain such a belief. The unfounded, the monstrous reliance which is placed by an uninformed public on the powers of quack medicines, must, from the natural course of things, be followed by the most frightful catastrophes, and it is equally true that the confessions of error will be of small amount. It is not easy to obtain an acknowledgment of the imperfect operations of the judgment, because pride is ever interposing to shield the mind from self-exposure. Every experienced quack is well versed in these weaknesses of our nature, and shapes his course and frames his stratagems accordingly. The ignorance of the community is the soil which they cultivate, and the press is the machine which is set in motion for securing to them a full harvest for their labours.

What, then, is to be done to counteract the operations of these infamous marauders? The indications are simple and striking. The might of the press must be turned against its mercenary abusers, and the ignorance of the people on medical subjects, must be made to give place to rational views of the science, before a hope can be entertained that the existing pestilence will experience shock or check in its reckless career. Without the aid of the press, quacks would be as powerless as other impostors, and even with the use of that engine, were it not for the indiscriminating ignorance of the public, it could not be rendered available to their nefarious purposes.

Fearing, therefore, that the Government will take no immediate steps for exterminating quack medicines, and sending their

inventors and proprietors to the hulks, we call upon the members of the medical profession in England to take the matter seriously, and at once, into THEIR OWN HANDS. They should instantly institute,—by a general subscription, and a combination among themselves,—an

ANTI-MEDICAL QUACKERY SOCIETY,

having its Central Board, with an efficient paid secretary, constantly sitting in the metropolis, composed of the legally-qualified members of the profession, without distinction. Its connections would necessarily be ramified throughout the entire kingdom, and the whole powers and energies of the society, thus organized, should be concentrated on two objects, one *present*, the other *remote*. The *first*, that of apprizing the public in every town and village of the empire, through the medium of anti-quackery tracts, to be supplied from the Central Board, of the murderous results of taking quack medicines; and, *remotely*, to obtain, by a well-organized process of petitions, the total suppression of the sale of stamped, patent, and secret medicines, through an act of intervention of the Legislature.

The expense of carrying this scheme into execution would require only a very small contribution from each legally-qualified medical practitioner, and the advantages to be obtained by its operation would, we are convinced, be almost concomitant with the first hour of its institution. At any rate, it is a subject which we believe will be found, on reflection, to merit the deliberate attention of the profession.

Having thus put forth the suggestion, we shall, in the next LANCET, take a more extensive view of the question, and endeavour to illustrate what would be the advantages of the acts of a Society such as we have now proposed.

At the Spring Assizes held at Winchester on Friday, March 4th, Jane Metchear, "an interesting girl," says the reporter of *The*

Times, "was indicted for the wilful murder of her new-born female child, at Southamptⁿ, on the 18th of September last.—Mr. Saunders conducted the case on the part of the prosecution; Mr. Missing for the prisoner." Several witnesses were examined for the prosecution; and, after a trial of seven hours, the jury returned a verdict of "Not guilty of the murder," but "guilty of the concealment," and she was sentenced to three months imprisonment. At the close of the report, the writer of the statement adds the following observations:—

"One thing is worthy of remark. The surgeon who was first called in, and who examined the person of the prisoner, and the child, afterwards presided as coroner at the inquest sitting on the body of the child, when the jury returned a verdict of 'wilful murder,' and he eventually gave evidence against her on the trial, having previously acted as judge in the case. Without, in the slightest degree, casting any imputation on this gentleman, we cannot but consider this as a state of things which ought not to exist, and it is a very strong argument against the appointment of medical coroners."

The "argument" which the writer, a barrister, most probably,—suggests in this case, as showing the impropriety of appointing medical men to fill the office of coroner, is exactly such an one as we should expect to hear, not from an intelligent reasoner, but from a parchment-headed scribbler. Did it not occur to him that medical coroners might *not* be engaged in medical practice, and that it is in the power of the law to institute such a protection, if it be a wise one? But, as a lawyer, he ought to have known that the medical coroner in the case in question had no alternative. Having attended the prisoner in the course of his practice, how could he conjecture, before the result was known, that an inquest would be necessary? And when it was deemed necessary, for the ends of public justice, that an inquest should be held, then he was *obliged* to act as coroner, because it was not in his power to appoint a deputy. No imputation whatever, therefore, can be justly cast upon the coroner, for acting as he did at the inquest, and at the trial in question. That the law is loose, and most imperfect with regard to the office of coroner, generally, we willingly confess; but, before it is mended, it must find other correctors than the sapient critic of *The Times*.

MACULATED.—At the last meeting of the Bath Medical Society, Dr. Sigmond made some observations on the most eligible method of drying and preparing the leaves of *cañium maculatum* for medicinal use. The leaves being in a high state of preservation, and entirely freed from their stalks, and as much as possible from external moisture, they should be laid in thin layers on willow baskets, stripped of the bark. They must be placed in a room from which all light is excluded, and then submitted for three or four hours to a heat of a little below 212° of temperature. Having been then turned, they should be exposed to the same heat for about eight hours. They are then crumbled by the hand, with great facility, into a fine powder. Dr. Sigmond showed a good specimen of the powder prepared in this way. Dr. S. considered that the autumnal season was the best for gathering the leaves.

IMPURE CASTOR OIL.—Dr. Sigmond also cautioned the profession against a fraud which had been extensively practised by a company who had invented a process, by which rancid and ineffective castor oil could be made apparently sweet and good. It is, however, perfectly useless, and possesses no purgative power. Great quantities have been disposed of, and he thought well that the system should be exposed.

MEDICAL WITNESSES' PETITIONS.

To the Editor of THE LANCET.

SIR: The members of the medical profession must be much gratified at the manner in which the announcement was received by the House, on Tuesday evening, the 1st instant, of your intention to introduce a Bill for granting remuneration to medical witnesses, for their attendance at coroners' inquests. The subject was introduced at the monthly meeting of the medical society of this city, on Friday evening last, and a committee was appointed for the purpose of drawing up petitions to both Houses of Parliament, which they have done, and they will probably be signed by all the medical men in the city and neighbourhood. Enclosed is a copy for publication in your widely circulated journal, should you consider that its appearance would excite others to follow our example. The favourable reception of the motion for leave to bring in the Bill, does not justify us, in my opinion, in relying upon the first success of the Bill, but it becomes the duty of every member of the profession instantly to embody his sentiments in a petition, and forward it to the only quarter for redress. I am, Sir, in haste, yours, &c.

G. KING.

3, New King-st., Bath, March 9, 1836.

* In another part of this volume, Sir, we have inserted a copy of a petition received this week, and that we must will serve the same purpose as would the insertion of the petition forwarded by Mr. King, and many others with the same important prayer, which we have within the last few days received from medical gentlemen in different parts of the kingdom.

LATE ADDRESS TO APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR: I was truly astonished to learn how chicken-hearted the students of the *London University* had become when they sent their address to the Hall. I thought they possessed more courage and more knowledge than to fear the Rhubarbians. How are the vaunted fallen! How have the students of my alma mater degenerated! In days gone by, no document would have been signed and forwarded to the Blackthurs establishment with any evidences of fear or want of favour. The students would have had more confidence in their abilities and acquirements, than to bow and pray for mercy before Ridout and Co.

I perceive in the list some names of 1832-men. M**rh**d, W**k***d, and others, I blush for you. Among others I see J. D**r**ne. Are you afraid, too? "Tell it not in Gath."

I am, Sir, yours,

AN OLD STUDENT IN THE PROVINCES.

March 7, 1836.

METROPOLITAN INFIRMARY FOR CHILDREN,

Broad-street, Golden-square.

MEASLES FOLLOWING CROUP.

GEORGE COOPER, aged 5, a remarkably fine and robust boy, was entered as a patient under Dr. TWEEDDALE, on Monday the 29th of February last. The little patient was labouring under the frequent, dry, hoarse cough which is peculiar to croup. His skin was hot and dry; the face flushed; the eyes suffused; the tongue white and furred; pulse 130, full; bowels costive; he complains of headache and lassitude. His mother states that on putting him to bed on Saturday evening she noticed that he had a hard dry cough; he was very feverish all day on Sunday, and in the evening she procured some medicine for him, which made him very sick. Then leeches were applied immediately to the throat, and three grains of calomel, and five of powdered scammony, were given every two hours until the

bowels were well purged, and a tablespoonful of a mixture containing liquor antim. tart., and oxymel of squills, of each five drachms, and four ounces of saline mixture, were ordered every two hours.

Vespers.—The leeches have bled freely; the bowels have been well opened; he has vomited, several times, a quantity of thick mucus, with small portions of fibrine. Two grains of calomel and three of James's powder, were ordered to be given every four hours. The mixture to be continued. To be put into a warm-bath up to the hips.

March 1. Still feverish; pulse 110, and small; cough much relieved. The surface is covered with the eruption of measles. Three grains of calomel and six of scammony powder, ordered to be taken directly. The other medicine to be continued.

2nd. Fever much abated; bowels do not keep open without medicine; pulse 100, small; cough still troublesome, though there is not so much expectoration; the eruption is developed more fully; he is able to sit up in bed; a blister was applied to the chest, and a purgative was given night and morning. The powders and mixture discontinued. He continued to improve, and is now convalescent.

This is the second case, in the infirmary, of croup followed by measles, terminating favourably under the same plan of treatment. The first patient was a healthy boy, eight years of age, who was bled from the arm, and had leeches to the throat.

ST. BARTHOLOMEW'S HOSPITAL.

TUMOUR ON THE SCAPULA.—James Jackson was brought into the hospital with a large tumour, occupying the left scapular region, of about the size of two-thirds of a large melon. A tumour of about half that size had been removed, five months previous, from underneath the scapula, by Mr. EARLE, but the disease returned, and increased to the above magnitude, continuing rapidly to enlarge up to the day of the operation. From the condition of the old cicatrix it was by some authorities deemed malignant. The operation was performed by Mr. SKEY. The man, after some loss of time occupied in determining his position, was finally placed in the recumbent posture on the operating-table, lying nearly on his face. The operation was commenced by an incision, forming a part of a small flap, reflected towards the shoulder, which exposed the spine of the scapula, over the flae at which it was afterwards divided. Two other large flaps were made, each forming nearly a semicircle; the one directed upwards towards the side of the neck, the other downwards. All the muscles of the dorsum of the scapula were

then divided, for the purpose of exposing the bone in a perpendicular line, about one-third distant from the glenoid cavity, towards the base. The spine was divided by a common amputating-saw, the upper portion of the bone by Hey's saw, and the lower fossa was split up with Liston's forceps. The hemorrhage was then considerable, but was arrested by the assistants, each of whom seized one or more vessels. Moreover, the subclavian artery was compressed above the clavicle; an incision, nearly fifteen inches in length, was then made along the basis of the bone, but between the spine and the old cicatrix, the whole of which was removed. The tumour was rapidly dissected from the ribs, and removed, and the bleeding arteries were tied. A small portion of the disease was found adhering to the neck of the bone, close to the shoulder-joint, which was dissected off with a silver knife.

On the conclusion of a consultation which was then held on the case, the patient was recommended to undergo the removal of the whole upper extremity. To this he would not consent, and Mr. S. removed the remaining part of the muscle, close to its insertion into the humerus. The wound was united by sutures, and the patient retired, much exhausted from the loss of blood, having been on the table nearly three-quarters of an hour, of which period the removal of the tumour occupied but twelve minutes.

Secondary hemorrhage occurred within a few hours, and on securing the vessels the wound was dressed with lint. Thirty-five drops of laudanum were given to him. He remained quiet throughout the night, and on the following day he took repeatedly small quantities of beef-tea. The operation was performed on the 22nd of February. Up to the present time he has had no bad symptom; the wound is covered with healthy granulations. The tumour was composed of the same structure as that for which the former operation was performed, viz. albuminous sarcoma. More than half the scapula was entirely absorbed. The tumour was moveable on the ribs, which were perfectly healthy.

NORTH-LONDON HOSPITAL.

SCIRRHUS OF THE BREAST.—OPERATION.—Mary Welch, aged 47, a milkwoman, was admitted on the 16th of February under the care of Mr. COOPER, on account of indurated enlargement of the right breast, of six months' duration, consequent upon a severe blow received about that period. The swelling became gradually larger, and is now about the size of a man's fist; the nipple is depressed; the tumour is hard, craggy, very firm, and very moveable. The axillary glands do not appear to be affected. She

has been a subject to sudden lancinating pains from the breast up to the shoulder and down the arm. The skin is not discoloured; menstruation is regular, but more scanty than it has previously been. She has borne nine children. Mr. COOPER recommended the removal of the tumour; to this she consented, and on the 18th he proceeded to operate. He first made two elliptical incisions, and dissected from below upwards, first on one side and then on the other. Two arteries were cut in the first incision upon the inner side. The fingers of an assistant instantly suppressed the hemorrhage until the whole mass was removed. About five vessels were tied, the largest in the substance of the pectoralis major. The two integumental vessels, which bled very smartly at first, had now contracted within the subcutaneous adipose tissue, and appeared much smaller than at first. There was another vessel tied, at the upper angle of the wound. A small portion of scirrhous tissue having been left behind, it was removed. The sides of the incision were brought together with several broad strips of adhesive plaster, the ligatures hanging out in the interspaces; a compress of wet lint was applied over the plaster, and then a broad piece of cloth was pinned around the chest. Her arm was placed in a sling, and she was sent to bed. Mr. COOPER prefers the broad piece of linen to a bandage, as, in case of secondary hemorrhage, it is easily tightened without requiring to be first removed. This plan he has known to succeed in several cases where secondary hemorrhage has occurred. Indeed, according to his experience, secondary hemorrhage is more frequent after this operation than almost any other. In the evening the patient took half a grain of the muriate of morphia, and was then pretty easy.

19. Is doing very well. Passed a quiet night, but did not sleep much. The morphyne to be repeated to-night.

20. Has slept during a considerable part of the night; pulse quiet, skin natural.

23. The wound was dressed to-day. It has united at several points, though in others the edges have retracted considerably. Her general health is unaffected.

Mr. RANDAL, of Oxford, surgeon, is coroner for the borough of Aldeburgh.—W. D.

(Advertisement ?) "Dr. Hall has resigned his office as Lecturer on the Practice of Medicine at the Aldersgate school. Dr. Hope is to succeed him."

A Subscriber.—We lament to say that the claim cannot be enforced under any existing law.

Students ought not to wait for an event which may not transpire even in the next year.

ERRATUM.—In a part of our impression last week, p. 516, report of Med. Bot. Soc., *Jatropha* is misprinted *atropha*.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 19, 1836.

[1835-36.]

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitié, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XVI.

RAMOLLISSEMENT OF THE NERVOUS CENTRES.

(Continued from p. 927.)

GENTLEMEN,—Let us now pass to ramollissement affecting other parts of the brain than the cerebral hemispheres. The first which naturally present themselves for examination are,

The Corpus Callosum, the Septum Lucidum, and the Fornix.

We have already described the anatomical characters of the lesion when situated in those parts, and have now merely to occupy ourselves with the functional derangements to which it may give rise. We shall only add on the present occasion, that, when softened, we generally find the ramollissement accompanied by another lesion, viz. effusion of a serous fluid into the cavities of the lateral ventricles; this certainly occurs in a great majority of cases. Whenever ramollissement occupies the white central parts of the brain, it is very rare not to find at the same time a greater or less quantity of serous effusion in the ventricles. The ramollissement is, then, nothing more than a constituent element of the disease so generally known under the name of "acute hydrocephalus." However, we cannot now enter into an explanation of this latter form of ramollissement; it is foreign to the question which now occupies us, and however

interesting in itself, it would lead us too far from the principal subject of our study. We must, therefore, confine ourselves, for the present, to cases in which *Ramollissement exists as a Single Lesion*, unaccompanied by any effusion of fluid into the ventricular cavities, which cases are excessively rare, and will not, I fear, permit the deduction of any general principles. The ramollissement now spoken of is remarkable in this respect, that it is rarely accompanied with a red coloration of the nervous pulp; on the contrary, the softened cerebral substance is white, of a dull pale colour, and we seldom or never find any trace of injection in the vessels. ABERCROMBIE gives one case of this kind; but we may establish it as a general rule, that red softening of the medullary central parts of the brain is a lesion excessively rare. It may attack all the three parts mentioned a while ago, or only one of them. *Ramollissement of the corpus callosum is the most rare of the three.* Softening of the septum lucidum alone is also a lesion very seldom observed in the dead body. In the considerations we have to lay before you on this part of our subject, we find ourselves compelled, contrary to custom, to depend alone on the history of particular facts, for the records of the science do not furnish a sufficient number of examples of ramollissement affecting the white central parts, to enable us to draw a general picture of this lesion. Were we to launch out into general reflections, and attempt to describe the form under an *ensemble* of symptoms, we should only run the chance of deceiving and leading you astray, for we again repeat, the records of medicine do not afford a sufficient number of facts for the deduction of general principles. We shall speak, in the first instance, of ramollissement when confined to any one part alone; we shall then consider it when affecting at one and the same time the corpus callosum, the septum lucidum, and the fornix.

First, for ramollissement confined to the thin layer of medullary substance called septum lucidum. You will find one example of this kind in M. ROSTAN'S work; a second is related in the letters of M. LALLEMAND on diseases of the brain and nerves. Now what

were the symptoms observed in these two cases? Both patients were affected with headache; one exhibited as a lesion of motility, a paralysis of one side of the body, which gradually became general, and implicated the four limbs together. In M. ROSTAN'S case, we find no mention made of paralysis; the patient was merely agitated by convulsive movements. This, you see, is analogous to what we saw before when treating of ramollissement of the hemispheres. The lesion of motility at one time manifests itself in paralysis, at another in disordered movements. In both of these two cases death arrived in the same manner; the patients fell into a state of coma, from which condition it was impossible to recover them.

Let us now turn to isolated ramollissement of the fornix, or rather of the nervous mass placed above it, the corpus callosum. We do not possess a single case of the latter, nor of the fornix alone; we must, therefore, consider them, when softened, one or other, in conjunction with the septum lucidum. What are the symptoms of ramollissement when these parts are simultaneously softened? One of the principal is headache, which is often very acute and distressing. In one case described by ABENACROMBIE, page 129, the pain in the head is mentioned as being excessively intense, and extending across the forehead from temple to temple. In another case the pain was confined entirely to the frontal region. This severe cephalalgia is sometimes the only symptom that exists for a considerable period. After a certain time, the faculty of speech becomes affected; articulation is indistinct and embarrassed, delirium now supervenes, the patient falls into a state of coma, and the disease quickly terminates in death. In one case we find dyslopia mentioned as an accompanying symptom. In the work of M. LALLEMAND, there is no question of lesions of motility; he does not seem to have observed either paralysis or convulsions—at least he does not speak of them in the case he has described.* However, in children, we sometimes observe isolated ramollissement of the fornix giving rise to functional derangement of the moving power; you will find some examples of this kind in the thesis of M. POINNET sus-

tained in 1850; but the cases published are few, and, as we have already said, we cannot, without danger of error, draw any general consequences from so limited a number of facts.

The examples of ramollissement affecting the three parts together are more numerous, though still rare; you will find two in the work of M. LALLEMAND, already alluded to, which were communicated to him by M. MARTIN-SOLON. M. SENN has also described the same lesion in his Treatise on the Acute Meningitis of Children. In many of these cases we find headache given as one of the first symptoms, but in one only does the author speak of vomiting, a symptom which so often accompanies in its origin acute inflammation of the cerebral membranes. With respect to the faculty of motion, we may notice a tetanic contraction of the muscles as a frequent symptom; this phenomenon is described as attacking various parts of the body, throwing back the head, and giving to the whole trunk a cadaveric species of stiffness. All these cases terminate in coma, more or less well-marked, which perseveres to the instant of death. These are the usual phenomena observed connected with lesions of motility. We must not forget to mention one more symptom of this affection, which has been described by M. SENN alone, as *A Phenomenon of Sensibility peculiarly characterizing Ramollissement of the Central White Parts*. This is an exalted sensibility in the integuments of the trunk. "The patient," says this author ("Recherches sur la Meningite Aiguë des Enfants," p. 88), "cannot support the slightest pressure without complaint, and frequently the pain produced by simple contact is so great, that if we can find our examination to the abdomen, we might be led to conclude the existence of acute inflammation in the peritoneum or abdominal viscera." It would seem, however, that M. SENN has exaggerated the value of this symptom; it certainly does exist in many cases of ramollissement, and even of simple meningitis, but it is not sufficient alone to characterize the former lesion, for it is frequently absent.

We now come to a set of cases in which there exists a wonderful resemblance between this ramollissement of the three central parts, and effusion of serum into the ventricular cavities, or, *Acute Hydrocephalus*. You will find a good example of this in the work of M. CHARPENTIER, of Valenciennes, on the Natural Treatment of Acute Water in the Brain, p. 43. The subject of this case was a child eleven years of age who had been ill with cough and pain in the throat for four or five days before her reception into the hospital for sick children. She died on the tenth day of the disease and, on examining the body after death, the posterior part of the fornix and corpus cal-

* Either we have taken down the name incorrectly, or M. ANDRAL has here fallen into an error. In M. LALLEMAND'S *Recherches on the Brain and its Dependencies*, t. 1, p. 184, we find the case of a woman, forty years of age, who died after a short illness; she was attacked with fever, delirium, and convulsive movements; somnolence and contraction of the limbs; the corpus callosum and fornix were transformed into a white pulp; all the other parts of the brain were sound.—*Rep. L.*

losum were found softened, without any change of colour; the cerebral substance in the rest of the brain was perfectly sound; the membranes were intact; the lateral ventricles contained only a few drops of serum, nor was any effusion found at the base of the brain. The symptoms observed in this case were, at the commencement, fever, with pain of the abdomen, and bilious vomiting, which persisted for two or three days; headache then supervened, and on the next day the child fell into a state of coma, accompanied by strabismus, and retraction of the muscles on one side of the face. In the evening of the same day the right arm became contracted and stiff, but this phenomenon was not of long continuance; it was replaced by violent contraction of the muscles of the neck, throwing the head backwards; the member which before was the seat of contraction, now became completely paralyzed, both with respect to motion and sensibility, and the patient died in a few hours. In this observation, we do not find any cause to explain the hemiplegia which attacked the patient shortly before death; the only lesion which existed was softening of the corpus callosum, the septum lucidum, and the posterior part of the fornix, and we do not know that physiologists have attributed the faculty of directing motion to any of those parts. This is all we have to say *propos* to ramollissement of the white central parts of the brain. Let us turn to the

Ramollissement of one Lobe of the Cerebellum.

Ramollissement may affect here either the median lobe, or one of the lateral lobes; we speak of softening confined to the cerebellum alone, and not coexisting with a similar affection of the cerebrum; as to softening of the median lobe, we are acquainted with only a single case in the records of medicine; it is that given by DANCÉ, in his "Mémorial on Acente Hydrocephalus" (*Archives Generales*, Janvier 1830; here the ramollissement occupied the right half of the superior almond-shaped lobe, and extended thence to the corresponding part of the mesocephale (pons &c.) This case was not attended by any special symptom whatever; the patient died in a state of coma resembling apoplexy; we must, therefore, turn to ramollissement of the lateral lobes of the cerebellum.

We do not possess the same number of facts connected with softening of the cerebellum as we do of the cerebrum; the former lesion is much more rare than the latter. Thus we have been able to collect only thirteen cases of ramollissement confined to one of the lateral lobes of the cerebellum; nine of these belong to various authors, four to myself; you will find the latter detailed in the fifth volume of the *Clinique Médicale*. Let us take a rapid view of

the symptoms which presented in these 13 cases. In the whole of these cases, except three, we find the intelligence preserved for a greater or less period from the commencement of the malady. In two examples, without having been deranged, the intellectual faculties were dull and slow. In the three exceptional cases just mentioned, the disease commenced, suddenly, by a loss of consciousness, as if the individual was seized with a violent effusion of blood into the cerebral hemispheres. The faculty of speech also remained intact in all the thirteen cases except two. In the one related by M. MONROU, the speech was simply difficult, but the patient was still able to make himself understood. In the other, which belongs to M. LALLEMANN, the power of speaking was completely lost. This is all we have to remark in connection with lesions of intelligence; they are various, but, as you see, of slight importance, except in those violent cases where it is nearly impossible to distinguish ramollissement from hemorrhage of the brain. Now for

Lesions of Movement.

These are observed infinitely more frequently: thus in our thirteen cases we find twelve in which the motility was more or less modified, and perhaps even in the thirteenth this took place also; at least it is impossible to say that no lesion of motility existed, for the author (M. DANCÉ, "Mémorial de Med. Milit." t. 22, p. 379) merely states that the patient fell into a state of coma, without mentioning whether the limbs were paralyzed or not; indeed, the whole history of this case is imperfect; even the nature of the lesion in the cerebellum is too vaguely described. We are, therefore, induced to lay aside the case given by M. DANCÉ, and conclude that in all cases of ramollissement situated in one of the cerebellar lobes, some lesion of motility exists.

But what constitutes this lesion? What is its nature? Under what form do we observe it? These are questions which we now proceed to answer. In one case we find a constant agitation of the body; the limbs were neither contracted nor paralyzed, phenomena so often observed in ramollissement of the cerebral hemispheres, but affected with a convulsive agitation occupying equally the upper and lower extremities on both sides of the body. In the eleven cases which remain we find six accompanied by contraction and stiffness of the limbs; five of which gave rise to paralysis, either with or without contracture.* We have now to ask

* This enumeration differs slightly from that given by M. Andral in his clinique, where he describes two cases as attended with convulsive agitation, and ten with paralysis or contracture. As to the case,

what I know is going on on every side, I feel a degree of repugnance at such subjects, and would almost willingly allow the shafts of malevolence, envy, and detraction, to expend their harmless force on the surrounding elements. I pity the poor creatures who have no other means of obtaining a livelihood. They have not the legitimate instruments of advancement within their reach,—industry and intellect,—and what can they do? They must exist. They are compelled to use the only weapons in their power.

I have still a few words to say on scalded glottitis. There are certain cases of this accident in which the calomel treatment will not be sufficient, because death may occur before the system is made to feel the action of the remedy. There are, then,

Certain Cases in which Bronchotomy must be resorted to

for the purpose of gaining time. Such was likely to have happened in the case which has just occurred. I proposed, adopted, and succeeded in the performance of this operation, in these tender subjects, fifteen years ago, when I need not tell you that I was a very young practitioner. Indeed it was by means of this operation that I first endeavoured to snatch the interesting but desecrated subjects of this cruel accident from the grasp of death. Soon after the publication of my first case, Dr. Marshall Hall, a gentleman personally quite unknown to me, but for whom I entertain, from his writings, the highest respect, proposed the performance of the same operation in the same cases, and gave one in which it had been employed, unsuccessfully, however; and it is only fair to state, that although my case preceded the publication of his essay, I cannot have the slightest doubt that his proposal originated in his own mind, without any knowledge whatever of what had been done by me. There are, therefore, certain cases of scalded glottitis in which you must perform bronchotomy, to gain time. But, upon this point I have to warn you of a mistake into which many have fallen, and daily fall. The operation will seldom be alone sufficient, and if you trust to it alone, you will often lose your patient. The inflammation excited by the injury will, notwithstanding that relief may be afforded by the operation, extend to the bronchial tubes, and the patient will die, not perhaps so soon as if the operation had not been performed, but death will, most probably, follow. Bear, therefore, this important fact in mind. View the operation only as a means of gaining time. Pursue an efficient

Calomel Treatment after the Operation,

modified, however, for, having more time, you are not called upon to employ doses so large, or to repeat them so often, though I believe

the remedy to be so rapid, as rapidly as possible, in such action. I deem it the more necessary to urge this point upon you, as you will not find that any of those persons who have lately spoken of the operation, or recommended its use in these cases, have spoken of the necessity of employing, at the same time, the influence of mercurial action, nor have they even at all alluded to the practice. This, if anything were necessary, would, of itself, afford ample to those detractors who would insinuate, that the calomel treatment of these cases has been long well known, and is a generally employed mode of practice. *The insufficiency of the operation unassisted by the calomel treatment is pointed out by the case of Eliza Butler, which some time since occurred here.* The notes of this case I hold in my hand, and Mr. Cullen, who furnished them to me, has promised to insert them for your perusal in the case-book. See Case 1. I hold also in my hand, notes of another case, the dissection of which I witnessed, and which demonstrates the same truth. These I shall leave on the table also for your information, as time will not now permit me to read them over to you. (See Case 2.) Let me remark, that both cases afford highly important information. They not only show, as I have just said, that the operation cannot be depended on without the mercurial treatment be conjoined, but they further demonstrate the

Manner in which the Injury kills :

the extent and form of the lesion which it causes, as well as the nature and the order of the symptoms which it produces, with all of which I have made you acquainted in former lectures. (See Lecture in LANCET, 1834, page 677.)

I have been informed by the apothecary, that some time ago a child was brought to the Dispensary, cold, comatose, and labouring under excessive dyspnoea, the respiration being exceedingly laborious, and accompanied by a loud sonorous rale. On opening the mouth by force to inspect the fauces, an abscess was broken, and a quantity of whey-like pus discharged. The breathing was immediately relieved, and the child recovered. It was stated by the parent of the child, that it had some days before attempted to take a drink from the spout of a tea-kettle containing boiling water. These are interesting facts for you to know. They enlarge our views of the pathology of this injury, and show, that although a child may weather the more immediate effects of the lesion, a suppurative, or slower morbid action may set in, which may be equally destructive. This case also demonstrates, that death may be caused by the mechanical obstruction occasioned in the throat, although no inflammatory action may have extended to the lungs or chest;

for there can be no doubt that a child had not gotten to the point of having sunk; and as the relief afforded by the bursting of the abscess was followed by rapid recovery, it is evident that the injury had not produced much effect on the chest.

Treatment, and its Occasional Failure.

When you reflect on the tender objects of these injuries; on the delicate state of health in which the children of the poor of the age of those in whom the injury almost always and necessarily occurs; when you consider the importance of the injured part, and the nature of the operation of bronchotomy in an infant, you will not be surprised to find that success will sometimes fly from the best-directed efforts. These remarks I make in consequence of having heard that it was excitingly, but absurdly said, on one occasion, "Here is a case in which the operation has been performed, here is a case in which calomel has been used, and yet here do we find that the child's life has not been saved." Is it not absurd to expect uniform success in such cases? But, I can say that the success will, in properly-treated cases, be almost constant. It will leave no room whatever to doubt the propriety of the measures proposed. I have lost one case, and only one, out of very many indeed, out of, at least, upwards of a dozen, and I think I should not have lost that one if the parents of the child had acted with discretion.

A case has been mentioned to me where the child, notwithstanding every care, happened, after the calomel treatment and the operation had been conjointly employed, into a state of feverish excitement, which gradually led to great exhaustion and sinking. This I can well believe, I can also easily conceive that after such attacks, a state of general delicacy of health may often take place, the management of which may require great judgment.

Whenever the accident in question occurs in your practice, lose no time in submitting your patient to mercurial action,—you may, if you please, assist it by leeches applied about the larynx. But do not let the apparent absence of danger, or of alarming symptoms, induce you to postpone, even for an hour, the most efficient line of practice which you can adopt: for these cases are often most treacherous. All appearance of serious injury may be absent for hours after the accident, and then the most alarming symptoms will set in with great rapidity. A child often suffers so little in appearance, after the moment of alarm has passed by, that the parent is often lulled into a false security, and believes that no mischief has been done, unless perhaps some little excoriation or irritation of the mouth. If the mercurial treatment have been early commenced and properly carried on, your

success, without an operation, will be almost certain. If, however, you have not seen the case until dangerous or distressing symptoms have set in, you are first to consider, whether the state of your patient be such, that there exists a rational hope that the disease may be overtaken by the action of the remedy. If you think so, you administer, without having recourse to the operation of bronchotomy, two grains of calomel every half hour or hour, until relief be obtained. You should combine each dose of calomel with half a minim of tincture of opium, and as soon as symptoms of relief appear, the dose may be diminished, and the interval increased: but the remedy should be persisted in until all symptoms of distress are removed. On the other hand, if you find that the symptoms are so severe, and are becoming so rapidly worse, as to lead you to fear that dissolution may take place before a state of sufficient mercurial action can be excited, you must have recourse at once to the operation of bronchotomy, which will gain time for you, and afterwards pursue the mercurial treatment until you have secured the safety of your patient. These directions, if adopted, will enable you to steer these cases almost uniformly through their first danger; but to bring them to a full and happy termination, you must not lose sight of them until their tender systems have completely recovered from the shock caused by both injury and treatment.

Abstract of Cases alluded to.

Case 1.—Eliza Butler, aged three years, was brought to the hospital at nine o'clock in the morning of the 14th of last July. At ten o'clock the preceding night she attempted to take a drink from the spout of a tea-kettle, which had been just removed boiling from the fire. Shortly after the accident she became dozy, and slept, and some hours after got wheezing. On admission she was warm, her pulse too quick to be counted. She had excessive dyspnoea. Respiration sixty in a minute and sonorous. Tracheal rattle prevented auscultation from being satisfactory. Lips and face rather livid; eyes languid; she was listless and drowsy; drank freely; her tongue and fauces appeared white and scalded. Four grains of calomel were given; and at eleven o'clock, that is, two hours after admission, tracheotomy being decided on, an incision was made with a scalpel along the mesial line. There was scarcely any bleeding. The trachea was exposed with a blunt knife, and by the assistance of a hook was drawn forwards, when a circular piece was cut out with a pair of scissors. There was then slight bleeding, which stopped in a few minutes.

Respiration was immediately carried on through the wound. She seemed rather

heavy and insensible all day; there were, however, remarkable changes. At five o'clock she appeared better, more sensible, and drank freely. But at twelve o'clock, midnight, there was stupor, intense bronchitis, mucous rattle in the anterior part of chest. At three o'clock, a.m., coma, dilated pupils, convulsion of face; tonic contraction of right arm; pulse imperceptible; intense heat of skin; and she died at eight. One dose of calomel (grs. ij) was given after the operation, but it was not persevered in.

Autopsia.—Epiglottis and upper rima thickened, white, and shrivelled. Those appearances evidently successive to oedema. Larynx, from this part to artificial aperture, healthy. The wound of sufficient size, and unobstructed. Between wound and ramifications of bronchia, tenacious lymph effused. Bronchial membrane exceedingly vascular. The more minute bronchial ramifications clogged with tenacious mucus. The anterior part, only, of the lungs, crepitate. The posterior and upper portions are in a state of red hepatization. Lungs are exceedingly solid. When cut and squeezed, some sanguineolated mucus is forced out from the air-tubes. The hepatized portions float in water; no part has gone on to purulent infiltration. Oesophagus and stomach perfectly healthy. Veins and sinuses of brain injected. One or two ounces of serum in ventricles.

Case 2.—A healthy male child, aged between three and four years, attempted to take a drink from the spout of a tea-kettle containing boiling water. Whether it was that the child had not felt much pain, or that fear had prevented him from making complaints, it so happened that he appeared, at the time, not at all injured; he was soon after put to bed, and his bed being in the room in which his mother sat, she had an opportunity of observing that he went to sleep in his usual manner. But, in about three hours after, and while still asleep, his breathing became so much affected with wheezing as to arouse the attention of his mother, and subsequently to induce her to take him up and carry him to a surgeon. When he was seen by the surgeon, eight hours after the accident, the breathing was fifty-six in a minute, difficult and sonorous. Inspiration seemed to require a great effort, and to be much longer in its performance than expiration. The pulse was upwards of 130; the surface of the body very warm; the face flushed. He did not seem to complain of anything, yet the tongue and lips were covered with a white pulpy matter, which could be rubbed off in layers, when a red surface was exposed. Much distress was produced on passing the finger into the isthmus of the fauces, which felt tumid and pulpy, but did not afford any sensation as if there was a state of vesication. Leeches,

and cups, were employed, but the state of the child was rapidly progressing. Fourteen hours after the accident, the child lay on its back, listless; its respiration reached upwards of 60; its pulse could not be counted distinctly, partly from its rapidity, and partly from some irregularity in its returns; his countenance flushed, and his skin became very hot. The operation of bronchotomy was now performed. Immediate relief was afforded; he seemed roused from his insensibility, opened his eyes, sat up, and cried. Indeed, for a time the amendment was so great as to lead to a hope of recovery. In the course, however, of some hours the breathing became worse, and his face affected by convulsive twitches. These were followed by more general convulsions, and he was in one of these carried off, about twenty-four hours after the operation.

Autopsia.—The character of the *cadaver* was such as to make an impression on the mind that the child had been, at the moment of the injury, in fine health. Neither the lips nor the mouth presented an appearance as if they had been much injured by the boiling water. The wound over the trachea was ample and patulous, and the laminae of tissues through which it had been made were agglutinated to either side. All the soft parts exterior to the trachea were sound, and free from inflammation. The wound in the trachea itself appeared unnecessarily large, and this tube, on the site of the wound, was greatly narrowed. From this point it gradually acquired, both upwards and downwards, its natural dimensions. The narrowing of the tube at the site of the wound, arose evidently from the removal of a large portion of the elastic structure of the pipe; and had the child recovered, I think it very likely that some permanent inconvenience might have resulted from this narrowing. Hence, I would advise that on occasions in which bronchotomy is required in children, no more of this tube should be removed than is indispensable. The cavity of the trachea was full of a reddish mucus, and its lining membrane, the vascularity of which was greatly increased, was covered, in the neighbourhood of the wound, and from thus to the glottis, by a stratum of lymph. The glottis, epiglottis, and the surrounding parts, to the extent of an inch, were greatly thickened, from submucous effusion. There was not, however, the slightest appearance of vesication, or as if any bullic had been formed and had burst. The epiglottis was shrivelled, so as to form a kind of tubercle which could, badly indeed, perform the action of a valve. This explained the fact, that during the life of the child, and subsequent to the operation, the drink had, as I am informed, constantly escaped from the wound. On portions of the surface of the epiglottis, and of

the surrounding tissue, where it was a more elevated gray-looking substance, which seemed somewhat like stratified lymph, yet could not be rubbed off. Hence, I concluded that it was only the lining mucous membrane of these parts, altered very much in its structure.

There seemed to be a slightly emphysematous state of the upper portions of the left lung; and parts of both lungs, particularly on their posterior aspect, were engorged with blood, were very livid, and solid, yet these parts did not sink in water. When a section was made of the denser portions of the lungs, puriform mucus could be expressed, in quantity, from the bronchia of the cut surface, and the intermediate parts exuded, at the same time, a quantity of a dark, livid, or bloody-like fluid. The remainder of the thoracic viscera, and those of the abdominal cavity, the lining membrane of the stomach included, were free from disease.

The vessels of the brain and of all its coverings were gorged with blood. There was a considerable quantity of a clear serum in the ventricles, and when the brain, which was very firm for the age of the subject, was removed, there was found in the base of the cranium, and round the spinal marrow, a large quantity of reddish serum.

DESCRIPTION OF AN

HERMAPHRODITE ORANG-OUTANG

LATELY LIVING IN PHILADELPHIA.



This animal had black, thick, woolly, and frizzled hair, covering all parts of the body with the exception of the palms, the face, and the ears. Its skin was black, and it had nails on all the fingers. The orbits of the eyes were prominent, the arms very long. It had no cheek pouches, nor any tail, nor a guttural sac, and there were rudiments, only, of a gluteous buttocks. The nose was more prominent, and the facial angle more elevated, than in the *simia satyrus* of Linnaeus. Its height from the vertex to the

heel was two feet two inches. Its arms were 15½ inches long, the hand and fingers 5½ inches, the lower extremities 11 inches, the foot was 4½ inches long, the head and neck 11½ inches long.

This interesting animal was imported into New York, from the island of Borneo; and at its death it was said to be rather less than two years of age. Each jaw contained twelve teeth; three molars, one canine, and two incisors, on each side. When standing erect, the fingers of the forehand nearly touched the ground; when advancing on a plane surface, he voluntarily assumed the erect attitude; he balanced himself with his long arms, on the slack rope, and climbed with the greatest agility; when he retired to sleep, he assumed a recumbent posture; he displayed great fondness for fruits of all descriptions, but particularly for grapes, and he possessed all the docility and intelligence which is characteristic of the oranges. He died of a diarrhoea from excessive indulgence in fruits.

The orang genus has already been increased from one to six species. The present specimen differs from all the others hitherto described; it evidently pertains to the Gibbon family, or the long-armed oranges,* and differs from the others in being of a universal black colour, in the facial line being less inclined, in the absence of the circle of gray hairs around the face, in the rudimentary state of the ischiatic callosities, and, with the exception of the active Gibbon, in the absence of the guttural sacs.

On the death of the animal there were found general adhesions of the peritoneum, the omentum, and the intestines. The glands of the mesentery were very much enlarged. There were white eruptions, or, rather, ulcerated tubercles, on the peritoneum, such as are observed occasionally in scrofulous subjects, and inflammation of the mucous coat of the stomach, and the intestinum rectum.

Orangs have, occasionally, been dissected, and minute and laboured descriptions of their anatomy published. The present individual displayed remarkable peculiarities. The ligamentum rotundum was very strong; the liver resembled the human, having the same number of lobes, &c. The appendix vermiformis was very large; the contents of the thorax displayed a close analogy to those of the human being. The ventricles of Morgagni were rather large, although not communicating with a sac in the throat, as in the *simia satyrus* and some monkeys; the

* The type of which is the *Simia lar*, (Linn.) to which are added, first, the little Gibbon, or *Orang* varic of Cuvier; second, the Stunang, or *S. Syndactylus* of Rafines; and, third, the Active Gibbon, or Wou-won of DuRoi and F. Cuvier. Should I be right in supposing that the above details offer specific differences, the animal may properly be named *Simia Concolor*.

sternum was composed of only two pieces, like that bone in man, in which respect it differs from the simia with tails. There were twenty-five rings to the trachea, fourteen ribs on each side, fourteen dorsal vertebrae, seven cervical, five lumbar, five sacral, and five coccygeal; but the most remarkable peculiarity remains to be noticed; the subject proved to be a complete hermaphrodite.

Hermaphroditism, that is to say, individuals uniting in themselves the means of reproduction, without the concurrence of other individuals of their own species, appears to be in some sort a vegetable attribute, as among plants the class Dioecia (Linnaeus) is the only one not hermaphrodite. The nearer the animal approaches to the vegetable kingdom, the more frequent and complete are the instances of hermaphroditism. This is of two distinct kinds: in the one it is absolute, the animal possessing within itself the powers of reproduction, as is instanced in the bivalve shells (the oyster for instance), in some of the multivalves (as the chiton), and in the zoophytes, the holothuria, &c.; whilst in univalve shells, on the contrary, such as the helix, limnea, planorbis, &c., although they unite the two sexes, yet the union of two individuals is necessary to fecundation. The common garden-snail is a familiar example. Animals of this description are properly termed "androgynous."

The disposition, then, to hermaphroditism is more rare as we advance in the scale of perfection, or, rather, to a more complex organization. Those cases which are said to have occurred in the higher orders of animals, may, with few exceptions, be attributed to mal-conformation of the genital organs, and to an admixture of the two sexes, which, according to the observations of Sir E. Home and Mr. John Hunter, are of more frequent occurrence in the bull than in any other of the mammifera; but in no instance have these authors found the assemblage of the organs of both sexes complete, some or other of the organs being absent, or existing only in a rudimentary state. The case which most nearly approaches in perfection to the subject of the present description, is that detailed by Mascagni in the "Bulletin de la Faculté de Médecine," for 1811, p. 176,* where he describes a bull, with all the male organs, and with ovaries, uterus, and vagina, but in place of a vulva, the vagina had its orifice in the urethra. There is also another case, somewhat similar, described in the *Med. Repository*, No. 45, of a human individual, in Lisbon, uniting both sexes in apparently great perfection. The subject was twenty-one years of age, was twice pregnant, and aborted at the third and fifth months. It is true that although the penis and the testicle existed, the latter with their excretory

ducts, were not opened anatomically. For a more detailed account of this individual, vide "Dictionnaire des Sciences Médicales," art. "Cas Rares." The above observations will at least demonstrate the possibility of the occurrence of complete hermaphrodites, even in the highest class of animals.

The specimen which forms the subject of the present description will furnish us, perhaps, with the nearest approach to a complete union of the sexes in the same individual which has been detailed; and is the only instance, so far as we have observed, of a circumstance of this kind occurring in the monkey race. In the present instance the penis was about one inch in length, subject to erections, and terminated, as usual, in a glans, but imperforate, a deep groove on the inferior surface serving as a rudimentary urethra. This groove extended about two-thirds of the length of the penis, the remaining portion being covered with a thin, cuticular, diaphanous membrane, which also closed the external orifice of the vagina, being extended across the vulva. The vagina was rather large, and displayed transverse striæ. Remains of the nymphæ and the labia externa were visible; the meatus urinarius opened beneath the pubis into the vagina; the urine must have been directed along the groove of the penis by the membrane obstructing the orifice of the vagina. The os tincæ was surrounded by small globular glands, the orifice and cervix admitting a large probe into the cavity of the uterus, which organ appeared to be perfect, with all its appendages; the round and broad ligaments, together with well-pronounced ovaries, were all *in situ*.* The scrotum was divided, consisting of a sac on each side of the labia externa, at the base of the penis, covered with hair. The testicles lay beneath the skin of the groin, about two inches from the symphysis pubis, obliquely outwards and upwards. They appeared to be perfectly formed, with the epididymis &c. The most accurate examination could not discover vesiculæ seminales, but an opening into the vagina, above the meatus urinarius, appeared to be the orifice of the vas deferens. The testicles were unfortunately separated from the body, during the process of skinning.

Admitting what in reality appeared to be the fact, that all the essential organs of both sexes were perfect in this individual, had the subject lived to adult age, most interesting results might have been elicited. Could not the animal have been impregnated by the male individual, by rupturing the membrane closing the vulva? Or, by mastur-

* The male and female organs of generation were, in this animal, so completely perfected as could have been participated in so young an individual, and resembled those of other individuals of a similar age. Minute ova were visible in the ovaries.

bation, might not have occurred, if the animal had not inserted itself, by this means, among the testicles to discharge their seminal liquor into its own vagina? The imperfection of the urethra most probably would have prevented the animal from ejecting the semen into the vagina of another individual. The subject whilst living always passed for a male. Had an instance of as complete a nature

occurred in the human subject, it might have occasioned great difficulties in a case of legal medicine. Dr. Charles Pickering and others assisted at the dissection. The subjoined are engraved from accurate drawings of the anatomical parts, in a recent state, of the natural size, taken by Dr. Morton. The head, page 963, was drawn by Dr. R. M. Bird.

Fig. 1.

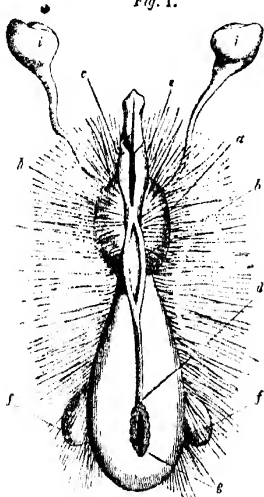


Fig. 2.

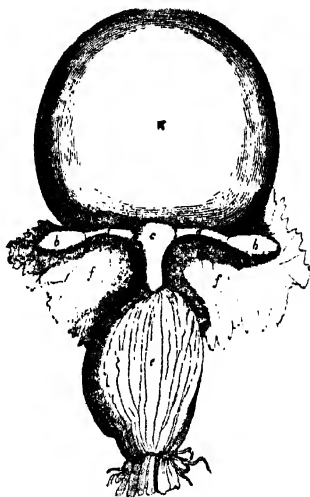


Fig. 1.—*External Organs of Generation*:—*a*, Orifice from the vagina and urethra.—*b*, Membrane covering the vulva.—*c*, Prepuce.—*d*, Raphe of the perineum.—*e*, Penis, with a groove on its inferior surface.—*f*, Ischiatic nudities.—*g*, Anus.

Fig. 2.—*Internal Organs of Generation, viewed from behind; the Uterus turned up, with its Ligamentum Latum, to show the Ovaries, &c.*—*a*, Bladder.—*b b*, Ovaries.—*c*, Uterus.—*d d*, Fallopian tubes.—*e*, Rectum.—*f f*, Broad ligaments.

(The foregoing article is extracted from a very interesting and learnedly written volume, entitled "*Medical and Physical Researches*." By R. Harlan, M.D., F.R.S.L.," just published in Philadelphia.)

CASE OF INTESTINAL CONCRETION, OR, ENTEROLITHUS.

To the Editor of THE LANCET.

SIR,—I am induced to send you a short account of a case of intestinal concretion, or enterolithus, with some observations on the subject, because the attention of the profession, either in public or private practice, is seldom called to this form of disease. I remain, Sir, your obedient servant,

J. L. IKIN, Surgeon.

Halifax, Yorkshire, March 12, 1836.

A short time ago I was requested to see a man in the country, an under-gardener by occupation, æt. 34, of a naturally robust constitution, who had always enjoyed excellent health, until within four or five months previous to the time at which I was consulted. His symptoms at this period were, pain in the lower part of the abdomen, more particularly in the right iliac region, sometimes relieved by pressure, at other times aggravated by it, which had continued for several months, though varying constantly in its degree of violence; along with this there was an irregular state of the bowels, costiveness and purging alternating;

the discharge often watery, tinged with blood, and attended with tenesmus.

His digestive organs were much impaired, having a furred tongue, dry skin, frequent thirst, headache, bad appetite, loss of strength. His pulse was, however, nearly natural, and there was little or no fever. His general appearance had undergone a considerable change within the last three or four months, and his strength had failed him to such a degree that he could only attend to the lighter duties of his occupation. As the bowels were in this irregular state, and as the pain was not at this time increased on pressure, nor such as indicated blood-letting, I ordered him a brisk purge of calomel and jalap in the evening, to be followed up with a draught of sulphate of magnesia and rhubarb in the morning. He was directed to remain quiet for a day, and was put on low diet.

The effect of this medicine was to give considerable relief, though still the sensation of pain and weight in the abdomen was not removed; the pain, however, was now felt most in the left iliac region. From the unhealthy and indurated state of his feces I began to suspect that an accumulation of feces was the irritating cause, and produced his ailments; I therefore, after an interval of forty-eight hours, repeated the purge of calomel and jalap, adding only a little pulvis cinnamomi compos. to relieve the griping of which he had complained, and continued the cathartic draught. On visiting him the day but one after, I found his symptoms entirely relieved and my patient in high spirits; he informed me that his sufferings had been very great for four or five hours previous to and during his last evacuation, but that now he had succeeded in dislodging the cause of his illness. Having distinctly felt a hard substance pressing on the parts, whilst straining at stool, only an inch or two above the anus, he had, after many attempts, and intense pain, removed it by aid of a wooden scoop. Only a slight soreness at the lower part of the abdomen, and in the rectum, was now experienced. To allay this irritation of the mucous membrane I prescribed an emollient clyster, mucilaginous drinks, &c., so that in a few days he was able to return to his usual diet and employment.

Observations.—On examining the substance expelled, it appeared at first sight to be nothing but a large indurated mass of feces, in the shape of a ball, and as large as the fist, but when it had been repeatedly washed, a most curious-shaped intestinal concretion was found in the centre, resembling somewhat, in form, the tuberos root of an orchis, only having six or seven tubercles or excrescences instead of two. The following diagram may serve to give an idea of it, the tubercles taking their origin from

a common centre. In the fecal matter was removed, it weighed rather less than an ounce. Its colour resembled that of rhubarb; the woody fibres were distinct, and mixed with calcareous deposits, both externally and internally. On cutting into it, the nucleus had more the appearance of a cherry-stone than anything else. There was a cavity of about the size found in those stones. A calcareous deposit of phosphate of lime surrounded it. The man felt convinced, that if the substance had been allowed to remain, it would have eaten its way through his abdomen, or permanently have stopped up the passage. I told him, that perhaps a cherry-tree would have grown from his body, like that which grew from the forehead of Munchausen's stag, and that had this happened, he would have become the most extraordinary gardener in the world. On more minutely examining this concretion, it was found to consist principally of woody fibre, and of a great quantity of a peculiar substance like *amidon*,† or the skin which covers the horns of deer when they first shoot; it has the appearance of soft, velvety, brown, spongy network, with short spicula. It is insoluble in water, partially soluble in alcohol, and blackens with sulphuric acid, burns with a slight flame, emits an odour of woody fibre, or tinder (of which it is a description), and heat reduces it to a charcoal. The calcareous deposits I found to consist of phosphate of lime, ammonia, and magnesia, the presence of which I detected, by adopting the process mentioned by Dr. Turner in the 24th vol. of the *Edinb. Med. and Surg. Journal*, where there is a case of intestinal concretion related by Mr. Tortet, with Dr. Turner's analysis. In the case before us, I attribute the formation of the concretion to the torpid state of the bowels, and to the swallowing of some indigestible matter, as a cherry-stone, or some fruit stone of that description.

Had I not persevered in the use of brisk purgatives, the result might have been most untoward; or had I mistaken the symptoms for those of inflammation of the mucous membrane, and ordered leeching, counter-irritants, and mild laxatives *only*, the exciting cause of derangement would not have been removed; or suppose I had attributed the causes of his sufferings to spasm, or nervous irritability, and had ordered a strong

* The sketch was not sufficiently perfect to allow an engraving to be made from it, but the section has the appearance of a rosette of riband, with six bows, the centre being an inch in diameter, and the bows each somewhat less in length; the diameter of the whole is about two and a half inches.—Ed. L.

† A variety of the *belius ignarius*, called "spunk," or "German bladder."

antispasmodic, or, ~~if necessary~~, before employing purgatives, the consequences might have been still worse than in the former case. These considerations are worthy of the attention of practitioners, and as a young one, I thought myself fortunate in the happy termination of the case. It appeared from the symptoms that the effect of the first dose of the medicine was to remove the concretion and accumulated mass of feces from the right iliac region, or from the caecum and ilio-caecal valve, and the left iliac region, when the repetition of the purge caused the enemy to retreat to the back door, and that the sigmoid flexure of the colon and curves of the rectum obviated in some measure its free passage, producing the sensation of pain so acutely felt at this period.

The rarity of these cases and the practical nature of the subject must plead my excuse for requesting a little more room in your valuable Journal.

Intestinal concretions are not common in the human body, though several cases are recorded in Munro's work on the Morbid Anatomy of the Stomach, Gullet, and Intestines, in Good's Study of Medicine, in the *Edinburgh Journal*, in Andral's work, and in the works of other foreign authors. In ruminating animals they are often observed, especially in those whose food consists of husks, beads of oats, &c., as in millers' horses. The intestinal calculus has been found occasionally to resemble the bezoar,* found chiefly in the camel and the goat, and formerly used in Holland and Portugal as an alexipharmic. According to Drs. Fourcroy, Vauquelin, and Berthollet, eight kinds of bezoars have been described, those consisting of,—1st, Super-phosphate of lime; 2nd, phosphate of magnesia; 3rd, phosphate of ammonia and magnesia; 4th, biliary; 5th, resinous; 6th, fungoid; 7th, hairy; 8th, ligniform.

Dr. Good describes only three kinds of enterolithus, viz., bezoardus, calculus, and scybalum. As almost all animals are endowed with the power of separating and secreting lime and other earths from the blood for particular purposes, such as that of forming a shell, a covering for insects, &c., so, in a morbid state of the system, generally, this secretion often takes place in abundance, and is poured forth into cavities where its accumulation and crystallization must be attended with mischief. The three varieties of true enterolithus are described as taking their origin in the following manner (See Copeland's "Dictionary") :—1st. Those whose nuclei have been formed from inspissated bile, gall-stones, &c., to which saline and animal matter have at-

tached themselves. 2ndly. Those having nuclei consisting of foreign bodies, such as flint-stones, seeds, husks, fragments of bone, around which the alimentary matter has collected and crystallized. 3rdly. Those which are formed entirely in the alimentary canal, and which are more or less homogeneous, and have no distinct nuclei.

The present case seems to belong to the second class. Concretions are found also in the intestines of persons who are in the habit of taking large doses of magnesia and chalk. Adipocercous and fatty concretions are occasionally formed. Dr. Elliotson in his valuable lectures, and in some of his papers, narrates cases of this description.

The morbid changes produced by these alvine concretions as described by Munro in the work previously alluded to, are either the formation of a sac, constrictions of the bowel, adhesions of the concretion to the inner coat of the intestine, or ulceration of the parts in which they are lodged, &c. The treatment which has been recommended may be divided into three modes, viz., purging, dissolution, and operation. Purging is certainly the best and most likely to succeed, provided the concretion is of limited size. Treatment by dissolution holds out a poor chance of success. That by operation, is a most formidable proceeding, either in adopting Munro's method, or that of M. Tortet; the former directs us to cut down upon the foreign body, in the space between the 12th rib, in the upper margin of the os ilium, or on that part where the peritoneal covering is deficient, then to make a hole in the colon, feel for the calculus, extract with the forceps, &c. The danger of this operation is evident enough, and, besides, how are we to be sure that the concretion will be found in the spot corresponding with the external incision? Mr. Tortet recommends to cut immediately upon the foreign body, supposing it can be distinctly felt through the skin, on the strength of the idea that the danger arising from wounds of the peritoneum and the exposure of the viscera to the contact of air has been exaggerated.

This operation might certainly be practised with a chance of success.

Illustrations of the Elementary Forms of Diseases. By R. CARSWELL, M.D. Fasciculi 2—9. London. Longman. 4to. 1835-6.

SINCE we reviewed the first fasciculus of Dr. Carswell's work, eight more parts have appeared, the second and third illustrative of carcinoma; the fourth of melanoma; the fifth of softening; the sixth of hemorrhage; the seventh of mortification; the eighth of

* From the German compound "pall-sch," or "pall-scher," corrupted into "bed-zohr," or "bezoar," and translated "depeffens tumorem."

pus; the ninth of hypertrophy. Each fasciculus presents a comprehensive view of one of the morbid conditions or products which Dr. Carswell has denominated "elementary forms of disease," because out of them, or their combinations, every organic disease, every appreciable anatomical lesion, is compounded. Several of the facts which are stated in the different fasciculi are new; and the manner in which they are generalized and explained is always ingenious; but it is the clear and logical manner in which all the doctrines of morbid anatomy are announced, and the beautiful accuracy with which every morbid form and shade is delineated, which give the chief character to this work, which is well calculated, as we at first predicated, to diffuse the important discoveries made on the continent and in this country, to put them at once in the possession of every practitioner, and so to advance, more than any other recent publication, the progress of practical medicine.

We shall only notice the last and ninth fasciculus, which treats of hypertrophy,—"the consequences of an excess of the nutritive functions," and not, as has been supposed, "the consequence of an accumulation of the nutritive materials, from a diminished exercise of the act of decomposition."

Hypertrophy is sometimes *congenital*; at other times there is in the body a general tendency to an increased but imperfect development of various organs and tissues of the body, such as is observed in persons of a scrofulous constitution, where "the liver, the bones, the lymphatic glands, sometimes the brain, and, frequently, the upper lip, are, more or less, obviously enlarged."

The development of the adipose tissue is at times carried to an enormous extent under the influence of hereditary disposition, but more frequently under the influence of *gourmanderie*, leisure, and supersaturation of the system with aliment, as was remarkably exemplified in the ancient race of *corporators*, and the dignitaries of some Christian churches. Among the local causes of hypertrophy, Dr. Carswell enumerates "frequent and increased action of an organ in the normal exercise of its function." It is this kind of hypertrophy which occurs in the voluntary muscles, more especially in those of the extremities; but in the blacksmith's arm, or in the leg of a Taglioni or

a Vestrali, or other forms that terminate as well, the hypertrophy is not to be considered pathological. Notwithstanding this reservation, Dr. Carswell has remarked that the "superior extremities of celebrated dancers suffer, and, when compared with the inferior, almost appear to be emaciated, while the legs of the *dragman* are sometimes so slender, that they seem hardly to possess sufficient strength to sustain the weight of his broad chest and brawny shoulders.

A more important variety of this form of hypertrophy occurs in some involuntary muscles and double organs. Great hypertrophy of the heart is by no means uncommon, and is attributable only to excessive action, induced through the agency of certain diseased states of other organs, particularly of the brain and nervous system. The increase of bulk in one lung, or in one kidney, when the function of the other is suppressed, affords an interesting example of hypertrophy from a physiological increase of function, called into operation by the wants of the economy. The increased development of arteries and veins for carrying on a collateral circulation, the enlargement of the uterus and of the mammae in pregnancy, and, perhaps, the augmented bulk of one cerebral hemisphere, when the other is atrophied, may be legitimately referred to the same kind of hypertrophy.

The second cause of hypertrophy is "the existence of a *mechanical obstacle* to the accomplishment of the function of an organ." The most frequent cause of hypertrophy of the heart, the stomach, the bladder, and the biliary ducts, is some contraction or obstruction in the *orifices* of those organs, by which their muscular parietes are excited to increased action, and are, consequently, from the reason above stated, augmented in volume.

The *long-continued influence of a morbid stimulus*, is the most general cause of hypertrophy:—

"A state of irritation or chronic inflammation, is by far the most frequent cause of hypertrophy of the *mucous*, the *cutaneous*, the *cellular*, the *fibrous*, and the *osseous* tissues, and the *glandular organs*; nor is it an unfrequent occurrence in the *involuntary muscles*, besides being occasionally met with in the *brain* and the *nerves*, and their *ganglia*."

Dr. Carswell has made some interesting observations on the state of the vessels in

aneurysms, and the formation of cardiac aneurysms.

The *first plate* in the fasciculus which we are noticing, shows hypertrophy of the bronchi, the circular fibres of which are enlarged, and form transverse bands. Other figures represent emphysema, in which the dilated cells vary from the size of a pin's head to that of a cherry or a walnut. The *second plate* represents various forms of cardiac hypertrophy. Figs. 1, 2, 3, of the *third plate* represent the morbid appearances which precede and accompany the formation of aneurysmal dilatation of the heart:—

"The serous membrane lining the internal surface of the ventricle, presents within a circumscribed space, varying from a quarter of an inch to one or two inches in breadth, or even from one half to two-thirds of its entire extent, a pale straw colour; it has become opaque, is closely united to the cellular tissue beneath it, which presents the same colour, and is considerably thickened. Occupying the situation in which these changes are perceived, and sometimes nearly to the same extent, are one, two, three, or more depressions, cavities, or sacs. These are lined by the serous membrane and cellular tissue."

Fig. 4 presents a section of the tibia, with circumscribed bony enlargement or node. Traces of the external wall of the tibia are still observable, showing that the new osseous deposit took place on the *inner surface of the periosteum*.

The *fourth plate* represents aneurysmal and varicose dilatations of the arteries; also dilatation of the lymphatics and of the urethra. Fig. 2 is an example of aneurysmal dilatations, which existed in all the arteries of the body, varying from the size of a hemp-seed to that of a large pea. Fig. 6 represents a dilatation of the urethra filled by a large stone. Although the sound had been frequently introduced, the presence of this stone had never been detected, "probably from the situation of the dilatation in the inferior surface of the penis, and the stone not projecting into the urethra." The patient was treated for varicocele in the *Hôtel Dieu of Paris*.

The following is a very remarkable case of dilatation of the lymphatics in a young man of about 26 years of age:—

"My friend, M. Amussat of Paris, was called to the patient, who the day before had been seized with severe pain in the ab-

domen, followed by frequent vomiting. These symptoms, and the presence of two swellings, one in each groin, nearly as large as an orange, left no doubt that the patient was labouring under the effects of strangulated hernia, but the state of prostration was such that reduction by an operation was not attempted. On examining the patient after death, the only remarkable circumstance observed was, enormous dilatation of the lymphatics from both groins upwards, including the thoracic duct. The two swellings situated in the groin, and which at an early age of the patient had been treated as a case of *double hernia* (for we afterwards learned that he had worn a double truss from his boyhood), were found to be produced by great dilatation of the lymphatics of the inguinal glands. When cut into, instead of having a compact structure, they presented the appearance of a coarse sponge, from the size of all these vessels being increased, the most of them presenting from one to three lines in diameter. All the lymphatics of the pelvic and lumbar regions presented the same alteration in a still more remarkable degree. None of them were less than two, many of them from three to four lines, and the thoracic duct was from six to eight lines, in diameter. As no obstacle was found in the course or at the termination of the thoracic duct to account for the dilatation of the lymphatics in this singular case, and as these vessels had undergone no other perceptible change, I am disposed to consider it as an example of *malformation* of these vessels."

On the Analysis of the Blood and Urine in Health and Disease. With Directions for the Analysis of Urinary Calculi. By G. O. REES. London, Longman, 1836. 8vo, pp. 147.

THE profession desire, says Mr. Rees, to know more of animal chemistry. Medical students already pursue the study vigorously, and their elders become unwilling to lack the scientific knowledge possessed by the apprentices. He therefore here presents them with what is described as "a concise view of those plans of analysis of the blood and urine, which may be performed" easily, cheaply, and usefully. The design is good, and it is gratifying to find the execution in the hands of a practical man, one who is not a mere book-maker. When the former, in addition to his experience, possesses a good understanding of words, and such clearness of head as will enable him to write comprehensibly, there is reason to

congratulate the studious public on his literary labours. But few authors esteem the latter qualities. Consequently six volumes in every seven that come from the press, present us with such unpardonable outrages upon the English language, that their chief purpose is wholly lost and defeated. It gave us pleasure, therefore, to meet with a book whose author seemed alive to this error:—

"I have avoided as much as was possible those formal methods of description which have frequently disheartened the beginner from even reading a process, much more putting it to practice. If any such feeling be entertained by my readers, let me assure them that it is the reading, and reading only, that perplexes them; and that when once they have commenced the practice of the process, all confusion will pass away, and the facts become clearly and firmly impressed upon their minds."—*Preface*, p. iv.

We cannot altogether approve the "reading," that is to say, the writing, of this passage, and we have also, elsewhere, here and there, some rather perplexing, and some rather superfluous passages; for instance, in speaking of *filtration*, Mr. Rees advises that

"When pouring from any vessel into a filter, the lip of such vessel should be kept perfectly dry, otherwise the fluid is liable, after passing the lip, to run backwards to the bottom of the vessel, and thus be lost."

And his instructions for *weighing* are rather excessively described in the following passage, which does not end even with the lines which we have placed in italics:—

"Accuracy is greatly ensured by the habit of weighing by counterpoise, which is by balancing the substance to be weighed with dry powdered sand (or any other convenient powder); and then, on removing this substance, whose weight is to be ascertained, and counterpoising the sand in the balance with the weights, the most accurate result is obtained; for the number of grains, or parts of a grain required, must be identical in weight with the substance removed, before they can produce the same effect, of precisely balancing the sand."

Were it not very desirable to seize opportunities of urging our medical writers to pay more attention to the manner, as well as the matter of their books, we should not have delayed our praise of this volume to advert to a point which Mr. Rees himself in his preface presented to our attention. We could fill a *LANCET* any day with the exposition of the difference between what some authors actually say, and what they

really mean in any one chapter of their works.

Our remarks on the volume generally need not belong. We say as much as, and no more than, it deserves, in stating that it is an excellent book of instruction in analyses of the blood and the urine, in health and disease, quantitative and qualitative, with simple excess or decrease of their natural constituents, and with the addition, when present, of foreign substances. Personally familiar with all the processes, the author is not mere copyist, and he has repeated the researches of others where his own experience was too limited to be drawn upon for his descriptions.

His remarks as a medical practitioner are not numerous. The volume is, very properly, almost entirely confined to its expressed object. We extract, however, a few remarks by way of specimen, and with them close our notice.

Extraneous Principles in Urine.—"The urine frequently presents the various odours and colours of vegetable matters which are taken into the stomach; and the examiner must be on his guard against being deceived by such appearances. Thus, I have known a patient on the point of being treated for hæmaturia, when the urine (by a mere chance) falling under my observation, I discovered the red coloration to proceed from the presence of a vegetable matter. On inquiry, the patient stated that he had been eating a salad, of which beet-root was an ingredient, during the last eight or ten days of his medical friend's visits."

"*Mercury* has been said to exist in the urine of those who use frictions with mercurial ointments. This observation was made by Cantu, who obtained metallic globules from a sediment. I had occasion to examine the urine of a person who was salivated from large doses of calomel, but could not discover any trace of mercury in it.

"*Iodine* always exists in the urine of those who take it internally. I have detected it in the urine of an individual who had taken only one grain of the remedy, and that in three separate doses of one-third of a grain each."

Diabetes.—"The great difficulty to be overcome in this examination is that of determining the proportion of urea; for the sugar with which it is admixed completely prevents the crystallization, on the addition of nitric acid. There seems little doubt that many specimens of diabetic urine have been stated to contain no urea, when that principle has been present in

considerable quantity. Mr. Kussner made some experiments on this subject, from which he concludes that urea is voided by diabetic patients in the same quantity per diem as by healthy individuals. His method of detection was by plunging a mixture of the fluid with nitric acid into a freezing mixture, formed with ice and common salt; at this temperature a crystallization of nitrate of urea occurred."

Silica in Calculi.—"This substance was twice detected by Vauquelin and Fourcroy during their laborious researches into the nature and composition of urinary concretions. Vennables also reports the case of a woman who passed a calculus containing silica. It seems highly probable that this substance may exist in small proportion in most calculi; nor are we to be surprised at its being overlooked by those who examine the concretions; for, to do justice to such an investigation, it would be necessary to sacrifice the greater portion of most calculi, which is seldom permitted to the chemist, since such minute investigation has rarely been the desideratum of those who subject their specimens to his operations."

GERMAN JOURNALS.

Rust's Magazin für die Gesamte Heilkunde.
Vol. 45, Nos. 1, II., 111.

WE resume our analysis of the German Journals. The last three numbers of Rust's Magazine contain the following communications, some of which we have already noticed:—

1. Report of the Medical Practice in the *Hopital de la Charité*, Berlin, from 1833 to 1834. By Dr. BARTELS.

2. Observations in Surgery and Ophthalmology. By Dr. BUCK.

3. Remarks on an Epidemic of Dysentery at Cottbus in the year 1834. By Dr. MALIN.

4. Fracture of the Skull, with Medullary Cancer in the Cavity of the Cranium. By Professor WUTZER.

5. Observation of a Case of Caesarean Operation. By Dr. KRANEFUSS. (Analyzed in THE LANCET of Jan. 30th, page 700.)

6. On the Difference between Congestion and Inflammation. By Professor NAUMANN, of Bonn.

7. On Secondary Abscess. By Dr. NASSE.

8. Some Remarks on the Gout. By Professor J. WENDT.

STATISTICS OF "LA CHARITE," BERLIN.

No. 1 is a lengthened report of the most interesting cases &c. that present them-

selves at the medical clinique of *La Charité*, Berlin, during the year 1833-34. We can only afford space for a notice of the statistical summary.

During the summer session 105 patients were treated; of these were

Cured, 57; incurable, 7; removed to other establishments, 12; died, 12; remained under treatment, 17,

During the winter session 141 patients were treated; of these were

Cured, 81; improved, 7; transferred, 11; died, 23; remained, 19.

Thus of 246 patients treated we have,—128 cured and 35 deaths; while the remainder were either imperfectly cured or incurable.

The paper No. 2, entitled "Observations in Surgery and Ophthalmology," by Dr. BUCK, contains a division entitled

POLYPI OF THE UTERUS.

The three following cases of uterine polypi present each several points of interest. In the first, we find an example of extirpation of the tumour while contained in the cavity of the uterus, an operation which most writers have considered as impracticable, though the present case shows that it may be had recourse to with full success.

CASE 1.—A poor woman, forty-six years of age, generally enjoying good health, the mother of six children, was seized at the age of forty-four, with a severe hemorrhage from the uterus, which continued for eight days, and was attributed to fatigue and exposure to cold. Her menstrual periods had always been natural, and the discharge did not return again for twelve months; during this time, however, she experienced constant weight in the hypogastrium, with acute stitches in the sides, pain in the pelvis, and difficulty of making water. After the lapse of a year the hemorrhage returned, with aggravation of the symptoms, and was repeated at short intervals. The author being called on to see the patient in January 1834, found that the loss of blood had been replaced by a fluor albus. The woman was now very much reduced; her general appearance was cachectic, and she was unable to leave the bed; she had severe pain about the iliac region, which was aggravated on pressure, although nothing could be discovered in the shape of tumour, induration, &c.; the pulse was small and weak; cough frequent; she vomited occasionally, and was unable to bear anything but light food; she complained from time to time of weak labour-pains. On examination the uterus was found occupying its normal situation; the inferior segment not developed, but soft and thin; the lips of the os tincæ were completely

effaced, and the uterine orifice itself was dilated to the size of a sixpence (*zweygroschenstucks*), so as to admit the index-finger. On passing the finger into the cavity of the uterus it was easy to feel and determine the existence of a polypus of the size of a large pear, which was implanted into the fundus and did not descend quite so far down as the os tincæ. It was impossible to reach the peduncle with the finger, but the inferior portion of the tumour, which was quite insensible, could be circumscribed. The author's first care was to improve the patient's health, and, if possible, promote the descent of the tumour into the vagina. For this latter purpose he administered the *secale cornutum*, but without effect. The general symptoms now became more pressing; copious discharge of foul mucus: severe cough and pain in the chest; watery diarrhœa; hectic fever &c. set in. An operation became indispensable, and was performed in the following manner.

The patient being placed in a demi-recumbent posture on the edge of her bed, the operator, who employed the instrument of Jorg, commenced by introducing the extremities of the tubes, oiled, and furnished with their threads, along the left index-finger, as high up as possible along the root of the polypus. One branch of the instrument being fixed, the operator, turning the concave surface of the second branch towards the polypus, succeeded in embracing the neck with his ligature, and fixing the two branches together. In order to avoid injuring the uterus the operator took the precaution of exercising the pressure required for manœuvring his instrument, rather on the polypus than against the sides of the uterus. However, the latter organ did not experience any pain or contraction, although frequently stimulated by the branches of the instrument. The ligature was gradually tightened for eight days, at the end of which period it came away, but, on examining, it appeared that only one-half the tumour had been destroyed. A second ligature was now applied, but with much more difficulty than the first, because the body of the polypus was reduced in size, while its peduncle seemed very thick and fibrous.

The effects of the copious foul discharge were counteracted by frequent injection of an antiseptic lotion. The inquiet state of the patient induced Dr. Buck to remove the ligature in a few days; he could now discover nothing but some fibrinous concretions, that were soon discharged with the pus. In fourteen days the polypus seemed completely destroyed, the uterus had recovered its normal form; the general symptoms rapidly diminished, and at the expiration of two months the female perfectly recovered her health, and the menses again became regular.

CASE 5.—A well-constituted lady, forty-six years of age, commenced to menstruate regularly every four weeks at the age of eight years. This state continued for six months, and was not accompanied by any other sign of precocious development. After having continued for six months, the catamenia disappeared until the age of fourteen, and continued regularly until the patient's sixteenth year, when they were suddenly arrested by a fright. Four weeks afterwards, on the very day that the menses were accustomed to appear, the patient was attacked with violent inflammation of the throat (*angina tonsillaris*), which threatened suffocation. This inflammation was subdued by proper means, and the catamenia reappeared in four weeks, but were, on several occasions, in the course of the year, supplied by a return of the angina: the consequence of this repeated inflammation was an induration, with tumefaction of the right amygdala, which Professor Fischer removed with the ligature. The patient was now nineteen years of age. During the two following years the catamenia were very irregular, but the patient remained free from inflammation of the throat, and the functions of the uterus were restored by invigorating remedies, sea-bathing, &c.

Madame S. was married in her twenty-third year, and gave birth to five children within eleven years; each labour was difficult, but terminated naturally; severe flooding always appeared within the first twelve hours after delivery, and reduced the patient to a state of great debility. During her pregnancy, and while suckling her four first children, Madame S. was free from inflammation of the throat, but six weeks after her last delivery this affection returned on three several occasions. After a lapse of two years, the patient, now thirty-six years of age, was seized with severe loss of blood from the uterus, with pain in the hypogastric region, and a dragging sensation in the loins. From this period the hemorrhage was repeated, at first every six or four months, and, latterly, every three or four weeks, and was always preceded by some mental contrariety. She now complained of increased debility; pain in the lower part of the abdomen; difficulty of making water; the bowels were irregular, and, from time to time, a pricking pain was felt in the mamma. The inflammation of the throat did not reappear.

In this state the patient continued for several years to lose a large quantity of blood. In the month of October, 1855, during an effort which the patient made, a large body was suddenly projected beyond the external labia, with a violent flooding. A *sage femme* mistook the tumour for a prolapsed uterus. The patient was now confined to bed, and suffered extremely from

repeated the disease for several years. Several physicians mistook the disease for inversion of the uterus, and after vain attempts at replacing the organ, recommended astringent and tonic remedies.

These means were of no benefit, and in the year 1830, Dr. Buck was called on to visit the patient, whom he found excessively reduced by the repeated floodings; her body was covered with a cold clammy sweat; she complained much of giddiness in the head, and a periodical dragging feel in the right thigh; the face was pale; the eye dull; the pulse small, frequent, and intermitting; the nights were disturbed; the bowels very costive; the excretion of urine frequent and painful; the blood discharged was sometimes dark and clotted, sometimes thin and watery. On external examination the abdomen seemed soft, even a hand's breadth above the right ilium, where the patient complained of a constant dragging pain not increased by pressure. There was no trace of depression or curvature above the pubic symphysis; the vagina was occupied by a round body as large as a closed fist, quite insensible to pressure, and of a firm smooth surface. The tumour did not yield under compressions, but was compact and dense. The peduncle, two inches in thickness, was not completely surrounded by the os uteri. Where the extremity of the peduncle joined the vagina, there could be felt above and somewhat to the left side, a semilunar, slightly elevated and tunched edge, with a depression, but everywhere else a flat retiring angle. It was impossible to introduce the finger, or a probe, into the depression. The author considered the body to be a polypus, which was attached to the neck, and by its pressure had closed up the os uteri.

Although this body had been considered by most of the patient's medical attendants as complete inversion, with prolapsus, of the uterus, while the state of the os tunc rendered the diagnosis still more difficult, yet two principal reasons induced the author to adopt the idea of a polypus: first, its insensibility to pressure with the nail, a circumstance never observed in the uterus; and, secondly, the manner in which the tumour made its appearance externally, for complete eversion of the uterus is inconceivable, except immediately after delivery; and the patient's last child was twelve years old, and the symptoms did not commence until three years after her last labour.

The removal of the foreign body was evidently the only remedy from which any benefit could be obtained. The general health of the patient was first improved by attending to complete rest of mind and body; she took internally an infusio summit. mil-lefolii and valer., with mineral acids, bark, and iron. Opium was given in the evenings, and the bowels regulated by laxatives;

the local treatment consisted in washing the parts with cold water. By these means a repetition of the flooding was prevented, and for six weeks the patient was attacked only twice, while the general health improved in proportion.

A ligature of silver wire was passed round the tumour, about an inch from the extremity of the peduncle; in about twelve days the tumour began to soften and come away in a sanguineous, purulent, foul discharge: on examining the vagina, the vaginal portion of the uterus, which in size and properties resembled an organ a few days after delivery, was found in a normal state, filling the cavity of the sacrum; the os uteri had an irregular angular form; some fragments of the polypus adhered to the anterior lip, and were partially removed by the finger; the rest came away with the pus.

Six weeks after the operation, the patient, who for ten years had remained free from any inflammation of the throat, was again attacked with this affection in a very severe degree; however, the symptoms were removed by a treatment with mercury and camphor. During the six months which followed the operation, the patient had no flooding whatever; the catamenia then appeared, at first somewhat abundant, but natural afterwards. At the present day, five years after the operation, Madame S. enjoys perfect health.

CASE 3.—A female, originally of healthy constitution, forty-four years of age, whose catamenia always were regular, though somewhat profuse, gave birth, within a period of thirteen years, to three healthy children, of whom the youngest is six years old. Her husband, a powerful man, forty years of age, was seized about two years previously to the present period, with an erotic monomania, under the influence of which he had connection with his wife more than four times a day for the space of a fortnight. Immediately after this the menstrual discharge became more profuse, the intervals more short, and since April, 1832, a constant discharge took place from the vagina, of blood, or whitish mucus. If we except a more frequent desire to pass water, the patient suffered under no local pain beyond an uneasiness about the pelvis; the appetite, bowels, sleep, &c., were regular. The flooding however continued, and Dr. Buck saw the patient in the summer of 1833; she was now very much reduced, the countenance pale, and the temper very irritable. The loss of blood was moderated by proper regimen, alum, bark, and the mineral acids. On examining the vagina, the inferior segment of the uterus was found swollen, and hard; the os tunc somewhat dilated; these symptoms, joined to the obytinate nature of the disease, in-

duced the author to diagnosticate a polypus still enclosed in the body of the uterus. One evening, the flooding, which had been suspended for ten days, having returned with increased violence, the patient began to experience severe pains, similar to those of labour, which continued with brief intervals for about an hour and a half; after the expiration of this time, the author recognised by the touch the presence of a large, hard, pyriform, perfectly insensible polypus filling the vagina.

The operation was performed in this case as in the two former; the ligature came away on the sixth day, and the remnant of the tumour was easily extracted from the vagina. The polypus had lost nearly half of its volume, presented a yellow-white surface, a fleshy consistence, and was lined with a smooth mucous envelope. All discharge now ceased, and the patient recovered her former health under the use of strengthening remedies, bark, colombo root. *tinct. ferri acetici aeth.*, &c.

The above cases of uterine polypus are calculated to give rise to some reflections of a practical nature which are not without interest. Whenever a female is subject to any discharge from the vagina, whether of blood, or mucus, or not, it should be an invariable rule with the physician immediately to examine the state of the uterus and internal organs of generation. In the first of the cases now before us, the true nature of the disease had been mistaken for a length of time, and the patient's life brought into great hazard. In the third, the ordinary symptoms of uterine polypus were altogether absent; however, the state of the os uteri, and the obstinate nature of the discharge from the vagina, led to the idea of polypus, and the progress of the disease soon removed all doubts upon the subject. The process by which a polypus makes its way into the vagina is not a passive one; the tumour, distending and stimulating the body of the uterus, produces an action similar to that of labour; the neck of the uterus is effaced, the os tincæ softens and becomes dilatable, labour pains more or less severe set in, and the foreign body is expelled into the vagina with many of the symptoms of true labour. This is well illustrated in the third case, where the period of time during which the tumour was being expelled, lasted for an hour and a half. In many cases, however, the passage of the polypus through the os uteri is not accompanied by any very remarkable phenomena.

The possibility of placing a ligature round

a polypus, and its removal by the os uteri, and thus expelling the foreign body, whenever the os uteri is moderately dilated, is fully established by the first case we have reported; and the operation is indicated whenever the uterus is not sufficiently irritable to expel the tumour into the vagina, while the life of the patient is endangered by the constant loss of blood. This passive condition of the uterus is even favourable to the success of the operation, from which we should not be deterred by any idea of its difficulty. The presence of a polypus in the cavity of the uterus may be concluded when, under the circumstances alluded to, we feel an insensible moveable body through the dilated os uteri. As long as the polypus is closely embraced by the uterus, and the os tincæ contracted, the symptoms are generally of a mild nature, and we are not called on to interfere in a case where all operation would be impossible.

Experience also proves that we are not to adhere too strictly to the opinion of some writers who reject the operation whenever the general health of the patient is very much deteriorated: when hectic fever, with anasarca, diarrhoea, vomiting, &c., have existed for any time. The first and second cases prove that under these unfavourable circumstances the removal of the polypus, so far from hastening the patient's death, may be speedily followed by rapid recovery. Writers generally describe polypus of the fundus uteri, as being attended with severe flooding, while those which arise from the neck or os tincæ produce little or no loss of blood, but rather an abundant fluor albus. This rule admits of several exceptions. Thus in the two first cases we observe exactly the contrary. In the first the polypus was attached to the fundus uteri, the organ itself was relaxed, and the os tincæ dilated, yet the hemorrhage was moderate, and during the last six weeks nothing came away except a quantity of mucous fluid; while, in the second case, where the tumour was attached either to the cervix uteri or one of the lips of the os tincæ, the floodings continued with great severity for ten years, yet the tumour was not of a spongy nature, but compact, and enclosed in a smooth membrane. This circumstance gave no certain indication of the point into which the polypus was inserted, which we can never determine without repeated and careful examination.

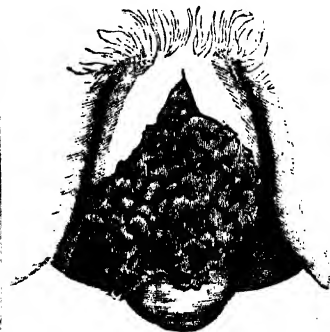
VAGINAL CYSTOCELE.

The following is a curious case of a very rare disease:—

CASE.—A woman, 54 years of age, apparently of good constitution, gave birth to her second and last child twelve years back. The labour was difficult, and the midwife, according to her own account, obliged to move the placenta. The patient, however, passed through the first few months without any accident, but in the following years she frequently experienced a sensation as if vacuum were suddenly formed in the lower part of the abdomen by the descent of something which caused a pressure in the vagina, joined to pain. These sensations continued for some years, when one day she felt a round firm body in the vagina, which became more palpable whenever she made any odily exertion. After the lapse of a few years this body protruded externally beyond the orifice of the vagina, and was at first easily replaced by the patient. At length, however, the tumour became more enlarged, and she found it impossible to return it within the labia externa. There was no difficulty of making water; in this state she continued to suffer for three months, until medical aid became indispensable.

The author, Dr. Buck (whose "Observations" we are still analyzing), on examining the organs of generation found a hard body as large as a seven-months' child's head projecting beyond the external labia. The tumour was everywhere dense, and covered early all over with cauliflower excrescences which produced a foul and ichorous secretion. The lower third was free from excrescence, of a deep-red colour, and closely resembled in appearance the vaginal segment of the uterus. A probe was introduced, half an inch deep, into a transverse slit, which was considered as the os tincæ. On passing the finger round the tumour, which very easily bled and seemed closely united above the labia, it was impossible to introduce the finger further than a blind angle that everywhere circumscribed the fungous mass. The vagina, everted and prolapsed, seemed to embrace the body of the tumour, and had contracted so close an union with the membrane of the labia as to form nearly a straight line to the perineum. On examination by the rectum no trace of the uterus could be found, but the finger penetrated above into a thick sac, apparently the everted vagina. The author attempted in vain to introduce the catheter in the ordinary manner, as the orifice of the urethra was excessively painful and closed by large vegetations; besides, no urine was secreted in normal quantity, and the tumour did not undergo any change of volume on being excreted, nor was any desire to make water produced by pressing upon the tumour. The disease was diag-

nosed as a complete prolapsus of the uterus, which, in consequence of the contact with air, urine, &c., had taken on cancerous ulceration.



Several surgeons and accoucheurs by whom the patient was examined being of the same opinion, it was determined to operate the removal of the tumour by carefully dissecting away the vagina from its connections with it. The intestinal canal being emptied, and the patient placed as in the operation for lithotomy, several assistants endeavoured to introduce the catheter, without success, until Dr. H. having by chance turned the instrument in a nearly perpendicular direction, passed it into the bladder, a thing which certainly would not have taken place had that viscus occupied its natural position.

This circumstance threw some doubt for the first time on the nature of the accident, but as the end of the catheter could not be felt externally, while it was discovered at the posterior wall of the tumour by introducing the finger into the rectum, the displacement of the bladder was considered as having followed that of the uterus, and the operation was continued. An incision of several inches was made into the thickened wall of the vagina, underneath the tumour, and the latter dissected away with the bistoury, constantly turned towards the swelling, lest the rectum might be injured. However, instead of arriving at the substance of the uterus, as was expected from the direction, the operator fell upon true muscular fibres, where the catheter could now be felt, as a firm envelope, at least one quarter of an inch thick, had been removed from the tumour. These two circumstances rendered it evident that the tumour was in great part, at least, composed of the bladder, without its being clear in what manner this latter was connected with the uterus. Another incision was now made, superiorly, near the orifice of the urethra, and continued down

to the first one; and the external coat of hard fungous masses was dissected away without the bladder being injured. The catheter could now distinctly be felt at all points of the parietes of the tumour, which had lost half of its volume, and being freed from excrescences presented a smooth surface; it was partially replaced after a few gentle attempts, and the patient put in bed.

She passed the first days pretty well; the pain of the wound was slight; the appetite moderately good; the abdomen free from pain and not tumid. These favourable symptoms continued for more than three weeks after the operation, when the appetite began to give way. The patient became feverish; the edges of the wound dry and red. A colliquative diarrhoea now set in, and carried off the patient on the sixth week.

On examining the body after death, the tumour which had been mistaken for the uterus was found to be the bladder, the inferior and posterior walls of which, clothed by the vagina, had gradually descended and projected beyond the great labia. The inferior part of the tumour, which still resembled the inferior segment of the uterus, presented a smooth surface, whose tissue was compact and of a cartilaginous consistence. It was necessary to make an incision of one inch and a half, from below upwards, to arrive at the bladder at this point.

The transverse fissure, which was considered as the os tincæ, and contributed more than any other circumstance to the error of diagnosis, was formed by a peculiar fold of the vaginal mucous membrane, for which it is difficult to account. The extraordinary development which the vagina had attained in this case is worthy of notice; it was only the superior part, which in a normal position lies close to the bladder, that could have formed the exterior covering of the tumour. It is also evident that the bladder had not descended through a rupture in the parietes of the vagina, since the latter membrane surrounded the tumour on all sides. The portion of the bladder which was displaced, was degenerated and thickened; the fundus covered by the peritoneal tunic, still lay in the cavity of the pelvis, and was nearly in a healthy state. The uterus was also normal, but situated a little higher than it should have been in the hollow of the sacrum. If we reflect on the external appearance of this tumour, and its great resemblance to the inferior segment of the uterus, the persistence of volume, even after the urine was drawn off, and the absence of all symptoms that usually indicate an injury of the bladder, the difficulty of forming a correct diagnosis will be easily conceived. The treatment indicated after the error was recognised, consisted simply in removing the cancerous portion of the vagina, and returning, as far as was possible, the tumour to its natural position.

THE LANCET.

London, Saturday, March 19, 1836.

WHAT is to be done with the tax upon quackery? This question is now heard in every intelligent medical community. The answers to it are various, but all the experienced practitioners seem to agree in the opinion, that if an ANTI-MEDICAL-QUACKERY SOCIETY could be established, and could be brought into general action throughout the country, the downfall of empiricism would be rendered more certain by the operations of that society than by the influence of an Act of the legislature. If such a society could be established, what in the name of common sense is to prevent its establishment, but the apathy and indifference of the profession to their own respectability and interests, and to the health and security of the community. Behold what the KING OF THE QUACKS has done by his complete organization. He has a focus of action,—a *den*, where all his imps of mischief assemble, and receive their orders for the distribution of his universal poison. The organization of *his* system is complete, and it branches out into the whole of the provincial press of the country. On examining the files at the newspaper agents in London, we find that nearly every country paper contains columns of advertisements, all puffing the wondrous efficacy of the "Universal Pills." These advertisements are also all dignified with "testimonials" in favour of the Quack and his system, from *certificated* members of the medical profession. All these things are seen. They are placed in bold relief before us, and the evil consequences are manifest in the increasing business of the undertaker; the public continue to be deluded; the poison is still swallowed by *hushes*; the science of medicine is degraded and insulted; and yet there are "members of the profession," even with hoary locks, who coolly

end lethargically. "What is to be done?" and then significantly intimate that "something might be done, if an anti-quackery society could be established." Observe. The quack wields but *one* instrument in accomplishing his object. That instrument is *the press*, which vomits forth, with horrible and destructive rapidity, advertisements, tracts, and even numbers of a periodical, in support of his nefarious projects. All his means, all his appliances, being concentrated in the powers of *one* instrument, that instrument is then brought to bear upon *one* material, namely, the ignorance, or, in other words, the *credulity* of the public.

What considerations, then, can deter the members of an honourable profession from boldly grappling with the monster FALSEHOOD, in the very scene of its birth and activity? The public mind should be disabused, and there are no means so ready, or so efficient, for the accomplishment of this object, as that of resorting to the all-powerful aid of the press, which, by polluted hands, has been rendered the source of so much national mischief. "If an ANTI-MEDICAL-QUACKERY SOCIETY could be established,—why then, why then?"—Oh, how sickening are these doubts and difficulties, where nothing but energy and common sense are required! If the Society were but *in existence*, what *then* would be the conduct of the quackists? Why they would instantly become subscribers, and obtain from the secretary a supply of tracts containing descriptive accounts of the last moments of the persons who had fallen victims to the use of "universal vegetable medicines," and accounts of the thousands of deaths which have been caused by the use of secret or quack medicines, in general. The best evidence of what might be the results of a combined activity on the part of the members of the profession, thus directed to the diffusion of useful knowledge among the people, is already found in the fact, that in those districts where it is actually known to the in-

habitants, that death has ensued from taking the "vegetable medicines," there the sale of the horrid stuff has been almost abolished.

"Oh, but," it will be remarked, "the increasing intelligence of the public will, of itself, prove a sufficient corrective for the evil of quackery."

The persons who speak thus are themselves but sorry examples of the soundness of their own opinions. If man had been created on the 1st of last January, and if we had positive proof that he did not commence thinking in a rational manner until Monday last, at about nine o'clock in the morning, then, indeed, a *hope* might be entertained that the *rapid* growth of intelligence would lead to the substitution of a *sound belief* for a *credulous faith*. In short, REASON would eject IGNORANCE from its throne. How, we would ask, is the growth of intelligence to be promoted, unless the young plant be nursed and cultivated by wise and experienced hands? If credulity with respect to quackery existed only amongst the uneducated, or in the ranks of the poorer classes of the community, the apathetic might find some justification for their supineness; but when it is proved to demonstration, by what happened in the case of JOHN LONG, as well as in that of MORISON, and the advertising disciples of HAHNEMANN, that the *aristocracy* of the land are the victims of misbelief with respect to the philosophic principles of the science of medicine, and are credulous, beyond conception, in all matters which have reference to the professions of quacks and the curative powers of their nostrums; we say that circumstances have arisen amongst us which demand the most energetic and powerful combination on the part of the profession, in order to exterminate an evil which has been, and still is, productive of so many fatal consequences to the community.

In considering this subject one thing must always be borne in mind, namely, that

the means which could be employed for the publication and the dissemination of truth, are as much or even more at the disposal of the members of the profession, than they are at the disposal of a quack, whatever may be the wealth which he has contrived to extort from the pockets of the people. Here, then, we have at least ten thousand members of an honourable profession, men of science, moving in the highest ranks of society, and yet, can it be believed, they allow TRUTH to experience the worst of a contest in an honourable struggle with FALSEHOOD. The exhibition is a scandal to the profession; and really, if there be any *esprit du corps* in the medical community, if there exist in the minds of medical practitioners a high-minded feeling regarding what is due to the profession to which they belong, and to the health and welfare of the nation, they will rise *en masse* against the miscreants who dare to wrest from them their privileges, and who are making the press a wide-spreading source of pollution to the public mind. Some there are who may look forward with confidence to what may be done by the House of Commons for the suppression of quackery; but the day, we fear, is distant, when that House will act as it ought in such an emergency. Unfortunately the members of that assembly are not proof against ignorance in medical matters, and there are honourable gentlemen in that House who believe that their own valuable persons have been preserved for the benefit of the existing generation, and their talents for the advantage of posterity, by the careful and continual use of "Huxham's Tincture of Bark!" But what just ground can the members of the medical profession have for believing that any other body of men will exert themselves effectually for the suppression of medical quackery, while they themselves remain inactive? Who are the best judges in this matter? Assuredly medical men. Their opinions on the subject are formed after extensive research

and laborious study. Their convictions are made up of rational and just convictions, and yet, when the result of their conviction is only apparent in *apathy*,—when all the energies of the intellect are required to avert a frightful evil,—a conjecture is raised by the supine parties, that other persons who have no conviction,—who have only an absurd faith for steadying their principles, will endeavour to convert what they do not regard as a calamity into a *public blessing*! The supposition is really monstrous, and is only another indication of that unsound state of understanding which, at the present period, is but too prevalent among all classes of society. We repeat, that it is in the power of the members of the profession, by a slight degree of organization amongst their members, to annihilate the pretensions of quacks, and their odious slaying nostrums. In showing how that organization could be effected, we, at any rate, thus far, have discharged our duty, and if medical gentlemen will but co-operate in the manner we have explained, they shall not stand in need of the aid of THE LANCET towards giving efficiency and universality to their exertions.

ROYAL DUBLIN SOCIETY.

THE *Royal Dublin Society* has at length crossed the "Rubicon." By a vote of its members at a meeting recently held in Dublin, it has announced its determination to set LORD MULGRAVE, and the voice of the Irish people, at defiance. The wise and reasonable propositions submitted to the Society by the under-secretary for Ireland, MR. DRUMMOND, were indignantly rejected at that meeting by a large majority. It was scarcely to be expected that there would be even a small minority to stand between the infuriated orange maniacs of the Society and their own destruction. What will be the result of the step thus boldly taken by them it is not difficult to conjecture. Let us consider that the contest is between the most impotent coterie of the fallen orange faction in Ireland, and the most popular and gifted viceroy that ever presided over the

in government. We never, indeed, doubt-
 the suicidal capabilities of the Dublin in-
 stitution. Its composition and history were
 not too well calculated to prepare those who
 are best acquainted with both, for that
 rash termination of its political existence
 to which its late measures must hasten it.
 Made up principally of the *elite* of the
 orange squirearchy of the city and the
 county parts of Ireland, they have too long
 drunk from the intoxicating cup of misrule
 and bigotry, to yield without a struggle to
 the dictates of reason and prudence. Like
 their desperate allies of the Irish corpora-
 tions, they would prefer the annihilation of
 a Society, the advantages of which they
 pretend so much to respect, to its falling
 under the management of the national mind.
 We have heard it stated, indeed, that the
 charter of the Society warrants the course
 which its possessors have pursued, and that
 in the exclusion of liberal men, only a
 legal right has been exercised. If, after
 what occurred in the case of Dr. MURRAY,
 the Charter really confers any such power,
 it could be forthwith cancelled, and one
 ruled on more rational principles should
 be substituted. The sophistry spoken and
 pressed on this topic, will, or ought to be,
 thus answered by the British Government;
 for if that Society, supported as it has been
 by grants from the national treasury, is to
 retain a sectarian or a political character,
 and to have power to exclude from its coun-
 cils and its management, all those who
 happen not to entertain the same opinions
 as its present governors, then would it be
 better if the Society were altogether sup-
 pressed, than that it should remain a centre
 of dissension, and an instrument for the
 assassination of character,—the most esti-
 mable in the country. The good which
 this Society has achieved for Ireland has,
 we perceive, been prominently urged as a
 proof of its proper administration, and as
 a reason for its future preservation. We
 neither deny that it has accomplished some
 good, nor are advocates for its demolition.
 There can be no question that the labours of
 a society of this kind, under judicious direc-
 tion, would be highly useful in the present
 state of Ireland; and we only express the
 feelings and wishes of the inhabitants when
 we assert, that they are most anxious for its
 conservation. We are at the same time
 well aware that the benefits actually con-

ferred by the institution have been grossly
 exaggerated, and purchased at much too
 great an expense. The improvements
 made in the agriculture of Ireland (the ob-
 ject for which this Society was established)
 are owing, not to the suburban husbandry of
 the "gentlemen farmers" of that body, but
 to the gradual progress of intelligence in
 this and in every other class of society in
 that country. We may venture to affirm
 that the simple introduction of the Scotch
 plough and the Scotch drag, has enriched
 more fields and reclaimed more waste
 lands in Ireland, has conferred more sub-
 stantial advantages on that country, than
 all the lectures ever delivered by WADE
 or by LITTON. We well recollect, indeed,
 the anecdote of a gentleman who informed
 us that, walking one day through a farm
 occupied by one of the Society's most scien-
 tific husbandmen in the neighbourhood of
 Dublin, he inquired of a rustic neighbour
 whom he happened to meet, what was the
 success of the owner. "Ah, Sir," was the
 reply, made with peculiar *nécessité*, "Mr. —
 is indeed an excellent farmer, and a very good
 man, but the devil a one ever saw a stack of
 corn or a rick of hay in his haggard yet!"
 Of this Ulyssean species of agriculture,
 "ploughing the sand and sowing it with
 salt," the Royal Dublin Society achieved
 quite enough to incur the contempt of every
 practical cultivator in the country. It is
 only within the last eighteen months that
 a portion of the Society's Garden has been
 appropriated to the cultivation of the best
 kinds of fruit trees, garden vegetables, and
 field crops,—an object which, though par-
 ticularly belonging to the Society, was pre-
 viously much neglected. Every visitor of
 their garden must have observed that it had
 been falling for years into a state of ruin
 and decay; and if it now wears, as it certainly
 does, a different aspect, the improvement is
 attributable rather to the taste, the intelli-
 gence, and the attention, of the present con-
 servator, than to the exertions of the So-
 ciety itself. Then, if we look to the mu-
 seum, we shall find it to be one mass of
 ignorant confusion from beginning to end,
 answering no kind of useful purpose in its
 present state, and being simply a spectacle
 for the gaze of the idle. Among the few
 in Dublin who devote themselves to the
 study of natural history, it is a general com-
 plaint that the arrangement and nomen-

clature render the specimens and preparations almost valueless. Yet the Society had for many years in pay a man who had obtained in Ireland the easy reputation of a naturalist. The evidence he has left behind him seems to prove that he was either incompetent to the duties of his office, or too much occupied with the mysteries of "Orangeism," to attend to those of nature. An attempt, we understand, is now being made by Dr. SCOUER to repair the errors and neglect of his predecessor; but much time is likely to elapse before so difficult a task can be accomplished. It is unnecessary to detail the other neglects and misapplications of the funds of the Society. Those errors are, after all, secondary to the great question, whether the Society, with its present constitution, is calculated to effect the proper objects of such an institution. No one who comprehends the state of political feeling in Ireland, or the composition of the Society, will answer this question in the affirmative. To effect its legitimate purposes, the Society should possess the confidence of the people whom it purports to instruct, or every effort to diffuse information among them, and improve their condition, will be fruitless. It was in a great measure the absence of a mutual feeling and good will between the Society and the people, which circumscribed within such narrow limits the influence and advantages of the Institution. To no purpose is the machinery of instruction exhibited, or the usual mode of communicating information adopted, while the guiding spirits of the didactic pageant are, in most instances, the judges who "charged" against the liberties of the country, the crown-lawyers who hunted down its miserable population, the proprietary who expatriated them by thousands, and the corporate burgesses who carried with them into the Institution the same exclusive principles which made them objects of detestation to their fellow-citizens out of it. The ardent and sensitive temperament of the Irish refused to receive proffered favours from such hands, and the community consequently left the junta in the solitary enjoyment of those treasures of which the Society was intended to be the steward, and not the monopolist. The people of Ireland responded to the invitations of the Society to receive improvements at its hands, as Demetrius replied to the Areo-

pagites in the days of their corruption, telling them that if they desired to reform Ireland, they should commence the reformation at home. Unsupported by public opinion the Society languished, its time and means were wasted in unprofitable and oftentimes mischievous trifling, its lecture rooms became the lounge of the idle or the fashionable, its news and committee room were converted into convenient centres for the discussion and diffusion of rancorous and anti-national politics, and the labour of its professors were turned into a jest. It is this spirit which so successfully achieves those evils which an ultra-party of bigots in the Society wish to perpetuate, and which it is the duty, as we believe it to be the inclination, of the present paternal government of Ireland, to prevent. Supported by the voice of a people anxious for improvement, and demanding but simple equality and justice, the Government are called upon to defeat the malicious attempts of this faction to convert into a mere social and political club, an institution and a property created for the most part out of the public funds, and intended for national purposes. The Society, to be of any real advantage to the country, must be liberalized, and so constituted, that the religious or political opinions of a member or of a professor should form no impediment to the admission of the one, or the appointment of the other. For the attainment of this reasonable object, the people look with deep, though comparatively silent, anxiety to the head of the Irish Government, who, in the adjudication of the question, we have no doubt, will display the same uncompromising and impartial policy which has characterized all his measures since his arrival in Ireland. We cannot conclude these remarks without advertin- to, we believe, the only defence of the Society which has appeared in print. We allude to the letters of Dr. Meyler on the subject. Had these letters been written by an avowed Tory, or a known partisan of the Society, the public would, of course, know how to appreciate them at their proper value; but coming from a writer professing liberal principles, and from his connection presumed to be sincere in his professions, they derive a mischievous importance from their duplicity, and the ignorance of those who may have read and been influenced by them. It is, however, merely sufficient

that this philosophic lover of his country, has made the pages of the "Mail" vehicle of his lucubrations, in order to free them of their misguiding tendency. Was there no other medium in Dublin through which this ardent philanthropist could make known his love of country and his convictions of the utility of the Society? Were the columns of even the "Post" too cool for the communication of his warm and benevolent feelings towards his benighted countrymen? Should he again, however, take up the pen in defence of the Society, it will we apprehend, be not necessary to do which, in the first instance, was the duty of an honest man—to inform his readers to what party he really belongs.

ERINENSIS.

Dublin, March 10, 1836.

HOSPITAL STATISTICS.—The fourth number of the first vol. of the *Medizinische Annalen* (German journal) contains a review of the medical clinique of the University of Heidelberg for the years 1832-3-4. The following statistical results may serve as a term of comparison with those of our own hospitals. The number of patients treated during the above period was 1401; the deaths were 62, giving a proportion of mortality as 1 to 22.566. The number of externe patients treated was 1681; the deaths 83, or as 1 to 20.4.

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'REJUDICE VERSUS SCIENCE.—*To the Editor.*—Sir: In further explanation of the article in *THE LANCET* of March the 5th, No. 653, under the above head, it should be generally known, that three converted Jews have been appointed professors to *King's College*, London, for teaching the German, Spanish, and Hebrew languages. Neither of them has had a university education. Mr. Bernays, the professor of German, bought, since his appointment, a diploma of doctor of philosophy at Gießen, a university in the Grand Duchy of Hesse, but he never was entered there as a student. He taught first, in this country, in a Jewish establishment of Brixton.* I am, Sir, your obedient servant,

A CONSTANT READER.

The latter part of our correspondence we have omitted. We cannot interfere with the statements which it contains. With regard to the former part, we may state that the heading of this letter has been attacked by ourselves, and should have been reversed, and announced the tri-

umph of SCIENCE VERSUS PREJUDICE. To divine, however, the principle on which a catholic institution receives into its bosom converted Jews, and rejects faithful Christians, is beyond our power.

LETTER FROM MR. HENTSCH.

To the Editor.—Sir: In your last week's number you gave a report of the meetings of the governors of the Free Hospital, held at the Gray's-inn Coffee-house, respecting the dismissal from office of Mr. Tweedie and myself, which report contains (no doubt unintentionally) several inaccuracies,† one of which, concerning Mr. Tweedie and myself, I beg leave to point out to your notice. Mr. Marsden is reported to have said that "since the publication of the testimonials, several subscribers had seceded from the charity, believing that the officers were encouraging quackery, and a representation of the fact was made to Mr. Hentsch and Mr. Tweedie, and a sort of promise obtained from them that the cause of complaint should be removed, but without realization." Now, Sir, this is *incorrect*. Mr. Marsden did not say so at the meeting, nor could he, such not being the fact. Neither Mr. Tweedie nor myself ever made a "sort of promise" that the cause of complaint should be removed, it being quite out of our power to compel Mr. Franks to cease publishing them. The insertion of the above in your next will much oblige, Sir, your obedient servant,

WM. HENTSCH,

Late Apothecary to the Free Hospital.
3, Furnival's-inn, Holborn;
16th March, 1836.

† "Several" should perhaps be "one."—Ed. L.

LETTER FROM MR. TWEEDIE.—We have also received a letter from Mr. Tweedie, addressed "To the members of the medical profession," but at a very late hour in the week, and extended to a length which would render it impossible for us, from our arrangements, to give it insertion in this number of *THE LANCET*. However, we object to publishing what would, we fear (unintentionally, we are sure, on Mr. Tweedie's part), prove a very profitable advertisement of a quack medicine, even the name of which we decline again to admit into our pages. Our late report of some late proceedings at the *Gray's-inn Coffee-house* are stated, in a note to the Editor from Mr. Tweedie, to contain "two or three serious imperfections;" but these have not been specifically mentioned by him, or they should

* "Catholic. Relating to the church of Christ."—Johnson.